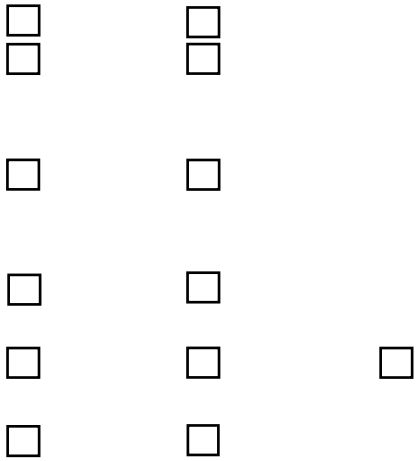

Medicare Questionnaire and Claim Authorization

PUBLIC HEALTH (FEDERAL GRANT)

Have you ever received treatment that has been covered under a Federal grant? ☐ Yes ☐ No

RENAL

Have you ever had renal disease or been on kidney dialysis? ☐ Yes ☐ No

Are you currently receiving dialysis treatment? ☐ Yes ☐ No

If ***YES***, List date you started dialysis treatment: _____

List date of kidney transplant: _____ ☐ N/A

Is your dialysis being given in a hospital or at home? ☐ Hospital ☐ Home ☐ N/A

MEDICARE LIFETIME BENEFICIARY CLAIM AUTHORIZATION AND INFORMATION RELEASE

I request that payment of authorized Medicare benefits be made either to me or on my behalf to The Richford Health Center, Inc. D.B.A NOTCH for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If other health insurance coverage is indicated in Item 9 of the CMS/HCFA-1500 claim form or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes the releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance and non-covered services. Co-insurance and deductible are based on the charge determination of the Medicare Carrier.

_____ _____

Patient Signature Date Completed

If not signed by the patient, please indicate relationship:

- ☐ Parent or guardian of minor patient
- ☐ Guardian or conservator of patient
- ☐ Spouse or person financially responsible (where information solely for purpose of processing application for dependent healthcare coverage)