KHAN MEDICAL ASSOCIATES, LLC
214 S 2nd Ave
Elizabeth, PA 15037
PH: 412-384-0008
FAX: 412-384-5640

Abdul Khan, MD, MPM *Internal Medicine*

Release of Information & Payment Authorization

Records Release: I hereby authorize the release of any information, including medical and billing information, by Khan Medical Associates, LLC to my referring doctor, insurance company, the responsible party named on my account, and immediate family on behalf of myself and/or dependents.

Date: ______________________________ **Signed X**

Assignment of Benefits: I hereby authorize payment of medical benefits from any insurance coverage or employee flex plans to be assigned & paid directly to **Khan Medical Associates, LLC** for services rendered to myself and/or dependents.

Date: ______________________________ **Signed X**

Medicare Authorization: I request that payment of authorized Medicare benefits on my behalf, be paid directly to Khan Medical Associates, LLC for any services rendered me by that clinic or it's physicians. This authorization includes payments from any Medicare supplement coverage I may have.

I authorize any holder of hospital or medical information about me to release to the Health Care Financing Administration and it's agents any information needed to determine these benefits or the benefits payable for related services. I permit a copy of this authorization to be used in the place of the original.

I understand that I am financially responsible for any charges not covered by Medicare. This may include injections, throat culture, lab work and items considered "not medically necessary" by Medicare.

Date: ________________________________ **Signed X**