

**PRIVATE & GROUP INSURANCE/MEDICARE
LIFETIME AUTHORIZATION/ASSIGNMENT OF BENEFITS**

Patient: _____

Insured's Name: _____

Policy #: _____

Group #: _____

I hereby instruct and direct that _____ Insurance Company
make payments payable to and remit to the following address:

**Dr. Andre Muelenaer
3905 Skipton Court
Raleigh, NC 27606**

for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. If my current policy prohibits direct payment to the provider, then I hereby also instruct and direct you to make out ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above mentioned balance of said professional service charges over and above this insurance payment.

I also authorize the release of any medical information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize the provider to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carrier any information needed for this or a related Medicare Insurance claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits be made to the party who accepts assignment on any bills for services furnished to me. I understand that I will be financially responsible for my yearly Medicare/Insurance deductible and co-insurance.

Signature of Policyholder _____ Date _____

Signature of Claimant, if other than Policy Holder _____ Date _____