



Palmetto Tri-County  
Primary Care

201-A West Meeting Street  
Lancaster, South Carolina 29720  
Phone: 803-286-4666  
Fax: 803-285-1585

## PATIENT MEDICARE AUTHORIZATION

PATIENT'S NAME \_\_\_\_\_

MEDICARE NUMBER \_\_\_\_\_

PATIENT'S DATE OF BIRTH \_\_\_\_\_

I request that payment of authorized Medicare benefits be made either to me or on behalf to Palmetto Tri-County Primary Care for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable to related services.

I understand my signature requests that payments be made and authorize release of medical information necessary to pay the claim. If other health insurance coverage is indicated in Item 9 of the HCFA~1500 claim form elsewhere on other approved claim forms or electronically submitted claim, my signature authorizes the releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination if the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and noncovered services. Coinsurances and deductible are based on the charge determination of the Medicare carrier.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

F. Michael Kimbrell, MD ■ Brian Snyder, DO ■ Anupama Singaraju, MD  
David Colon-Ruiz, MD ■ Ward Faulkenberry, CFNP ■ Shanna Mago, CFNP