

**Patient Assignment of Insurance Benefits
Authorization for Payment
Purchase Information Agreement**

I authorize Reach MedCare, LLC to file for my insurance benefits and I authorize the release of any information necessary to complete this claim. I understand that insurance coverage is not guaranteed and I am responsible for cost of the device not covered by insurance. I have been trained by a Physician, Health Care Professional, Company Representative or Manufacturer's training materials provided in the system on the use of this product. I received a copy of the HIPPA Notice of Privacy Practices, Patient Bill of Rights, Warranty information and the CMS Medicare DME-POS Supplier Standards. I understand I may report a grievance should I become dissatisfied with any portion of my care experience. I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 901-854-9333 or 877-854-9333 and ask to speak the customer service supervisor. Grievances will be reviewed and a investigation initiated within 48 business hours. Every attempt will be made to resolve all grievances within in 14 days. You will be informed in writing of the resolution of the complaint or grievance. If your complaint is not satisfactorily resolved, you may also make inquiries or complaints about this company by calling your local Social Services Department at 800-541-7367 and/or ACHC at 919-785-1214.

X _____
Patient Signature Date

Reach MedCare, L.L.C.
P.O. Box 1434
Collierville, TN 38027-1434

901-854-9333 or 877-854-9333
Fax: 901-861-6260

Office Address:
356 New Byhalia Rd., Suite 1B
Collierville, TN 38017

PATIENT ORDER FORM

Complete Patient Order Form and sign Assignment of Benefits. Include front and back copies of all insurance cards with your order. Mail or fax forms to Reach MedCare, LLC. All forms must be complete to process the order.

Patient Name

Address

City State Zip

Birth Date Phone Number

Alternate Phone Number

Medicare Policy Number

Secondary Insurance Company Phone Number

Secondary Policy Number Plan/Group No.

Emergency Contact Phone Number

Have you ever owned a vacuum erection device?
 No Yes (Please give details)

PHYSICIAN ORDERS

Physician Name

Address

City State Zip

Phone Number

Specialty

Equipment prescribed for Impotence:

- Manual Vacuum Erection System
 Battery Vacuum Erection System

Is Patient's Impotence:

- Organic In Nature Not Organic
ICD-9-CM Code 607.84

Describe Reason For Organic Impotence:

Length of need for device:

- Life Time Years _____

The vacuum erection device prescribed is medically necessary for the treatment of this patients organic impotence due to the reason described above.

X _____
Physician Signature

NPI # (Required) Date