2731 Healthcare Drive
Syracuse, NE 68446
402.269.2011
syracuseareahealth.com

MEDIGAP PATIENTS ONLY-Assignment of Medigap (Supplemental) Benefits

I authorize payment of mandated Medigap benefits to the Hospital for any services furnished by it to me. I authorize release of medical or other information necessary to process such claims. Until revoked, this statement applies to all occasions of service.

Medigap Ins. Co.: ______________________________ (*See attached copy of insurance card for policy number)*

Beneficiary name: ______________________________

SIGNATURE OF PATIENT/RESPONSIBLE PARTY ______________________________ DATE ______________

WITNESS ______________________________