



LIFETIME EXTENDED SIGNATURE AUTHORIZATION

Statement to Permit Payment of Medicare Benefits to Supplier of Physician

Regulations in effect since April 1, 1982, allow physicians (or other suppliers in most cases) to obtain from the beneficiary and retain in their files, a lifetime signature authorization for the physician or supplier to submit assigned or unassigned claims in the beneficiary's behalf. The beneficiary must sign a brief statement as follows:

Name of Beneficiary

Health Insurance Claims No. (Medicare Number)

I request that payment of authorized Medicare benefits be made on my behalf to Didi Hirsch Mental Health Services, for any services furnished by that physician/supplier. I authorized any holder of medical information about me to release to the Health Care Financial Administration and its agents any information needed to determine these benefits payable for related services.

Print Name

Signature of Patient

Date