

Patient Acknowledgement

Alamo Diabetex, Inc/Matriarch Women's Health Supply

Please initial the following:

I **acknowledge** receipt of/or have been offered a copy of the following information:

- _____ Company Financial Policy
- _____ HIPAA (Notice of Patient Privacy Right)
- _____ Medicare Supplier Standards

Communication Authorization

I **authorize** Alamo Diabetex, Inc to leave messages on my home phone/cell phone or contact me by e-mail at _____.

I **permit** Alamo Diabetex, Inc to collect my health care information from my physicians in order to receive payment for their services for my device.

Delivery Acknowledgement

- This is to **certify** that I have received my device as prescribed by my physician and I am satisfied with the device.
- I have received instructions on the function, care, use maintenance and precautions of my device.
- I have been scheduled for a follow-up appointment or informed when to call for a follow-up appointment as appropriate to my device.
- I have been informed of the warranty policy.
- I have been informed if I have any issues or discomfort with my device to call the company.

Payment Authorization

- I **assign** the right and responsibility to **Alamo Diabetex, Inc** to bill my insurance carrier on my behalf and accept payment for my device.
- I **authorize** my insurance carrier to make payment to Alamo Diabetex, Inc.
- I **accept** responsibility for my coinsurance and my deductible on this device.

Patient Signature/Representative _____ Date _____