bedard MEDICAL SUPPLIES

Phone: 207-784-3700

Cranial Electrotherapy Stimulation Assignment vs. Non-Assignment of Benefits

Patient Name:_____ Date:_____

Equipment: Fisher Wallace Cranial Electrotherapy Stimulation Unit and Supplies

☒ ASSIGNMENT	☐ NON-ASSIGNMENT
I authorize direct payment to Bedard Medical, Inc. of any insurance benefits otherwise payable to me for Bedard Medical, Inc. provided products or services. I also authorize my insurance company(ies) to furnish to an agent of Bedard Medical, Inc. any and all information pertaining to my insurance benefits and status of claims submitted by Bedard Medical, Inc. for services rendered. I further authorize Bedard Medical, Inc. to release to my insurance company(ies) (or HCFA and its agents) any and all information pertaining to me for benefit determination. I hereby authorize any holder of medical information about me to release to Bedard Medical Inc., any records pertaining to my medical history, services rendered, or treatment. I understand that I am financially responsible for any charges not covered by my health insurance benefits. It is my responsibility to notify Bedard Medical, Inc. of any changes in my health insurance coverage. I understand that by signing this form I am accepting financial responsibility for all payments of products I have received. *Note: Exact insurance benefits cannot be determined until the insurance company receives the claim. I understand that I may be financially responsible for amounts not paid by my insurer, which may include the entire charge if my insurance denies payment.*	As a non-participating Medicare provider, Bedard Medical Inc., will require payment in full at the time the service is provided. Bedard Medical, Inc., will fill a claim on your behalf. This will reduce potential hardship as well as reduce future inquiries you may receive regarding the status of the claim. Bedard Medical, Inc., will submit a claim on your behalf to Medicare, Medicare Supplemental, and/or other insurer(s). Bedard Medical, Inc., will make sure that your claim includes the total amount that you have paid for the services that have been provided. By not accepting assignment of Medicare benefits, Bedard Medical, Inc., is not party to the Medicare payment transaction between Medicare and you. The transaction is covered by the Privacy Act. Bedard Medical Inc., can only obtain limited information on non-assigned claims. The DME MAC (our regional Medicare office) cannot disclose payment amounts to us.
_____ Name of Person Signing Below (Print) Date _____ Relationship to Patient _____ Patient Signature (or Parent/Guardian/Agent) _____ Bedard Representative Date	_____ Name of Person Signing Below (Print) Date _____ Relationship to Patient _____ Patient Signature (or Parent/Guardian/Agent) _____ Bedard Representative Date

AUTHORIZATION FOR CONTACT AND PRIVACY PRACTICES

I authorize Bedard Medical Inc., to contact me by telephone or mail regarding my medical equipment and/or supplies. By signing this document, I also acknowledge that I have been offered a copy of Bedard Medical, Inc.'s **Notice of Privacy Policies and Patient Rights and Responsibilities** form. This acknowledgement is required by the Health Insurance Portability and Accountability Act (HIPPA) to ensure that I have been made aware of my privacy rights.