AUTHORIZATION FOR RELEASE OF INFORMATION, ASSIGNMENT OF BENEFITS, DUPLICATE SUPPLIES

Name: ___________________________________

1. *Terms of Agreement*: I understand that by signing this agreement, I authorize provision of products or services to me by MAXWELL MEDICAL SERVICES. I also understand that I am under the control of my attending physician and that MAXWELL MEDICAL SERVICES is not liable for any act or omission when following the instructions of said physician.

2. *Medical Information Authorization*: I hereby authorize the use and disclosure of my health information to MAXWELL MEDICAL SERVICES including any records pertaining to my medical history, services rendered, or treatment. I understand that this authorization is voluntary, and I may revoke this authorization at any time by notifying MAXWELL MEDICAL SERVICES in writing, but if I do, it will not have any effect on any actions they took before they received the revocation.

3. *Assignment of Benefits*: I authorize direct payment to MAXWELL MEDICAL SERVICES of any insurance benefits for MAXWELL MEDICAL SERVICES provided products or services. I also authorize my insurance company(ies) to furnish to an agent of MAXWELL MEDICAL SERVICES any and all information pertaining to my insurance benefits and status of claims submitted by MAXWELL MEDICAL SERVICES for services rendered. I further authorize MAXWELL MEDICAL SERVICES to release to my insurance company(ies) any and all information pertaining to me for benefit determination.

4. *Financial Responsibility*: While there may be insurance coverage for those services or products provided by MAXWELL MEDICAL SERVICES to me relative to my medical supply needs, I recognize that all services may not be covered. I agree to be responsible for the charges for items which may not be covered by my state Medicaid program if I was advised prior to ordering or if my eligibility status changes. I understand that I am responsible for informing MAXWELL MEDICAL SERVICES of any changes in my eligibility or of any additional insurance coverage such as Medicare.

5. *Permission for Disclosure and Use of Information*: I agree to the release of my MAXWELL MEDICAL SERVICES medical records to be reviewed by authorized representatives of Medicaid or any future insurance coverage that I obtain for use in determining my medical supply benefits. I understand that this authorization is voluntary, and I may revoke this permission at any time by notifying MAXWELL MEDICAL SERVICES in writing, but if I do, it will not have any effect on any actions they took before they received the revocation.

6. *Supplier Standards*: I have received, read and understand the supplier standards provided with this form.

7. *Returned Goods Policy*: All products provided by MAXWELL MEDICAL SERVICES are warranted against defects by the producing manufacturer. I understand that defective and incorrect supplies dispensed to me maybe returned to MAXWELL MEDICAL SERVICES for credit or replacement at no charge to me.

8. *Duplicate Equipment/Supplies*: Any company providing identical equipment/supplies to me has been notified and instructed to terminate further equipment/supply deliveries.

This agreement is considered ongoing for the following medical supplies:

Intermittent Catheters | Foley Catheter
Intermittent Catheter Insertion Supplies | Foley Catheter Insertion Supplies
External Catheters | Catheter Irrigation Supplies
Urinary Leg Bags and Accessories | Bowel Irrigation Supplies
Bedside Drainage Bags | Surgical Gloves
______________________ | ______________________
______________________ | ______________________

The undersigned certifies he/she has read the foregoing, received a copy thereof, and if the patient, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

____ ____

Beneficiary (or Parent/Guardian/Agent) Signature Date

Relationship to Patient (if applicable)	Reason Patient Unable to Sign (if applicable)

506 E RAMSEY RD STE 1 • SAN ANTONIO, TX 78216 • O 1-800-881-7215 • F 1-866-728-9338

www.maxwellms.com