AMHC
Advanced Medical House Calls

14165 Fenton Rd
Suite 201A
Fenton, MI 48430
Phone: 810-853-5875
Fax: 586-279-4515

Patient Information			
First Name	Last Name	MI	Birth Date

Authorization for Claims Payment and Agreement of Financial Responsibility

1. I authorize the release of my medical records to Advanced Medical House Calls PLC, (AMHC) upon its request for dates of treatment going back 2 years from the date below, including all discharge summaries, progress notes, consults, laboratory tests and imaging studies, for the purpose of continuity and coordination of care.
2. I authorize payment of my medical benefits to AMHC for services rendered, and for AMHC to give my insurance company any information about services rendered to me as necessary to process claims.
3. I understand and agree that I am financially responsible for all charges for services rendered to me, including balances owed, after insurance payments.
4. I acknowledge that I have been provided with Advanced Medical House Calls' Notice of Privacy Practices. A copy of the Notice is available on our website: www.amhcmi.com
5. **Chronic Care Management (CCM)-**Chronic Care Management is a Medicare approved program that is available to patients with 2 or more chronic conditions. CCM contributes to better health & care while focusing on the patient and is a non-face to face visit. CCM is applicable to unmet deductibles and coinsurance copays.

I want this authorization to expire only upon my death. I understand that I have the right to revoke this authorization by written notice to Advanced Medical House Calls, PLC. I also understand that disclosed information may be re-disclosed by the recipient named herein.

Signature of Patient or Patient's Power of Attorney Date

Office practice **Notice**

SERVICES	COST	REASON
Trip Fee – ***Waived in senior communities***		
• Private home Trip Fee	$50	Not a covered benefit
• Copies of Medical Records	$25 per year	Not a covered benefit
• NSF check Fee	$25	Not a covered benefit
• Forms unrelated to visit	$25	Not a covered benefit
• Past Due account/Late Fee	$10 per month	Not a covered benefit

Signature of Patient or Patient's Power of Attorney Date

Page must be signed in ALL AREAS before visit will be made.