



### **Patient Insurance Release Form**

By signing below, I acknowledge and accept the following:

\* I hereby authorize House Calls KC to directly bill my insurance and for my insurance company to make direct payments to House Calls KC via Dr. Dimitri Golfinopoulos, D.O.P.A.

\* Billing claims under House Calls KC will be billed under the identity of Dr. Dimitri Golfinopoulos, D.O.P.A.

\* House Calls KC, formerly House Calls and Hospital Care, may obtain medical or other information necessary in order to process my claim(s), including eligibility information and information pertaining to seeking reimbursement for medical services provided.

\* I am aware that I am responsible for my deductible, co-payment, or any amount not covered by my insurance(s). I have requested medical services on behalf of myself and or my dependents and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the authorized treatment.

\* I hereby authorize House Calls KC to release any information necessary to my insurance(s) regarding my illness and treatments.

Signature:

Date:

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House Calls KC  
400 E Red Bridge Road, Suite 207  
Kansas City, MO 64131-4029  
www.housecallskc.com

Home Based Primary Care Services  
Phone: 913-681-2398  
Fax: 913-681-2416