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 Noemi Mercado, PA-C
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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: _____

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