

Oneida Comprehensive Health Division

Oneida Community Health Center
Behavioral Health Services
Anna John Resident Centered Care Community
Employee Health Nursing



PATIENT'S NAME: _____ DATE OF BIRTH: _____

INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS

I hereby authorize payment of benefits to be made directly to Oneida Community Health Center. (I understand that I am financially responsible to Oneida Community Health Center for charged not covered by this assignment, if ineligible). In the event of default, I agree to pay all cost of collection, including reasonable attorney's fees.

I permit a copy of this authorization to be used in place of the original. This authorization is in effect until I chose to revoke it.

DATE: _____
SIGNATURE OF PATIENT/IF MINOR, THEN SIGNATURE OF RESPONSIBLE PARTY _____

ASSIGNMENT OF BENEFITS FOR MEDICARE

I request payment of authorized Medicare Benefits be made either to me or on my behalf, to Oneida Community Health Center for any services furnished to me by provider. I authorized any holder of medical information about me, to release to the Center for Medicare and Medicaid and its agents, any information needed to determine these benefits or the benefits payable for related service.

This authorization is in effect until I chose to revoke it.

SIGNED: _____ DATE: _____

_____ Check here if patient refuses to sign waiver

Mailing Address: P.O. Box 365, Oneida, WI 54155
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center
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Employee Health Nursing

525 Airport Rd., Oneida, WI 54155
2640 West Point Rd., Green Bay, WI 54304
2901 S. Overland Rd., Oneida, WI 54155
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711
Phone: (920) 490-3790 or 1-888-490-2457
Phone: (920) 869-2797
Phone: (920) 405-4492

Fax: (920) 869-1780
Fax: (920) 490-3883
Fax: (920) 869-3238
Fax: (920) 405-4494