BEHAVIORAL HEALTHCARE CONSULTANTS, LLC
SHAILAJA SHAH, MD
407 OMNI DRIVE, HILLSBOROUGH
NJ 08844
www.bhcc-MD.com
Phone: 732 689 3832
Fax: 908 359 5356

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS (for Medicare beneficiaries)

I authorize the release of any of my personal health information necessary to process this claim. I permit the copy of this authorization to be used in place of the original.

Date: ___/___/_____ Signature:_____ Signature:_____
Patient POA/Legal Guardian

I hereby authorize Dr. Shailaja Shah at Behavioral healthcare Consultants, LLC to apply for benefits on my behalf for professional covered services rendered by her.

☐ For N**on-assigned** claims, I request that payment from my insurance company be made directly to me

☐ For **Assigned** claims, I request that payment from my insurance company be made directly to Dr. Shailaja Shah

I certify that the information I have reported with regard to my insurance coverage is accurate.

I permit the copy of this authorization to be used in place of the original. This authorization may be revoked by either me or my insurance company at any time in writing.

Date: ___/____/_____ Signature:_____
Patient/Parent/POA/Guardian.

Medicare #:_____