NORTHBAY FOOT & ANKLE CENTER, INC

MEDICARE ASSIGNMENT/MEDICAL NECESSITY FORM

PATIENT: ____

HIC NUMBER: ____

I request that payment of authorized Medicare benefits be made payable to Northbay Foot & Ankle Center, Inc. for any services provided for me by that physician or supplier. I understand that my signature authorizes that payment be made to Peter Redko, DPM and I authorize release of any medical information necessary to get my medical claims paid. If other health insurance is indicated on the HCFA-1500 claim form or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. The physician or supplier agrees to accept Medicare's allowed amount. I understand that I am responsible for the deductible, co-insurance, and the procedure(s) that Medicare deems "not medical necessity" non-covered charges. The allowed amount is based upon the fee schedule for each charge determined by Medicare.

MEDICARE MEDICAL NECESSITY

We have been notified by Medicare that routine foot care is not a covered benefit under the Medicare system. As a courtesy to you we will bill Medicare and your secondary but if Medicare/secondary insurance deems it to be not medical necessity or a non-covered charge you the patient will be responsible for payment.

PHYSICIAN NOTICE:

Medicare will only pay for services that it determines to be "reasonable and necessary" Under Section 1862a (1) of Medicare law. If Medicare determines the particular service, although it would otherwise be covered, is "not reasonable and necessary" under Medicare standards, Medicare will deny payment for that service, for example orthotics, ankle supports, temporary orthotics, bunion guard/toe alignment splints, crest pads, orthotic repairs.

BENEFICIARY AGREEMENT:

I have been notified by my physician that (s)he believes that, in my case, Medicare will deny payment for the services identified above, for the reason(s) stated. I agree to be personally and fully responsible for payment for these.

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Medicare Beneficiary Signature Date