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Sarah B. Levin, MD FACC
Mark A. Harrison, MD FACC
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Doris Maggiacomo, ACNP
Stephanie Mulcahy, FNP
Susan A. Dean, MN ACNP-C
Stephen Burns, RN MSN FNP
Erin H. Gillen, FNP, ANP-BC,CCDS
Deirdre McKibbin-Vaughn, PA
Anne M Lucas, DNP, FNP-C

Payment of Benefits Authorization

I hereby authorize payment of all services rendered to me to be paid directly to: **The Heart Center** providing that my insurance company will forward directly to them. I understand that regardless of my insurance, I am financially responsible for payment of services rendered to me. In addition, I authorize the release of any information that is required by my insurance company to process such claims.

Name: ___________________________

Signature:
____

Address:
____
____

Date: ____________________

Payment of Benefits Authorization/kmg

Committed to Excellence in Cardiac Care

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