



Assignment of Benefits and Authorization to Provide Treatment

An ACCESS Medical Homecare Practitioner will see you in your home or in your assisted living facility to provide medical care. Services include medical exams, evaluation and treatment of acute and chronic health conditions; lab tests (there may be a fee of up to \$30.00 for the mobile phlebotomist/diagnostic tech to go to your home (that fee is due at the time of service); Prescriptions; on-going monitoring and treatment to detect problems before they become critical. Visits are typically every 4-6 weeks.

ACCESS Medical Homecare bills third parties for "medically necessary visits", as would any healthcare provider. Our medical services are reimbursed by Medicare in the same way as when you go to the doctor's office.

Last Name	First Name	MI	SSN#
Address			
City	State	Zip Code	

I, _____, authorize ACCESS Medical Homecare of New Mexico, LLC to release to the Social Security Administration and Centers for Medicare and Medicaid services (CMS) or its intermediaries or carrier or any other commercial insurance company, any information needed for this or a related health care service claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefit either to myself or the care provider who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

I understand that Medicare and other insurance is considered a method of reimbursing the patient for fees paid to the physician, but are usually not designed to pay the entire fee. Because insurance companies vary in the amount they will pay for various services, it is ultimately my responsibility to pay the portion of the bill not paid by my insurance company (unless otherwise restricted by law or agreement ACCESS Medical Homecare may have with the insurer).

I also hereby grant my permission for Practitioners employed by ACCESS Medical Homecare to assess and treat me in my home or on-site clinic for medical problems. I understand that the Practitioner is a licensed health care professional in the state of New Mexico.

Signature of Patient or Responsible Party

Date

**4940 Corrales Rd., Suite 150
Corrales, NM 87049**

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