ARRHYTHMIA CONSULTANTS OF CONNECTICUT

1000 Asylum Avenue, Suite 3206
Hartford, CT 06105

Ellison Berns, MD, FACC
Neal Lippman, MD, FACC
Joseph Dell'Orfano, MD, FACC
Aneesh Tolat, MD

tel: (860) 714 – 7977
fax: (860) 714 – 9993
email: admin@ctheartbeat.com
web: www.ctheartbeat.com

Signature on File

I (we) hereby acknowledge the following:

- Any monies payable to Ellison Berns, M.D, Neal Lippman, M.D., Joseph Dell'Orfano, M.D., and Aneesh Tolat, M.D. will be paid directly to Arrhythmia Consultants of Connecticut, LLC.
- If your insurance company requires a referral, it is your responsibility to get one. If you do not, your insurance may not pay for the services we provide for you, and you will be billed directly for them.
- I understand that I am responsible for any balance that my insurance does not cover.
- I authorize the release of any medical information to my insurance carrier as requested by them. I permit a copy of this authorization to be used in place of the original.

X _____ **X** _____

Patient signature **Signature of responsible party (if different)**

I authorize any medical benefits payable to me to be paid directly to Arrhythmia Consultants of Connecticut, LLC.

X _____ **X** _____

Patient signature **Signature of responsible party (if different)**

Medicare ***recipients in addition to above*****, please complete below.**

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 carriers 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. I understand it is mandatory to notify the health care provider of any party who may be responsible for paying for my treatment. (Section 1128B of the Social Security Act and 31 U.S.C 3801-3812 provides penalties for withholding this information.) Regulations pertaining to Medicare assignment of benefits also apply.

X _____

Medicare recipient's signature