



IMPORTANT!
Please complete, sign and return this form today!

PO Box 446 ~ Stuart, FL ~ 34995-0446
Tel 800 755-7880 ~ Fax 800 755-0843

Assignment of Benefits/ Medical Information Release

This form will let us bill your insurance and provide your medical supplies at little or no cost to you! Please print this form, review it, sign it and either mail or fax it back to our Toll Free fax number 1-800-755-0843.

My signature on the line below authorizes any or all of the following:

The Assignment of Medicare, Medicaid or insurance benefits to Liberator Medical Supply, Inc. for all covered testing and medical supplies. For direct billing to Medicare, Medigap or other insurer(s), and for release of my medical information to Medicare, the Health Care Financing Administration, its agents, assigns and my insurance company. I also understand that I am responsible for and agree to pay any co-payments, deductibles and all amounts not covered by Medicare or other insurance, ***except when Medicare has denied payment for a covered item and Liberator Medical Supply has accepted assignment on that item and a specific waiver for that item has not been signed.*** I will allow Liberator Medical Supply to obtain any information necessary in order to process my claim(s) and to contact me by phone or mail regarding my order or other medical items.

Please make any corrections necessary to the information below

Your name (please print) _____

 **Sign Here X** _____ **Date** ___/___/___

Your Medicare # - - -

Your Phone _____

Insurer _____

Policy # _____