



PETER KIM, M.D.
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NEUROLOGY, NEUROPHYSIOLOGY



Patient's Extended Signature Authorization

Beneficiary Signature Regulations in effect April 1, 1982, allow physicians to obtain from the patient a signature authorization for the physician to submit assigned or unassigned claims to the insurance company on the patient's behalf. The signature will be retained in our file for any future claims for the patient.

The patient must sign a brief statement substantially as follows:

"I request that payment of authorized medical insurance benefits be made on my behalf to **Peter Kim M.D.** or **Jo Santamina M.D.** for any services by the physician(s). I authorize my medical information to be released to my insurance company and its agents needed to determine these benefits or the benefits payable for related services"

X

Signature of Patient

Date

MRI/CT Authorizations or Any Test Authorizations

Your physician may order a test for your condition.

If you have private insurance, your insurance company may require prior authorization for any tests ordered by the doctor. Our office will work on the authorization with your clinical information. It takes about 3 business days for us to generate official dictated notes. With the official dictated note, we will submit the authorization to your insurance company. Once it is approved, we will give you a call. The whole process usually takes about 7 -10 days. However, the insurance company's approval/authorization does not guarantee that the insurance company will pay for the test in full. You may have a financial responsibility for it as well.

We will work on your prior authorization, but **it is your responsibility to check for any deductible or copay before your appointment for MRI, CT or any test. Having authorization from your insurance company does not guarantee full payment. We strongly encourage you to call your insurance company to check your financial responsibility before scheduling any MRI's, CT's or any test.**

Also, if you want to go to a specific imaging facility or if your insurance company requires you to go to a specific one, please inform us beforehand, so we can work on your authorization for the facility.

X

Signature of Patient

Date