

REHAB SERVICES, LLC

Patient Agreement and Order Form

PATIENT INFORMATION

Patient Name:	_____		
Address:	_____		
City, State, Zip	_____		
Date of Birth:	_____	Date of Surgery:	_____
Physician:	_____	Diagnosis:	_____
Telephone (s):	_____		

PRIMARY INSURANCE INFORMATION

Insurance Name:	_____	Subscriber/DOB:	_____
Policy Number:	_____	Group Number:	_____

SECONDARY INSURANCE INFORMATION

Insurance Name:	_____	Subscriber/DOB:	_____
Policy Number:	_____	Group Number:	_____

ORDER INFORMATION

Product:	_____	Charges:	_____	(internal use)
Model:	_____	Soft Goods:	_____	
Serial #:	_____	Start Date:	_____	
Auth. Date:	_____	Stop Date:	_____	
Notes:	_____ _____			

LEGAL STATEMENT

I acknowledge that I have received and been instructed in the proper use and care of the equipment and/or product listed above. I certify that the information given to Rehab Services in applying for equipment/product purchase/rental is correct. I authorize Rehab Services or its business partners to submit a claim to my insurer on my behalf and assign the benefits payable by my insurer to Rehab Services or its business partners. I understand I will be billed for the rental equipment while it is in my possession. I understand that billing will be stopped on the day that Rehab Services receives a call requesting a pick up of the equipment. In the event that my insurance carrier does not pay Rehab Services in full I will be responsible for all unpaid balances. If litigation is instituted to collect any unpaid balance, I agree to pay all costs of collection including reasonable attorney's fees incurred by Rehab Services. I authorize the release of medical records to any agent of Rehab Services for the purpose of providing documentation of medical necessity of the equipment I have received today. I acknowledge that I am responsible for the equipment while in my care, custody and control. I have received DME benefit information regarding co-pays and a general amount I may be responsible for if subject to a coinsurance. I acknowledge that I have read, understand and agree to the terms and conditions as stated.

Signature:	_____	Date:	_____
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