

MARSHA SEIDELMAN, M.D., LLC

10605 CONCORD STREET, SUITE 302

KENSINGTON, MD 20895-2532

Phone (443) 914-4110 Fax (443) 914-4111

PATIENT'S AUTHORIZATION

I hereby authorize Marsha Seidelman, M.D., LLC to apply for benefits on my behalf for covered services rendered. I request that payment from Medicare and/or other insurance carriers be made directly to Marsha Seidelman, M.D., LLC.

I certify that the information I have reported is correct. I authorize the disclosure of any necessary information, including protected health benefits, for treatment, payment, and healthcare operations. Such information may be required by my insurance carrier (or in the case of Medicare Part B benefits, by the Social Security Administrator and the Centers for Medicare and Medicaid Services – CMS).

I assume financial responsibility for and agree to make payment in full to Marsha Seidelman, M.D., LLC for all charges for services rendered not otherwise authorized or paid for by my insurance carrier.

I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by me or the above-mentioned carrier in writing at any time.

PATIENT/RESPONSIBLE PARTY SIGNATURE			INSURANCE IDENTIFICATION NUMBER			TODAY'S DATE		
PATIENT NAME			First	Middle	Last	DATE OF BIRTH		INSURED'S DOB (If different)
HOME ADDRESS			APT. NO.	CITY		STATE	ZIP CODE	HOME PHONE
OCCUPATION		SOCIAL SECURITY NO.		MARITAL STATUS		SEX		CELL PHONE
				[] S [] M [] D [] W		[] M [] F		
EMPLOYER		ADDRESS					WORK PHONE	
SPOUSE'S NAME (OR PARENT)			SPOUSE'S EMPLOYER (OR PARENT)			SPOUSE'S WORK PHONE (OR PARENT)		
IN CASE OF EMERGENCY CONTACT		RELATIONSHIP		WORK PHONE		HOME PHONE		
REFERRED BY		ANY DRUG ALLERGIES, IF SO LIST						

BILLING INFORMATION

FINANCIALLY RESPONSIBLE PERSON		NAME (if different from patient)		HOME PHONE	
[] Patient [] Spouse [] Parent [] Other _____					
FINANCIALLY RESPONSIBLE PERSON'S ADDRESS (If different from Patient)					
FINANCIALLY RESPONSIBLE PERSON'S EMPLOYER		EMPLOYER'S ADDRESS		WORK PHONE	

PATIENT # _____