



Assignment of Benefits/Authorization to Release Information

I request that payment of authorized Medicare, Medicaid or private insurance benefits be made to Optech O P for any covered services furnished by Optech O&P. I agree to pay Optech O&P the deductible and/or coinsurance on my claim.

I authorize the release of my medical information to Medicare and its affiliates, Medicaid or to my private insurance carrier(s) any information necessary to determine these benefits and for the payment and processing of my claim.

I further certify that the information provided by me is true, accurate and complete.

This is a private claim, I further agree to be responsible for the full amount of charges from the date of delivery if my insurance company does not pay for the charges in a timely manner, or my physician or I fail to provide within thirty (30) days the information necessary to submit the claim for payment.

By signing below, I acknowledge that I have read/received a copy of Optech O&P's Notice of Privacy Practices dated September 23, 2013, and the Medicare Supplier Standards (if applicable).

_____ Patient Name (Print) Patient (or Representative) Signature Date

If signed by representative, please complete below:

Representative's Printed Name:
Relationship to Patient:
Reason for Patient's Inability to Sign:
Authority to act on behalf of the patient:* <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> POA <input type="checkbox"/> Other:

**Information requested for "Notice of Privacy Practices" only.*

Kankakee 119 E Court Street Kankakee, IL 60901 (815) 932-8564	Joliet 121 Springfield Avenue Joliet, IL 60435 (815) 741-9700	Watseka 200 N Laird Lane Watseka, IL 60970 (815) 432-7783	Orland Park 18016 S Wolf Road Orland Park, IL 60467 (708) 364-9700	Evergreen Park 3900 W. 95th Street Evergreen Park, IL 60805 (866) 996-7832
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