

BIONESS INFORMATION AND MEDICAL RELEASE FORM (FORM I)



Fax this form to Bioness Client Relations Department 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: <input type="checkbox"/> Neurology <input type="checkbox"/> Physiatry <input type="checkbox"/> MS <input type="checkbox"/> 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:
SMALL L300	Round Cloth: <input type="checkbox"/> L <input type="checkbox"/> R Quick Fit A: <input type="checkbox"/> L <input type="checkbox"/> R Quick Fit B: <input type="checkbox"/> L <input type="checkbox"/> R	
REGULAR L300	Hydrogel: <input type="checkbox"/> L <input type="checkbox"/> R Round Cloth: <input type="checkbox"/> L <input type="checkbox"/> R Quick Fit: <input type="checkbox"/> L <input type="checkbox"/> R Steering: <input type="checkbox"/> L <input type="checkbox"/> R	Foot Sensor: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Bilateral
L300 THIGH PLUS (links to L300)	L: <input type="checkbox"/> Ham <input type="checkbox"/> Quad R: <input type="checkbox"/> Ham <input type="checkbox"/> Quad Strap sizes for telefit: _____	
L300 THIGH STAND-ALONE	L: <input type="checkbox"/> Ham <input type="checkbox"/> Quad R: <input type="checkbox"/> Ham <input type="checkbox"/> Quad Strap sizes for telefit: _____	
H200 WIRELESS HAND REHABILITATION SYSTEM	Small: <input type="checkbox"/> L <input type="checkbox"/> R Medium: <input type="checkbox"/> L <input type="checkbox"/> R Large: <input type="checkbox"/> L <input type="checkbox"/> R	
L: Extensor Panel (circle one): A B C D Flexor Panel (circle one): A B C Thenar: <input type="checkbox"/> Regular <input type="checkbox"/> Large		
R: Extensor Panel (circle one): A B C D Flexor Panel (circle one): A B C Thenar: <input type="checkbox"/> Regular <input type="checkbox"/> Large		

INSURANCE INFORMATION:	
Interested in checking insurance policy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have Medicare? <input type="checkbox"/> YES <input type="checkbox"/> 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, 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 www.bionessrehab.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: <input type="checkbox"/> YES <input type="checkbox"/> 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. Revoking this consent will prohibit my healthcare provider and Bioness from sharing information about me, except where such sharing is permitted or required by law. Revocation will not affect the ability of Bioness 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 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.

Medicare Supplier Standards

I acknowledge that I may view the Medicare Supplier Standards online at bionessrehab.com/medicare-supplier/ or may request a paper copy by calling 800-211-9136.

Bioness Inc Notice of Privacy Practices

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

Bioness Inc Return Policy

If I do not purchase a device I will return it to Bioness 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 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 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 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 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.

Bioness Inc Bill of Rights

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