Print Form

Mallory Osteopathic family practice
Patrick L Mallory, DO
Shari Lopez, PA-C

1548 N. Boise Avenue
Loveland, CO 80538
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PATIENT AUTHORIZATION AND GUARANTEES

Assignment of Insurance Benefits
I authorize the payment of authorized benefits to be made directly to Patrick Mallory, DO or Mallory Osteopathic Family Practice for any services that are reimbursable by Medicare or any third party sources.

Valuables
I understand that Patrick Mallory, DO/ Mallory Osteopathic Family Practice are not responsible for valuables and personal property brought to the facility.

Medicare
I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any such information needed for this or a related Medicare Claim. I request that the payment of authorized benefits be made on my behalf. I understand that I am responsible for any health insurance deductibles and co-insurance.

_____ _____
Patient/Guardian Signature Date

_____
Print Name

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