

Matthew S. Lief, M.D., F.A.C.S., P.A.

Diplomate of American Board of Urology

Lifetime Authorization Signatures

LIFETIME AUTHORIZATION INSURANCE ASSIGNMENTS AND AUTHORIZATION TO RELEASE INFORMATION

- I. **TREATMENT AUTHORIZATION** – I hereby give Dr. MATTHEW LIEF consent for medical treatment.

- II. **RELEASE OF INFORMATION** – I the below named patient, do hereby authorize any physician of this group examining and/or treating me to release to any third party payor (such as an insurance company or governmental agency, example: Blue Shield of _____ or Medicare) any medical condition and records concerning diagnosis and treatment when requested by such third party for its use in connection with determining a claim for payment for such treatment and/or diagnosis.

- III. **PHYSICIAN INSURANCE ASSIGNMENT** – I, the below named subscriber, hereby authorize payment directly to any physician of this group examining or treating me any surgical and/or medical benefits herein specified and otherwise payable to me for their services as described but not to exceed the reasonable and customary charge for these services.

- IV. **MEDICARE / MEDICAID – Patient's certification authorization to release information and payment request.** I certify that the information given by me in applying for payment under Title XVIII / XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to Social Security Administration / Division of Family Services or its intermediaries or carriers any information needed for this or related Medicare / Medicaid claim. I hereby certify all insurance pertaining to treatment shall be assigned to physician treating me.

- V. **I PERMIT A COPY OF THESE AUTHORIZATIONS AND ASSIGNMENTS TO BE USED IN PLACE OF THE ORIGINAL WHICH IS ON FILE AT THE PHYSICIAN'S OFFICE.**
This assignment will remain in effect until revoked by me in writing.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. I understand it is my responsibility to pay any deductible amount, co-insurance, or any other balance not paid by insurance or third payer within a reasonable period of time not to exceed 60 days.

If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and costs of collection.

DATE: _____

PATIENT: _____