

Chris J. Gualtieri, MD Eye Laser and Vision Center
3969 Fourth Avenue # 301 San Diego, CA 92103

Beneficiary Claim Authorization **“Signature on File”**

By signing this form, I certify and agree that:

1. The insurance and personal information given by me to receive medical services, surgical services, optical materials, medical supplies, and insurance claim payments is true and correct to the best of my knowledge.
2. I authorize Dr. Chris J. Gualtieri and his office staff to obtain payment on my behalf for any medical services, surgical services, optical materials, or medical supplies furnished by billing my insurance company.
3. I authorize any insurance payments for medical services, surgical services, optical materials or medical supplies to be sent directly to:
Chris J. Gualtieri, MD, Eye Laser and Vision Center
3969 Fourth Avenue # 301 San Diego, CA 92103.
4. I authorize release of necessary medical information to CMS (Centers for Medicare and Medicaid Services) or to my private insurance company, if they request, in order to determine if medical or surgical services, materials, or supplies are necessary and payable
5. This Signature on File agreement will remain in force until I request in writing that it be terminated.

Patient's or legal guardian's signature

Date