



Medicare Authorization Release

Client Name (Please Print):

Client Medicare Number:

I hereby request that payment of authorized Medicare benefits be made to Minnesota Mental Health Clinics for any services furnished me by this clinic. I authorize any holder of hospital or medical information about me to release to the Health Care Financing Administration and its' agents any information needed to determine these benefits or the benefits payable for related services. I permit a copy of this authorization to be used in place of the original.

Patient Signature

Date

Minnesota Mental Health Clinics Eagan Clinic-3450 O'Leary Lane, Eagan MN 55123 Phone: 651-454-0114 Fax: 651-454-3492
Edina Clinic- 6525 Drew Ave. So. Edina, MN Appointments call 651-365-8222 Fax: 651-454-3492
Lakeville Clinic-18586 Joplin Ave., Lakeville, MN 55044 Phone: 952-435-8700 Fax: 952-435-0559
Southwest Minneapolis Clinic-5346 Lyndale Ave. So., Minneapolis, MN 55419 Phone: 612-746-5888 Fax: 612-746-5518
Woodbury Clinic-1000 Radio Dr. Suite 210, Woodbury, MN 55125 Phone: 651-365-8209 Fax: 651-739-0272