

**ASSIGNMENT OF BENEFITS**

I hereby assign all medical and / or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, and any other health plan to Cafengiu Podiatry and Sports Medicine.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information to secure the payment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICARE AUTHORIZATION STATEMENT**

“I request that payment of authorized Medicare benefits be made either to me or on my behalf to Cafengiu Podiatry and Sports Medicine for any services furnished to me by those physicians or suppliers. I authorize any holder of medical information about me to release to the Health care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.”

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIGAP AUTHORIZATION STATEMENT**

I request that payment of authorized Medigap benefits be made either to me or on my behalf to Cafengiu Podiatry and Sports Medicine for any services furnished me by those physicians or suppliers. I authorize my information needed to determine these benefits payable for related services.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR TREATMENT**

The above information is correct to the best of my knowledge, and I consent to such diagnostic procedures (including x-rays) and medical care and treatment as deemed necessary by Dr. Ana M. Cafengiu.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_