

**TO BILL MEDICARE/INSURANCE AND MAKE SURE ALL RIGHTS UNDER STATE AND FEDERAL LAW ARE AVAILABLE, PLEASE SIGN AND RETURN THIS FORM**

We appreciate your business and the opportunity to take insurance complexity off your hands by billing your insurance company or Medicare for you. Your signature below makes sure that can happen by giving us, Liberator Medical Supply, Inc. (“LMS”), access to your medical benefits, plan documents explaining those benefits, and appeal rights if your insurance company or Medicare doesn’t pay. You are giving LMS these rights only in regards to products you order from LMS; you keep the rest. Thank you for letting us bill your insurer or Medicare for you.

*Assignment of Benefits*

I assign to and grant Liberator Medical Supply, Inc. (“LMS”):

- All medical benefits and/or insurance reimbursement payable for healthcare provided by LMS, including the right to receive and to pursue payment.
- All legal or administrative claims under any group health plan, employee benefits plan, health insurance, or tortfeasor’s insurance concerning expenses incurred as a result of the healthcare I receive from LMS (including any right to pursue those legal or administrative claims).
- All ERISA claims, including breach of fiduciary duty claims and other legal and/or administrative claims, as well as the right to pursue said claims and the right to file appeals and grievances.
- The right and ability to act as my authorized representative in connection with any claim, right, or cause of action, including litigation, against my health plan that I may have under an insurance policy and/or benefit plan; the right and ability to act as my authorized representative to pursue such claim, right, or cause of action in connection with said insurance policy and/or benefit plan (including the rights and abilities governed by 29 C.F.R. § 2560.5031(b)(4)); all rights to claim (or place a lien on) the medical benefits related to the healthcare provided by LMS, including rights to settlement, insurance, applicable legal or administrative remedies, and damages arising from ERISA breach of fiduciary duty claims.
- The right to request and receive all documents I may be entitled to as a participant in my group health plan or other medical benefit plan pursuant to ERISA or any other federal or state laws, such as plan a summary benefit description, and the insurance policy.

*Other Terms*

- I am financially responsible for all charges regardless of insurance or benefit payments.
- I authorize LMS to release all medical information necessary to process my claims.
- I acknowledge receipt and review of LMS’s HIPAA Notice of Privacy Practices.
- I understand that LMS will honor all warranties expressed and implied under applicable state law.

I read, fully understand, and sign this document voluntarily.

\_\_\_\_\_  
Patient’s Printed Name

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian/Conservator/Attorney-in-Fact Name & Signature

\_\_\_\_\_  
Date

Please return this signed form in the pre-paid postage envelope or to:  
E-mail: [billingsupport@liberatormedical.com](mailto:billingsupport@liberatormedical.com)  
Fax: 800-755-0843; Phone: 888-329-5679