

VICTORY PHYSICIANS MEDICARE FORM

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS MEDICARE INSURANCE	
Beneficiary:	Medicare Number:
<p>I request that payment of authorized Medicare benefits be made either to me or my behalf, to Frank Arian, M.D. a California Professional Corporation dba Victory Physicians for any service furnished to me by that Physician. I authorize any holder of my personal medical information to release to the Centers for Medicare and Medicaid Services and its agents, and any information needed to determine benefits payable for related services or quality assurance programs via the Eclinical Works secure PQRS registry.</p>	
Beneficiary Signature:	Date:

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS MEDICARE SUPPLEMENT INSURANCE	
Beneficiary:	Medicare Number: Medigap ID Number:
<p>I request that payment of authorized Medigap benefits be made either to me or my behalf, to Frank Arian, M.D. a California Professional Corporation dba Victory Physicians for any service furnished to me by that Physician. I authorize any holder of my personal medical information to release to the Centers for Medicare and Medicaid Services and its agents, and any information needed to determine benefits payable for related services or quality assurance programs via the Eclinical Works secure PQRS registry.</p>	
Beneficiary Signature:	Date:

MEDICARE SIGNATURE ON FILE	
Beneficiary:	Medicare Number:
<p>I request that payment of authorized Medicare benefits be made on my behalf to Frank Arian, M.D. a California Professional Corporation dba Victory Physicians for services furnished to me by Frank B. Arian, M.D.</p> <p>I authorize any holder of my personal medical information to release to the Centers for Medicare and Medicaid Services (CMS) and its agents, any information needed to determine benefits payable for related services.</p> <p>I understand my signature requests that payment be made and authorizes the release of my personal medical information necessary to pay the claim. If other health insurance is indicated on the standard 1500 claim form or elsewhere on other approved claim forms, my signature authorizes releasing this information to those insurers or agencies shown.</p> <p>Frank Arian, M.D. a California Professional Corporation dba Victory Physicians accepts the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and deductibles are based upon the charge determination of the Medicare carrier.</p>	
Beneficiary Signature:	Date: