

IRONWOOD DERMATOLOGY, P.C.
MEDICARE FINANCIAL POLICY AND SIGNATURE ON FILE

MEDICARE PATIENTS ONLY:

Medicare: We are a participating provider for the Medicare program. We accept assignment on all claims. Patients are responsible for meeting their annual deductible and paying the 20% co-payment. We file with secondary and supplemental carriers.

Medicare does not cover cosmetic procedures.

This office is required to keep your signature on file authorizing us to file claims to Medicare for you and to release information to that payor if they require it for the proper consideration of a claim. Please read and sign the following statement:

I authorize any holder of medical or other information about me to release to the Social Security Administration and the Centers for Medicare and Medicaid Services or its intermediaries or carrier any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

Signature as it appears on Medicare Card

_____ DATE _____

If you have a supplemental policy and it is a MEDIGAP policy to which your Medicare Carrier automatically “crosses over,” we are required to keep a separate signature on file. Please read and sign the following statement:

I request authorized MEDIGAP benefits be made on my behalf for any services furnished to me. I authorize any holder of medical information to release the MEDIGAP carrier any information needed to determine these benefits or the benefits payable for related services.

Signature as it appears on MEDIGAP Card

_____ DATE _____

Please bring this completed form to your first appointment, or fax it to: 520-618-1636