Unity health network
Home Medical Equipment

PATIENT RIGHTS AND BILLING DISCLAIMER
HOME MEDICAL EQUIPMENT

I hereby authorize the above practice to disclose or receive any or all information relating to my evaluation at this office, including copies of my diagnostic test results, to or from my attending physician and/or such physicians as may be selected by my attending physician, at his or her discretion, for the purpose of obtaining further diagnosis and/or treatment which he or she believes is indicated.

I hereby authorize release of information necessary to file a claim with my insurance company. I understand I am financially responsible for any balance not covered by my insurance. Insurance carriers choose to rent your machine for a period not extending past 10 months. Once this rental period has been reached, you own the machine.

Your insurance company requires us to follow up with you regarding the use of your pap equipment. **You are required to follow up with the ordering physician within 31-90 days after the setup of your machine**. During this visit your physician will document that you are using and benefiting from pap therapy as well as your compliance in using the machine. A download report will be provided to show your compliance. If you are not compliant with the use of the machine, we will work with you to get compliant. If we are unsuccessful in getting your compliance, you will need to return your machine to us or you will be billed for the balance of your machine.

I have read and understand the above items. I understand my pap equipment and its intended use. I have been instructed on the proper maintenance and cleaning techniques.

Printed Patient Name: _____

Patient Signature: _____ Date: _____