



1200 East Michigan Avenue
Suite 655
Lansing, MI 48912

SMG General Surgery

“Medicare One Time Authorization Agreement”

Statement to Permit Payment of Medicare Benefits to Providers, Physicians, and Patients

Name of Beneficiary: _____

I request payment of authorized Medicare benefits to me or on my behalf for any services furnished to me by Sparrow’s Physician/Provider. I authorize any holder of medical or other information about me to release to Medicare and its agents any information needed to determine these benefits for related services.

Signature of patient

Date

For services furnished by a provider, or on an outpatient basis, this request is effective until revoked by the beneficiary. If a patient objects to part of the request for payment, the provider should annotate accordingly.

Commercial Insurance Release

I hereby authorize the release to my insurance company(s), or their designee, any medical information necessary to properly process by bill (including any information that may be contained in the records pertaining to AIDS, or HIV antibody). I authorize payment of medical benefits to be made to the providers for services rendered.

Signature of patient, parent, or guardian

Date

I authorize SMG General Surgery Lansing, or designees to perform routine diagnostic procedures and medical treatment.

Print name of patient

Signature of patient, parent, or guardian

Date