



Allergy Asthma Care, P.C.

Allergy, Asthma, and Clinical Immunology

Kenneth W. Blumenthal, D.O.

Kathy DeCorte, FNP-C

Margaret Bazarko, M.S. CCC-SLP

3125 Willowcreek Road
Portage, IN 46368
PH: 219-762-3055
Fax: 219-756-6111

5521 W. Lincoln Hwy. #100
Crown Point, IN 46307
PH: 219-756-6100
Fax: 219-756-6111

2802 Leonard Drive
Valparaiso, IN 46383
PH: 219-531-5855
Fax: 219-531-1617

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 Kenneth Blumenthal, D.O. 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.