



Providing Post-Operative Vitrectomy Support Solutions

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

I understand and consent that MarketPlus Software, d.b.a, McFee Medical Technologies/OWL Leasing (McFee Tech/OWL Leasing) has the right to exchange and/or release any and all portions of my medical record to my insurance company, whether commercial or Medicare. McFee Tech/OWL Leasing may also contact my physician's office for any pertinent medical records and/or personal health information (PHI) including but not limited to: requesting a letter of medical necessity and any relevant medical records pertaining to patients Vitrectomy surgery for insurance purposes.

I understand that McFee Tech/OWL Leasing is an out of network, non-participating provider and will bill my credit card for the rental charges prior to filing a claim to the insurance company. Upon my request, McFee Tech/OWL Leasing will submit an insurance claim to my private insurance company for possible reimbursement. I understand McFee Tech/OWL Leasing does not guarantee payment from insurance companies for the rental charges, even with an authorization from my insurance company. I also acknowledge that McFee Tech/OWL Leasing does not accept government assignment and that I am fully responsible for all rental charges.

All of the above has been explained to me and all questions regarding this release have been answered to my complete satisfaction.

(Signature of Patient or Guardian)

(Date)

THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE IT IS SIGNED

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