



NC Elder Care

## NC Elder Care PLLC

1380 Eastchester Drive #103

High Point, NC 27265

(336) 521-9480

Fax: (336) 875-4705

[www.nceldercare.org](http://www.nceldercare.org)

Date: \_\_\_\_\_

I, \_\_\_\_\_,

A patient at \_\_\_\_\_, consent for podiatry services at the above facility from NC Elder Care. By signing this agreement, I authorize and direct the Centers for Medicare and Medicaid Services and my private insurance providers to issue payments of benefits directly to Horizon Internal Medicine or any of its entities. I authorize any medical information about me or any information needed to determine these benefits payable for related services to be released by Horizon Internal Medicine. I fully understand and certify that I have read and agree to the authorization for podiatry services.

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Witness/Facility Representative

Date

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Signature of Resident or Resp. Party

Date