

# Medicare Beneficiaries Signature on File Requirements

I request that payment of authorized Medicare benefits be made on my behalf to one of the following providers associated with Inland Orthopaedic Surgery and Sports Medicine Clinic, PLLC for any services furnished me by that physician supplier:

Edwin M. Tingstad, MD  
Kyle J. Hazelwood, MD  
Mathew Z. Taylor, MD  
Aaron J. Vandebos, MD  
Amelia "Amy" Miller, PA-C

I authorize any holder of medical information about me to release to the Center for Medicare and Medicaid Services, formally the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Patient DOB

## Advance Care Planning

Advance Care Planning is making decisions about the care you would want to receive if you become unable to speak for yourself and is appropriate for anyone aged 18 and older.

Do you have an Advance Care Plan?       YES       NO

If so, who is the individual who would make health care decisions for you if you are unable to do so? \_\_\_\_\_

If no, you may want to discuss with your family before a medical crisis ever begins. Participation in Advance Care Planning has been shown to reduce stress and anxiety for patients and their families.