

CENTRAL CONNECTICUT CARDIOLOGISTS, LLC

SIGNATURE ON FILE

Any monies payable to Russell A. Ciafone, M.D., Scott Galle, M.D., John T. Cardone, M.D., Kathleen A. Kennedy, M.D., Steven E. Lane, M.D., John I. Baron, M.D., Dale T. Toce, M.D., Atique Mirza, M.D., Haris Athar, M.D., Andrew C. Davidson, M.D., Timothy J. Glew, M.D., Patrick M. O'Beirne, M.D., and Joseph F. Mitchel, D.O. will be paid directly to Central Connecticut Cardiologists LLC.

I authorize the release of any medical information to my insurance carrier as requested by them. I permit a copy of this authorization to be used in place of the original.

Patient's Signature

Date

I authorize any medical benefits payable to me to be paid directly to Central Connecticut Cardiologists, LLC.

Patient's Signature

Date

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration of its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. I understand it is mandatory to notify the health care provider of any other party who may be responsible for paying for my treatment. (Section 1128B of the Social Security ACT and 31 U.S.C. 3801-3912 provides penalties for withholding this information). Regulations pertaining to Medicare assignment of benefits also apply.

Medicare Recipient

Date