



PATIENT PRIVACY AND BILLING NOTICES

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initials	<ul style="list-style-type: none"> • Notice of Privacy Practices: You have the right to read TILLGES Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, and the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. You are encouraged to read it carefully and completely before signing this Consent. • Purpose of Consent: By signing this form, you consent for TILLGES to use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations. Your information will never be sold or used for marketing or fundraising purposes.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initials	<p>"The products and/or services provided to you by TILLGES 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://ecfr.gpoaccess.gov. Upon request, we will furnish you a written copy of the Medicare Supplier standards." There is a current copy for viewing on our front office wall.</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initials	<p>I acknowledge that I did receive and either have read or will read the "Patient Bill of Rights", "Warranty", "Billing & Collection Policy" and "What goes into the cost of my orthosis/prosthesis?"</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initials	<p>I authorize TILLGES to act on behalf in helping me obtain payment from my insurance companies. I authorize payment directly to TILLGES. I authorize the use of this form on all my insurance submissions. I permit a copy of this authorization to be used in place of the original.</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initials	<p>I understand that I am personally, financially responsible for the charges, (including any amounts towards deductible(s) or for non-covered products by Medicare or my insurance company) for products and services provided to me, my spouse and my minor children. This includes services for which Medicare, or my insurance company has paid me directly. I understand this authorization will remain in effect until I revoke it in writing.</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initials	<p>I request that payment of authorized Medicare benefits be made on my behalf to TILLGES. I understand that my signature requests that payments be made to TILLGES and understand the use and release of my medical records as described above.</p> <p>By accepting Medicare Assignment, TILLGES agrees to accept the charge determination of the Medicare carrier as the full charge and the patient is responsible only for the deductible, co-insurance, and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initials	<p>I authorize staff of TILLGES to contact me by Phone, SMS and E-mail regarding various aspects of my medical care, which may include, but shall not be limited to appointments and product reminders. I understand that E-mail and standard SMS messaging are not confidential methods of communication, may be insecure and there may be a risk that a third party may read my message.</p>

PRINT PATIENT'S NAME _____

PRINT RESPONSIBLE PARTY'S NAME (IF APPLICABLE) _____

SIGNATURE _____ **TODAY'S DATE** _____