

Section A

Full name _____ Date of Birth _____

Gender F M _____ Client Height _____ Client Weight _____

Primary Language Spoken by Client _____ Email address _____

Physical Address _____ City _____ State _____ Zip _____ Primary phone number _____

Billing address (if different than physical) _____ City _____ State _____ Zip _____ Phone number _____

Caregiver name _____ Relationship _____ Phone number _____

Facility name (if applicable) _____ Wing _____ Room # _____ Bed # _____

Emergency Contact _____ Relationship _____ Phone number _____

Power of Attorney _____ Legal Guardian _____ Name _____ Phone number _____

Primary Physician or Hospital _____ Care Coordinator Name _____ Phone number _____

Section B

Please include copies of all applicable insurance cards

Primary Insurance Company _____ Phone _____

Secondary Insurance Company _____ Phone _____

Primary Policy Holder _____ Relationship _____

Secondary Policy Holder _____ Relationship _____

Primary Insured SSN _____ Date of Birth _____

Secondary Insured SSN _____ Date of Birth _____

Insured's ID # _____ Group Number _____

Insured's ID # _____ Group Number _____

Tertiary Insurance Company _____ Phone _____

Tertiary Policy Holder _____ Relationship _____

Tertiary Insured SSN _____ Date of Birth _____

Insured's ID # _____ Group Number _____

AUTHORIZATION OF SERVICE:

The client understands (1) that their signature on this form authorizes MyMedSupplies and staff (MMS) to provide equipment and supplies (Product) to them, (2) that the product provided to them by MMS are provided under the direction of their prescriber, and (3) that MMS is not liable for any act, injury, damage, or omission when following the instructions of said prescriber

RENTAL, SALES, AND WARRANTY TERMS:

The client understands that equipment rented under this agreement remains the property of MMS and agrees not to assign possession rights of the rental equipment. Title to the equipment does not transfer to them until equipment is purchased and paid for in full. The client agrees to return the equipment in the same condition, as it was when received, normal wear and tear excluded. Rental charges will continue until equipment is returned to MMS. The client understands they will be charged the full retail amount of any rental equipment that fails to be returned, is lost, or damaged resulting from negligence, theft, fire, abuse, accident, or any other cause other than reasonable wear. The client agrees to not move any rental equipment without prior permission from MMS. MMS honors all warranties expressed and implied under applicable state law and will not charge for the repair or replacement product covered under warranty. MMS shall replace or repair defective equipment in a timely manner. MMS shall not be responsible for incidental or consequential damage due to clients' failure to timely notify MMS of any malfunction/defect or any unauthorized modifications made to rental equipment. MMS advises Medicare beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment. The client understands that they will return rental equipment when there is no longer a medical need for it. The client agrees to notify MMS if they move, enter a nursing facility, enter a hospital, or become a hospice client. The client understands that Medicare Part B does not cover rental equipment while the client is in a nursing facility, hospital, or hospice. Sales returns will be accepted in unopened packages and/or saleable condition within thirty (30) days from date of original purchase with proof of purchase. No merchandise will be accepted for return if worn next to the skin, used for sanitary or hygienic purposes or if it is disposable (i.e. oxygen, underpads, diapers, enterals, compression garments, creams, sprays). Special order items may require a deposit and are non-returnable.

ASSIGNMENT OF BENEFITS/ACKNOWLEDGEMENT OF MY FINANCIAL RESPONSIBILITY:

The client authorizes (1) direct payment to MMS and its subsidiaries for any Medicare, Medicaid, and/or insurance benefits otherwise payable to them for services rendered by MMS, its subsidiaries, or agents, (2) their insurance company, including Medicare and Medicaid, to provide to MMS all information regarding their insurance benefits and status of claims submitted on their behalf by MMS for services rendered, (3) MMS to release to my insurance company, including Medicare and Medicaid, all information pertaining to me for benefit determination, and (4) MMS to initiate a complaint to the Insurance Commissioner on their behalf. The client understands that their insurance coverage may not pay the total cost of the product provided to them by MMS and that they are financial obligation to pay any balances, co-pays, deductibles or coinsurances owed to MMS for their services and those denied by insurance for any reason including, but not limited to, non-coverage, failure to qualify for coverage, or insurance termination.

MMS shall have the right to pick up all equipment if financial responsibilities are not met. All monthly rental and supply orders are required to provide a payment method on file for instances of coinsurance, deductibles, or other charges determined by the insurance policy. The client agrees to remit to MMS any payments made directly to them by their insurance payer for product provided by MMS. Individual client statements are mailed out on a per invoice basis and are due twenty days from the date of the statement, unless otherwise indicated. Facility and/or private payor statements are due according to the terms of the contract and/or the terms indicated on the monthly statement. Payments can be mailed or taken over the phone by MMS. We accept cash, checks, money orders, and credit cards. We also make credit card pre-payment arrangements for anticipated monthly client balances. The client understands that if they have opted to be enrolled in Autopay, any client balance after processing of insurance(s) will be charged to their approved method of payment on file. A \$15.00 late fee may be added beginning on the 61st day and monthly until the balance is paid in full. MMS will be entitled to the full amount due on the account including but not limited to attorney fees and/or collection fees that may accrue. In the case of default, the client authorizes MMS to attach all rights to their Alaska State Permanent Fund Dividend until all financial obligations are met (where applicable).

CONSENT REQUEST-THE TELEPHONE CONSUMER PROTECTION ACT (TCPA):

The Telephone Consumer Protection Act (TCPA) was passed by Congress, and all institutions/suppliers are required to obtain consent before contacting a client on their mobile or residential phone. To ensure you do not miss any important communications, we are requesting permission to contact you via Virtual Agent, direct dial, or text messages on your residential or mobile phone. You may choose to opt out of contacts to your mobile phone/s. MMS does not engage in telemarketing. By signing below, you indicate your consent to be contacted on any mobile or residential number on file, and that you have the authority to provide consent (message and data rates may apply for your mobile service plan). You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by written notice to MyMedSupplies, 501 W International Airport RD, STE 1A, Anchorage, AK 99518.

I do not consent

The following items are available on our website as well as within our Client Intake Brochure. Please let us know if you would like a paper copy.

- Location and Compliance Contact Information
- Notice of Privacy Practices
- Client Bill of Rights and Responsibilities
- Client Emergency Preparedness Sheet
- Client Infection Control Sheet
- Medicare Supplier Standard

[ACKNOWLEDGEMENT SIGNATURE ON THE NEXT PAGE]

