

## AUTHORIZATION FOR RELEASE OF INFORMATION AND PAYMENT OF BENEFITS AND CONSENT TO TREATMENT

· I hereby authorize treatment by Cardiology Consultants of Atlanta, PC, and the release of any information including information related to psychiatric care, drug and alcohol abuse and HIV/AIDS confidential information, necessary to process insurance claims or any medical information that is required for any health care related utilization review and/or quality assurance activities and/or attorneys, upon authorized HIPAA compliant request form.

· I hereby assign and authorize payment to Cardiology Consultants of Atlanta, PC of all medial and/or surgical benefits, including major medical benefits, to which I am entitled to under any insurance policy or policies, under any self-insurance program or under any other benefit plan.

· I understand and acknowledge that this assignment of benefits does not relieve me of my financial responsibility for all medical fees and charges incurred by me or anyone on my behalf and I hereby accept such responsibility, including, but not limited to, payment of these fees and charges not directly reimbursed to Cardiology Consultants of Atlanta, PC, by any insurance policy, self-insurance program or other benefit plan.

· The authorization shall remain in effect until revoked by me in writing. A photocopy of this authorization shall be considered as affective and valid as the original. I understand that I have the right to receive a copy of this authorization.

### Medicare Beneficiary Agreement

I request that payment of Medicare benefits to Cardiology Consultants of Atlanta, PC for services rendered. I understand that I will be notified by Cardiology Consultants of Atlanta, PC if Medicare is likely to deny payment for services and I will be responsible for payment.

By signing below I authorize Cardiology Consultants of Atlanta, PC physicians and staff to administer medical treatment.

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Patient's Signature

Date

If the patient is unable to sign, please provide the signature of person providing the authorization and their relationship to the patient.

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