

**NORTH IDAHO DERMATOLOGY**  
2288 Merritt Creek Loop ~ Coeur d'Alene, ID 83814  
PH: (208)665-7546 / FAX: (208)667-4607  
Website: niderm.com

## **Medicare Patients - Medicare Claim Release**

**Please present your insurance cards to the receptionist.  
We will scan your card(s) and return them to you promptly.**

### **Patient Consent for Use and Disclosure of Protected Health Information**

With my consent, North Idaho Dermatology, and medical providers employed with the same, may use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). Please refer to North Idaho Dermatology's Notice of Privacy Practices for a more complete description of such uses and disclosures.

*I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carrier any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to Medicare assignments of benefits apply.*

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**Signature as it appears on MEDICARE CARD**

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**Date**

**If you have a supplemental policy to which your Medicare Carrier automatically "crosses over," we are required to keep a separate signature on file:**

*I request authorized supplemental benefits be made on my behalf for any services furnished to me. I authorize any holder of medical information to release to the above supplemental carrier any information needed to determine these benefits or the benefits payable for related services.*

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**Signature for SUPPLEMENTAL card**

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**Date**