

Patient Consent Form

Please Initial, Sign, Date, and Return form to Bioness® Inc.

(Your initials below signify acceptance.)

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| <p>_____</p> <p>Initial</p> | <p>Release of Medical Information</p> <ul style="list-style-type: none"> • I give my physician, therapist or other healthcare provider permission to release information about my medical condition to Bioness Inc. for the purpose of providing and billing for a functional electrical stimulation device and related healthcare services. • I give Bioness Inc. permission to keep my physician, therapist, or other health care provider updated on my progress using functional electrical stimulation. • I authorize Bioness Inc. to release my medical/billing information to my insurer (e.g., Medicare, Medicaid, private insurance) and/or its agent to determine benefits payable for related services and secure payment of benefits. • I may revoke this consent by mailing or faxing a letter to my health care provider or Bioness. Revoking this consent will prohibit my health care provider and Bioness from sharing information about me, except where such sharing is permitted or required by law. Revocation will not affect the ability of Bioness or my health care provider to use information they have already received. |
| <p>_____</p> <p>Initial</p> | <p>One Time Payment Authorization</p> <ul style="list-style-type: none"> • I request that payment of benefits by my insurer or its agent be made either to me or, on my behalf, to Bioness Inc. for any items or services furnished me by that provider. |
| <p>_____</p> <p>Initial</p> | <p>Medicare Supplier Standards</p> <ul style="list-style-type: none"> • I certify that I received a copy of the Medicare Supplier Standards. |
| <p>_____</p> <p>Initial</p> | <p>Notice of Privacy Practices</p> <ul style="list-style-type: none"> • I certify that I received a copy of Bioness Inc.'s Notice of Privacy Practices. |
| <p>_____</p> <p>Patient Signature Date</p> | |
| <p>_____</p> <p>Patient Name Printed Phone Number</p> | |
| <p>_____</p> <p>Guardian Signature/Relationship (if applicable) Date</p> | |