# INFORMATION AND MEDICAL RELEASE FORM (FORM I)

**Fax this form to Bioness Customer Care Advocate Team at 877-362-4855 | Phone: 855-902-5252**

| DEMOGRAPHIC INFORMATION: | | |
|---|---|---|
| Legal Name: | | Date of Birth: |
| Address: | | |
| City: | State: | Zip: |
| Preferred Phone: | Primary Diagnosis: | |
| E-mail Address: | | |
| Alternate Contact Name and Phone: | | |

| PHYSICIAN INFORMATION: | |
|---|---|
| Name: | Specialty: ☐Neurology ☐Physiatry ☐MS ☐Other |
| Phone: | Fax: |
| E-mail Address: | |
| Address: | |
| Office Contact Name: | Contact Phone: |
| Contact E-mail Address: | |

| FITTING INFORMATION: (TO BE COMPLETED BY A CLINICIAN) | | |
|---|---|---|
| Facility Name: | | Clinician: |
| Clinician Phone: | Clinician Fax: | Clinician Email: |

| | | |
|---|---|---|
| PoNS | ☐14-weeks ☐12-weeks | |
| SMALL L300 | Round Cloth: ☐L ☐R Quick Fit A: ☐L ☐R Quick Fit B: ☐L ☐R | |
| REGULAR L300 | Hydrogel: ☐L ☐R Round Cloth: ☐L ☐R Quick Fit: ☐L ☐R Steering: ☐L ☐R | Foot Sensor: ☐Y ☐N ☐Bilateral |
| L300 THIGH PLUS (links to L300) | **L:** ☐Ham ☐Quad **R:** ☐Ham ☐Quad Strap sizes for telefit:_____ | |
| L300 THIGH STAND-ALONE | **L:** ☐Ham ☐Quad **R:** ☐Ham ☐Quad Strap sizes for telefit:_____ | |
| H200 WIRELESS HAND REHABILITATION SYSTEM | Small: ☐L ☐R Medium: ☐L ☐R Large: ☐L ☐R | |
| **L:** Extensor Panel (circle one): A B C D | Flexor Panel (circle one): A B C | Thenar: ☐Regular ☐Large |
| **R:** Extensor Panel (circle one): A B C D | Flexor Panel (circle one): A B C | Thenar: ☐Regular ☐Large |

| INSURANCE INFORMATION: | |
|---|---|
| Interested in checking insurance policy? ☐ YES ☐ NO | Do you have Medicare? ☐ YES ☐ NO |
| **If checked yes above, please submit copies of insurance demographics sheet or insurance card, front and back.** | |

CUSTOMER INFORMATION RELEASE AUTHORIZATION AND RESPONSIBILITY ACKNOWLEDGEMENT

Your medical information is confidential and requires your consent to be shared under state and federal laws. Please provide written consent to release information to your insurance and healthcare team.

I,_____, authorize Bioness Medical, Inc., its parent company, and any of its affiliates or subsidiaries to share my information as necessary for healthcare management and claims processing. I am responsible for any costs not covered by insurance and will forward any direct insurance payments to Bioness Medical. I will be informed of my insurance coverage and out-of-pocket expenses before billing. I acknowledge that I may view the Medicare Supplier Standards, Bioness Bill of Rights, and the Notice of Privacy Practices online at www.bionessmedical.com or may request a paper copy by calling 800-211-9136.I consent to receive communications via email, phone and text.

Customer/Guardian Signature:_____Date:_____

Customer/Guardian Printed Name:_____

| INTERNAL USE ONLY: | |
|---|---|
| In-person fitting needed: ☐YES ☐NO | Preferred Payment Categories (circle one): A B C |

**PLEASE KEEP FOR YOUR RECORDS (for Reference)**
**I may revoke this consent by mailing or faxing a letter to my healthcare provider or Bioness Medical. Revoking this consent will prohibit my healthcare provider and Bioness Medical from sharing information about me, except where such sharing is permitted or required by law. Revocation will not affect the ability of Bioness Medical or my healthcare provider to use information they have already received. I understand that once released, information may be subject to redisclosure and no longer protected by federal privacy laws. Also, my doctors and insurers cannot condition treatment, payment or enrollment or eligibility for benefits on whether or not I sign this release. This release will expire in 30 years.**

Bioness Medical may use my information consistent with its Notice of Privacy Practices, including without limitation, to contact me for customer satisfaction surveys and other marketing communiques and provide me with information and educational material about Bioness products.

**Bioness Medical, Inc.**
25103 Rye Canyon Loop
Valencia CA 91355
800-211-9136

**Hours of Operation**
Monday through Friday 8am - 5pm
After hours call 800-211-9136

**Medicare Supplier Standards**
DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at http://www.ecfr.gov. Upon request we will furnish you with a written copy of the standards.

**Bioness Medical, Inc. Notice of Privacy Practices**
I acknowledge that I may view the Notice of Privacy Practices online at bionessmedical.com/privacy-policy-3/ or may request a paper copy by calling 800-211-9136.

**Bioness Medical, Inc. Return Policy**
FES: If I do not purchase a device I will return it to Bioness Medical in like-new condition, with original packaging and related materials, with prior approval or as dictated on my contract. If I fail to make the return in the agreed time period, or without prior approval, it will constitute my irrevocable election to purchase such device and I hereby authorize Bioness Medical, Inc. to charge my credit card or bill me the non-refundable purchase price of each unreturned device, less the Rental and/or Trial as agreed evaluation payment made thereon. If the charge is declined by my credit card company, Bioness Medical may charge my card or bill me a lesser amount and I will be liable for any unpaid portion of the device purchase price. I will pay any costs and expenses incurred by Bioness Medical in connection with collection of any of such amounts and any unpaid portion of the Charge Amount (including without limitation all reasonable attorneys' fees, expenses and all court costs). Bioness Medical is entitled to interest at the highest legal rate on all past due amounts, to the extent permitted by applicable law. All sales are final.
PoNS: All sales are final. Products cannot be returned or refunded

**Incident Reporting**
If you have any problems with the equipment or feel the equipment may be unsafe, please contact us immediately. If you have an incident that causes bodily harm, contact us at the number above. The company takes pride in its service and wants you to be safe and make sure your equipment or supplies are working as they should.

**Emergency Preparedness**
Bioness Medical, Inc. has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, tornadoes, and community evacuations. Our primary goal is to continue serve your health care needs. It is your responsibility to contact us regarding any supplies you may require when there is a threat of disaster or inclement weather so that you have enough supplies to sustain you. If a disaster occurs, follow instructions from the civil authorities in your area. We will utilize every resource available to continue serving you. However, there may be circumstances where we cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. We will work closely with the authorities to ensure your safety.

**Equipment Warranty Information**
Can be located here: bionessmedical.com/resources/

Bioness Medical, Inc.'s All manufacturers' warranties under applicable state law. In addition, the manufacturers' manual will be provided to all Rental beneficiaries for all durable medical equipment provided. The company will accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.

If any item delivered to a Rental beneficiary is substandard or unsuitable, Bioness Medical, Inc will accept the return of the item or exchange the item. You will NOT be responsible for payment for repairing or service for your equipment supplied by Bioness Medical, Inc.

**Complaint Procedure**
Bioness Medical Inc provides a process for clients to lodge an oral, written, or telephone complaint about the products and services provided. Bioness Medical Inc has a complaint resolution system for identifying, responding to, and resolving complaints in a timely manner. All written, oral, and Name of client or caregiver voicing the complaint.

A summary of the complaint, including:
- Date received
- Name of the person receiving the complaint
- A summary of actions taken to resolve the complaint
- If an investigation is not conducted, the name of the person who made that decision, along with the reason for not investigating
- Signature of supervisor/manager

All employees are trained in how to handle complaints. Copies of all complaints and investigations are kept on-file for at least three years. All complaints are summarized and presented to Executive Management quarterly.

If you have a complaint, please contact us at 800-211-9136

**Bioness Inc Bill of Rights**
I acknowledge that I may view the Bioness Inc Bill of Rights online at bionessrehab.com/bionessbillofrights/ or may request a paper copy by calling 800-211-9136.

**Customer Information Release Authorization and Responsibility Acknowledgement**
Your medical information is confidential and requires your consent to be shared under state and federal laws. Please provide written consent to release information to your insurance and healthcare team.

I authorize Bioness Medical, Inc., its parent company, and any of its affiliates or subsidiaries to share my information as necessary for healthcare management and claims processing. I am responsible for any costs not covered by insurance and will forward any direct insurance payments to Bioness. I will be informed of my insurance coverage and out-of-pocket expenses before billing. I acknowledge that I may view the Medicare Supplier Standards, Bioness Bill of Rights, and the Notice of Privacy Practices online at BionessMedical.com or may request a paper copy by calling 800-211-9136. I consent to receive communications via email, phone and text.