



Northern Indiana  
Neurological Institute, P.C.

521 East 86th Avenue, Suite Z, Merrillville, IN 46410 Phone (219) 769-0777 Fax (219) 755-0608

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**STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS  
TO PROVIDER, PHYSICIANS AND PATIENTS**

(Signature required by Medicare)

\_\_\_\_\_  
Name of Beneficiary (Patient)

\_\_\_\_\_  
Medicare Number (HICN)

I request that payment of authorized Medicare benefits be made either to me or on my behalf for any services furnished me by or in Northern Indiana Neurological Institute, P.C., including physician services. I authorize any holder of medical or other information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or benefits for related services.

Secondary:

\_\_\_\_\_  
MediGap Carrier

\_\_\_\_\_  
MediGap Policy Number

I request that payment of authorized MediGap benefits be made either to me or on my behalf to Northern Indiana Neurological Institute, P.C., for any services furnished to me by that physician/supplier. I authorize any holder of medical information about me to release to the above carrier any information needed to determine these benefits or the benefits payable for related services.

\_\_\_\_\_  
Signature of Beneficiary (Patient)

\_\_\_\_\_  
Date

Place of Service: \_\_\_\_\_

**PLEASE SIGN AND RETURN**