



Advanced Medical Group

 A Wilmington Medical Supply Company

Medical Records Release, Assignment of Benefits (AOB), and Acknowledgement of Documents Received

This form is required to bill on your behalf!

My signature and date in the box below acknowledges approval for each of the following:

1. I request that payment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits be made to Advanced Medical Group (AMG) for any medical supplies and/or medications furnished to me by Advanced Medical Group.
2. I authorize any holder of medical information about me be released to Advanced Medical Group, upon request, in order to determine and/or secure eligibility information and/or reimbursement for covered services.
3. I request the following restrictions or disclosure of my health information:


4. I request AMG to bill directly to my Insurance Company, to include Medicare, Medicaid, Medicare Supplemental or my other insurer(s).
5. I authorize Advanced Medical Group to contact me by telephone or mail regarding my medical supplies and/or medication(s) order.
6. I acknowledge that I have read and received the following:
 - ✓ Notice of Information Practices & Privacy Policy
 - ✓ Advanced Medical Group’s Welcome Letter, Contact Information, Complaint Process, and Emergency Contact Information
 - ✓ Medicare’s Supplier Standards
 - ✓ Advanced Medical Group’s Patient’s Rights and Responsibilities
 - ✓ Infection Control and Safety Information
7. I understand that I am responsible for amounts that are not covered by my insurer(s) including applicable co-payments and/or deductibles.

Please Print: PATIENT NAME

Relationship to Beneficiary or Policy Holder

Print the Insurance Policy Holders Name

AMG SIGNATURE, (if witnessed)



A blue arrow pointing right contains the text "SIGN YOUR NAME HERE". This is followed by a light blue rectangular box. To the right of this box is another blue arrow pointing right containing the text "TODAY'S DATE". This is followed by a light blue rectangular box containing two slashes "/" and a space, indicating a date format.