

Southeastern Nephrology Associates P.L.L.C
1302 Medical Center Drive Wilmington, North Carolina 28401

**Statement to Permit Payment of Medicare and/or Insurance Benefits to
Provider or Physician**

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Southeastern Nephrology Associates, P.L.L.C. for any services furnished me by that physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

I hereby request that payment of any medical or surgical benefits due me from any group insurance or private insurance plan be made to Southeastern Nephrology Associates P.L.L.C. I authorize any holder of medical information about me to release to my insurance company and its agents any information needed to determine these benefits or the benefits payable for related services.

I request that payment of authorized Medigap benefits be made either to me or on my behalf to Southeastern Nephrology Associates P.L.L.C. or its physicians for any services furnished to me by that provider. I authorize any holder of medical information about me to release to the Medigap company any information needed to determine these benefits or the benefits payable for related services.

I permit a copy of this authorization to be used in place of the original. This authorization is in force until cancelled or changed by me.

Patient Signature

Date

Witness (if patient is unable to sign)

Date

AOB