Allergy Asthma Care, P.C.

Allergy, Asthma, and Clinical Immunology
Kenneth W. Blumenthal, D.O.
Sutinderpal (Paul) Judge, MD
Lauren Rigg, MD
Kathy DeCorte, FNP-C
Margaret Bazarko, M.S. CCC-SLP

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STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS

Name of Beneficiary_____

HICN (Medicare Number)_____

I authorize payment of Medicare benefits be made to Allergy Asthma Care, P.C. on behalf of Dr.Blumenthal, Dr. Judge, Dr. Rigg or Kathy DeCorte, FNP-C for medical services provided to me. I authorize my medical records may be released to Medicare or its agents to determine benefit or related services.