

# Southern Tier

## DERMATOLOGY & AESTHETICS

200 Plaza Drive  
Vestal, NY 13850  
607.729.2777

### ASSIGNMENTS OF BENEFITS

#### ALL INSURANCE EXCEPT MEDICARE

I authorize my insurance company to pay benefits on my behalf directly to \_\_\_\_\_ I  
authorize Southern Tier Dermatology and Aesthetics to provide to my insurance  
company any information necessary to process claims for services rendered to me.

\_\_\_\_\_  
Signature as it appears on your insurance card

\_\_\_\_\_  
Date

#### MEDICARE

I authorize any holder of medical or other information about me to be released to the  
Social Security Administration and Health Care Financing Administration or its  
intermediaries or carrier information needed for this or a related Medicare claim. I  
permit a copy of this authorization to be used in place of the original, and request  
payment of medical insurance benefits either to myself or the party who accepts  
assignment. Regulations pertaining to Medicare assignment of benefits apply.

\_\_\_\_\_  
Signature as it appears on Medicare Card

\_\_\_\_\_  
Date

#### MEDIGAP

If you have a supplemental policy and it is a MEDIGAP policy to which your Medicare  
Carrier automatically "crosses over", we are required to keep a separate signature on file.

I request authorized MEDIGAP benefits be made on my behalf for any services furnished  
to me. I authorize any holder of medical information to be released to my MEDIGAP  
carrier needed to determine these benefits or the benefits payable for related services.

\_\_\_\_\_  
Signature as it appears on MEDIGAP Card

\_\_\_\_\_  
Date

Y  N Do you or your spouse work in a company, which has more than 20  
employees, and have coverage through insurance at that job?

Y  N Are you covered by any other insurance that makes Medicare secondary?