

ANKLE & FOOT SPECIALIST OF DADE-COUNTY

7975 NW 154 Street, Suite#390 Miami Lakes, FL 33016

Dr. Oscar Barreto • Dr. Ryan Medina Oakley

ASSIGNMENT AND RELEASE OF INSURANCE BENEFITS INCLUDING MEDICARE AUTHORIZATION, IF APPLICABLE.

I, the undersigned have insurance with _____ Insurance company and assign directly to Dr. Barreto/ Dr. Oakley for all medical benefits. If any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges including copay, coinsurance, and deductible whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic

Patient/Guardian Signature:

Print Patient Name:

Date: _____

PRIVACY PRACTICES AKNOWLEDGEMENT

I have received the Notice of Privacy Practice and I have been provided an opportunity to review it.

Name: _____ Birthday: _____

Signature: _____

Date: _____