



Medical Release / Assignment of Benefits

I authorize the release of any medical or other information necessary for determining benefits payable for equipment and processing claims by my insurance carrier, accrediting agencies, and any other medical/ insurance entity. If requested, a copy of this authorization will be sent to my insurance company or other medical insurance entity.

I authorize payment of insurance benefits to AbleNet, Inc. for any equipment provided to me. If I fail to provide all insurance information, including Medicare and Medicaid, I understand that I could be held legally responsible for payment in full for all equipment provided. I also understand that I am financially responsible for any charges not covered by my healthcare benefits. *NOTE: You will be notified, in advance, if there are any applicable charges.*

By signing this document, I am authorizing the medical release of information as well as acknowledging that I have Received and understand AbleNet 's Return Policy, Patient Rights and Responsibilities, the Supplier Standards, and the Client Privacy Information.

NOTE: A copy of this medical release document will be sent to the email address you provide below as well as copies of AbleNet's return policy, patient rights and responsibilities, the supplier standards, and client privacy information.

Client Name: _____
The individual for whom the device is being requested.

By checking this box and typing my name below, I am electronically signing my acknowledgement.

Signature: Client, Parent, Legal Guardian, Power of Attorney	Relationship to Client	Date
**Parent /Legal Guardian signature required if child is a minor		

Fax back to AbleNet at (651) 414-4928 or upload to [ShareFile](https://ablenetinc.sharefile.com/app/#/share/getinfo/rfb0378fd6bc47e98) (copy and paste this url in your browser) <https://ablenetinc.sharefile.com/app/#/share/getinfo/rfb0378fd6bc47e98>.

Contact Funding Services at (800) 322-0956 or fundingservices@ablenetinc.com with questions.