VIRTUE MEDSUPPLY
Home Care & Medical Supplies

5 Church Street
Nutley, NJ 07110
973-834-8834 Tel
973-834-9844 Fax

SERVICE AGREEMENT: ASSIGNMENT OF BENEFITS, AUTHORIZATION FOR RELEASE OF INFORMATION, ACKNOWLEDGMENT OF RIGHTS AND RESPONSIBILITIES AND OTHER DISCLOSURES

By my signature on the following page, I certify the following:

Assignment of Medicare Benefits
I request that payment of authorized Medicare benefits be made on my behalf to Virtue MedSupply for any products and supplies provided to me by Virtue MedSupply. I authorize Virtue MedSupply to release any medical information about me to the Centers for Medicare & Medicaid Services and its agents that is needed to determine these benefits or the benefits payable for related items and services.

Assignment of Other Benefits
I request that payment of any other authorized insurance benefits be made on my behalf to Virtue MedSupply for any items and services provided to me by Virtue MedSupply. I authorize Virtue MedSupply and its agents to release any medical information about me to the health plan or other entity providing such benefits for purposes of facilitating payment of such benefits.

Authorization for Virtue MedSupply to Submit Claims on My Behalf
I authorize Virtue MedSupply to submit insurance claims on my behalf for payment to Virtue MedSupply for items and services provided to me. I consent to the release of all protected health information by my physician and other health care providers required by Virtue MedSupply and its agents for the purposes of healthcare management and/or for processing of medical claims.

My Payment and Notification Responsibilities
I agree that I am responsible for any deductible, coinsurance payment, and potentially other amounts not covered by Medicare or by any other insurance, except as otherwise prohibited by law. I agree that I will notify Virtue MedSupply immediately of any changes in my insurance coverage or insurance provider(s).

Notice of Privacy Practices and Patient Rights & Responsibilities
I have received, read, and understand the following documents provided by Virtue MedSupply: Notice of Privacy Practices, Patient Rights & Responsibilities, Warranty and Returns, Right to Rent or Purchase, Customer Complaints, Billing and Collections. By providing my telephone number and/or my e-mail address below, I agree to be contacted by phone and text messages at this telephone number and receive communications at this e-mail address.

Medicare DMEPOS Supplier Standards
I understand that the products and/or services provided to me by Virtue MedSupply are subject to the supplier standards contained in the Federal regulations shown at Title 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). I have received, read, and understand the abbreviated version of these standards. The full text of these standards can be obtained from the U.S. Government Printing Office website (https://www.ecfr.gov/).

Notice Regarding Rental and Purchase Options
I understand that Medicare defines the products and supplies provided by Virtue MedSupply as “inexpensive or routinely purchased equipment,” and that Medicare will cover either rental or purchase of items in this category, but that Virtue MedSupply does not offer the products and supplies for rent. By signing below, I elect the purchase option for items furnished to me by Virtue MedSupply.

CGM Medicare Rules: Coverage of Continuous Glucose Monitoring (“CGM”) system supplies, and accessories is available for those therapeutic CGM systems where the beneficiary uses a receiver classified as DME to display glucose data. There is no Medicare benefit for supplies used with equipment that is not classified as DME. However, Medicare coverage is available for the CGM system supplies and accessories if a non-DME device (smartphone, tablet, etc.) is used in conjunction with the durable CGM receiver. Coverage of CGM system supplies and accessories are available for those therapeutic CGM systems where the beneficiary uses a receiver classified as DME to display glucose data. If a beneficiary intends to never use a receiver classified as DME as the display device, the supplies and accessories are not covered by Medicare.

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CGM Notice of Noncoverage: I understand that Medicare coverage rules for therapeutic CGM supplies requires that I use a Receiver classified as a DME to display glucose data. If I never intend to use a receiver classified as DME, I understand that my CGM supplies are not covered by Medicare and I will lose Medicare coverage retroactively for the entire period during which I violated this Medicare coverage rule, and may be required to pay Virtue MedSupply's full charges for CGM supplies I received that should not have been covered and/or to reimburse Virtue MedSupply for refunds and/or penalties Virtue MedSupply is required to pay with respect to my CGM supplies.

ACKNOWLEDGEMENTS: I acknowledge that I received, read, it has been explained to me and I understand the following:

- The New Patient Packet including company marketing materials and information on company's scope of services.
- The Warranty information on all applicable products and I have been made aware of the specifics of the warranty including the duration, what is covered, owner's responsibilities for maintenance/care, and expenses involved in repair/replacement such as labor, shipping, or delivery. I have been made aware of the actions that may void a warranty, particularly if the product needs to be modified for any reason.
- The Emergency Planning information in the New Patient Packet.
- The Infection Control Information in the New Patient Packet.
- The Training in the use of equipment and products provided and the Plan of Service/Care on the date noted.

IDENTIFIED NEEDS/PROBLEMS: The patient may be unfamiliar with use of the equipment/products provided. Expected outcomes: the patient will be provided the equipment/products to comply with the prescription. The patient will use the equipment/products as prescribed. The patient will know how to obtain follow-up services as needed.

CERTIFICATION STATEMENT: I certify that the information I furnish is true and correct. I understand that it is a crime to complete this form with facts that I know are false, to leave out important facts, or to certify to information that I know is untrue, and that doing so could result in criminal and/or civil penalties. My signature below acknowledges that I have read, understand, and agree with each of the statements above.

_____ _____

Signature of Patient, Guardian, or Authorized Person **Date (MM/DD/YYYY)**

_____

Reason Patient is unable to sign, name and relationship of person signing (if applicable)

_____ _____

PRINT Patient Last Name **PRINT Patient Frist Name**

_____ _____

Medicare/Health Insurance ID **Date of Birth (MM/DD/YYYY)**

_____ _____ _____ _____

Patient Shipping Address **City** **State** **Zip**

_____

Phone Number: By providing my telephone number, I agree to be contacted by phone and text message at this number.

☐ By checking here, I agree to receive automated calls and text messages at this number from Virtue MedSupply.

_____

E-Mail: By providing my email address, I agree to receive communications at this address

Please fax or mail completed form (both pages) with copy of front and back of insurance card(s) to:

973-834-9844 or 5 Church Street, Nutley NJ 07110