



# CUSTOM CARE SOLUTIONS

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## Authority for Release of Information and Assignment of Benefits

Thank you for choosing Custom Care Solutions, LLC for your medical equipment needs. Our mission is to provide high quality products with service integrity. We offer personal, caring service and look forward to meeting your needs.

**Custom Care Solutions, LLC will be supplying your durable medical equipment prescribed by your medical professional on your behalf. You will be billed separately for these items.** As a courtesy to our patients your insurance company will be billed for today's services. Any amounts deemed by your insurance company to be your responsibility will be billed at a later time. **If services rendered are determined to not be medically necessary you, as the patient, are responsible to pay for services rendered.**

**Insurance Liability for Payment:** Your health insurance company will only pay for services that it determines to be "reasonable and necessary." Every effort will be made by Custom Care Solutions, LLC to have all services and procedures preauthorized by your health insurance company. If your health insurance company determines that a particular service is not reasonable and necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service.

The privacy of your information is protected by the Health Insurance Portability and Accountability Act (HIPAA). Our office is required to keep your protected health information private, provide you a copy of the HIPAA Policy and follow the terms of the policy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. You may request a copy of the HIPAA Policies and Regulations by calling or visiting our office. If you believe your privacy rights have been violated, you may discuss your concerns with any staff member of Custom Care Solutions, LLC. You may also file a complaint with the U.S. Secretary of Health and Human Services.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. We request payment from your health insurance plan. Information provided by Custom Care Solutions, LLC to health plans may include your diagnoses; procedures performed, or recommended care.

**Acknowledgement of Receipt of This Notice:** Please sign below indicating that you authorize our office to bill and accept assignment of insurance payment on your behalf.

### **Authority for Release of Information, Assignment of Benefits & HIPAA Policies & Regulations:**

I (the undersigned) request that payment of authorized Medicare, Medicaid or private insurance benefits be made to Custom Care Solutions, LLC for any covered services furnished to me by Custom Care Solutions, LLC. I authorize any holder of medical information about me to be released to CMS, Medicaid, or any private insurer and or their agents, any information needed to determine these benefits or related services benefits, payable. **Insurance Disclaimer:** A quote of benefits does not guarantee payment or verify eligibility. Payments of benefits are subject to terms, conditions, limitations, and exclusions of the member's contract at time of service.

**Beneficiary Agreement:** I understand that my health insurance company may deny payment for compression garments and determine that they are not medically necessary or plan limits have been exceeded. If my health insurance company denies payment, I agree to be personally and fully responsible for payment. I also understand that if my health insurance company does make payment for services, I will be responsible for any co-payment, deductible, or coinsurance that applies.

- I have been offered and do not wish to have a copy of HIPAA Policies and regulations.
- I have received a copy of HIPAA Policies and regulations.

I, \_\_\_\_\_(Print Name) give my permission for Custom Care Solutions, LLC to contact me by telephone or mail, concerning the furnishing or delivery of insurance, private, or Medicare covered item. This includes appointment scheduling.

- You may also contact me by phone at work.
- You may leave a message for me at home, work or cell phone.
- You may leave a message with the following (list names): \_\_\_\_\_

Patient or Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_