

Pendurthi Surgical Associates, LLC

General Surgery & Surgical Oncology

Phone (610) 882-0199 • Fax (610) 882-2814

COMMUNICATION CONSENT

It is the office policy of Pendurthi Surgical Associates, LLC and staff not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone and/or pager. Whenever returning telephone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Also, information will not be left with an unauthorized person who may answer the telephone.

I authorize Pendurthi Surgical Associates, LLC and/or their staff to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes:

Home Telephone _____ ☐ yes ☐ no

Answering Machine _____ ☐ yes ☐ no

Work Telephone _____ ☐ yes ☐ no

If you would like to have information released to someone other than yourself please complete the following:

Please list names of authorized people:

Spouse: _____ ☐ yes ☐ no

Parent: _____ ☐ yes ☐ no

Printed Name _____

Patient/Guardian Signature: _____ Date: _____

MEDICARE and/or MEDIGAP ASSIGNMENT OF BENEFITS

I request that payment of authorized Medicare and/or Medigap benefits be made either to me or on my behalf to T. Kumar Pendurthi Surgical Associates, LLC for any services furnished me by the physician/supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I further authorize any holder of Medicare and/or Medigap information about me to release to T. Kumar Pendurthi Surgical Associates, LLC any information needed to determine benefits payable for related services.

Date: _____

Signature: _____