

## Release of Responsibility

I, \_\_\_\_\_ do hereby release Healthmark-LT Georgia, LLC (Lifetest Imaging Center) of all responsibility to file a claim with Medicare. I understand Healthmark-LT Georgia, LLC (Lifetest Imaging Center) is not a Medicare provider and has no means of filing a claim on my behalf.

I further understand, as a Medicare recipient, I can not file a claim for the services performed at Healthmark-LT Georgia, LLC (Lifetest Imaging Center) on my own behalf.

I agree to be solely responsible for payment of services provided to me at the Lifetest facility and will not come back to Lifetest at any time requesting a claim to be filed with Medicare or any supplement policy.

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Signature Date

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Witness Date