## Assignments of Benefits

## ALL INSURANCE EXCEPT MEDICARE

	my insurance company to pay benefits on m ce company, any information necessary to p	•	•
Signature as	s it appears on your insurance card	Date	
MEDICARE			
Health Care care claim. I	any holder of medical or other information a Financing Administration or its intermedia I permit a copy of this authorization to be us nefits either to myself or the party who acce apply.	ries or carrier any info sed in place of the ori	ormation needed for this or a related Medi- ginal, and request payment of medical in-
Signature as	s it appears on your insurance card	Date	
MEDIGAP			
-	a supplemental policy and it is a MEDIGAP re required to keep a separate signature on f		Medicare Carrier automatically "crosses
of medical i	thorized MEDIGAP benefits be made on my nformation to release to my MEDIGAP carr vable for related services.	•	-
Signature as it appears on your insurance card		Date	
□Y□N	Do you or your spouse work in a compan coverage through insurance at that job?	y which has more tha	n 20 employees and have
□Y□N	Are you covered by any other insurance that Makes Medicare secondary?		