

**SIGNATURE RELEASE
RELEASE OF INFORMATION**

I authorize release of any information to my physician, insurance company, and/or hospital relating to this claim. I understand that I am responsible for all costs of treatment.

Patient or Parent if Minor

Date

PAYMENT ASSIGNED TO DOCTOR

I hereby authorize payment directly to David M. Monacelli, M.D. of group insurance benefits otherwise payable to me.

Patient or Parent if Minor

Date

FAMILY/FRIEND AUTHORIZATION

I hereby give David M. Monacelli, M.D. permission to discuss my medical treatment with

_____, Relationship: _____

Signed

Date

STATEMENT TO AUTHORIZE PAYMENT OF MEDICARE BENEFITS

I certify that the information given to me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information about me to release to the Social Security Administration or its Carriers, any information required to process my Medicare claims.

I request that payment under the medical insurance program be made to David M. Monacelli, M.D. for services provided to me during the period of my medical treatment

Medicare Beneficiary Signature

Date

Health Insurance ID Number

OBTAINING/RELEASING MEDICAL INFORMATION AND MEDICAL PHOTOGRAPHS

I, _____ authorize David M. Monacelli, M.D. to obtain copies of all medical records including records which may be in my medical records from other physicians and/or hospitals regarding my medical history. I authorize Dr. Monacelli to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until the date of conclusion of such treatment, to those individuals who, in Dr. Monacelli's sole determination, are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review. I authorize Dr. Monacelli or his representative to take photographs related to my medical treatment. These shall remain the property of the doctor and shall be part of my record.

Signed

Date

Witness