

MAFFI PLASTIC SURGERY

5410 N. Scottsdale Road E-200
Paradise Valley, AZ 85253
480.505.6430

AUTHORIZATION FOR RELEASE AND DISCLOSURE OF INFORMATION

I authorize Terry R. Maffi, M.D. to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until date of conclusion of such treatment, to those individual who in Terry R. Maffi, M.D.'s sole determination, are required to receive such information for the purpose of medical treatment, medical quality assurance, and peer review. I also authorize the release of any medical information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

Signature of Patient/Guardian

Date

Insurance Payments

I hereby authorize that payment of benefits for authorized services be made on my behalf to Maffi Plastic Surgery for any services furnished to me.

I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services, and its agents, information needed to determine if these benefits are payable to related services.

I understand that any secondary insurance will be billed, and I request that payments of authorized secondary insurance benefits be made on my behalf to Maffi Plastic Surgery for any services furnished. Any deductibles, co-pays, or unpaid balances will be my responsibility for payment.

Signature of Patient/Guardian

Date