

PATIENT PRODUCT AGREEMENT

In the event that my physician deems the use of Durable Medical Equipment (DME) not provided or billed for by Front Range Orthopedic Surgery Center, I understand that the provider of that equipment will contact my insurance carrier for reimbursement for DME purchase or rental. (DME includes but is not limited to braces, splints, post-op shoes, shoulder immobilizers, arm slings, cold therapy devices, and pain management infusion pumps.)

I hereby authorize payment of medical benefits directly to the Durable Medical Equipment company listed below for the services rendered. I further authorize Front Range Orthopedic Surgery Center to release any medical or insurance information necessary for determining the extent of third party coverage and for processing any claims on my behalf. I understand the benefits related to services and/or supplies provided by the Durable Medical Equipment provider will be mailed directly to the provider. I permit a copy of this authorization to be valid as the original.

I understand that all costs of devices and supplies not paid by my insurance carrier will become my responsibility. Assignment of insurance benefits does not guarantee that my carrier will provide coverage. In addition, should my insurance carrier fail to make payment in full of this claim I hereby assign to the below listed company all rights to appeal granted to me by my policy of insurance and grant them the right to act on my behalf in any such appeal as to the claim and equipment referenced in this agreement.

Patient Name: _____

Patient Signature: X _____ **Date:** _____

If patient is a minor or unable to sign:

Signature of responsible party: _____ **Date:** _____

Relationship to patient: _____

DME Provider

- Hanger P&O**, 1551 Professional Lane, Ste. 105, Longmont, CO 80501
- Aberdeen Medical Services, Inc.**, 137B Gaither Drive, Mt. Laurel, NJ 08054
- EBI Medical Systems, Inc.**, 100 Interpace Parkway, Parsippany, NJ 07054

Attach DME sticker or list items used: _____

For Hanger Products

Diagnosis: _____ Diagnosis Code: _____

Prescription: _____ Physician Signature: _____