

The 'Customer Responsibility Agreement' is provided as a tool to help safeguard against the threat of 'same or similar' denials.

If the patient signs an attestation stating that they had not received same or similar equipment in the last five years, and you get CO-35 M3 denial you do have some recourse. Although you may NOT bill the patient or re-bill Medicare, you CAN pick up your equipment and/or pursue payment/return of equipment through small claims court.

Customer Responsibility Agreement

1. Have you purchased or rented this or similar equipment in the past? Yes No

If "Yes", when? _____

Purchase Date: _____

What equipment? _____

Name of Supplier: _____

2. Are you currently renting this or similar equipment? Yes No

If "Yes", from _____ / _____ / _____ to _____ / _____ / _____

Name of Supplier: _____

3. I agree to notify _____
(Name of Supplier)

of any change in residential status (i.e.: admission to a hospital or healthcare facility or relocation).

4. I agree to notify _____
(Name of Supplier)

of any change in my current medical condition that requires this equipment.

5. I acknowledge that the insurance and address information provided to _____
(Name of Supplier) is current and accurate.

6. If I do not comply with the aforementioned terms, I agree to pay for any and all charges related to this invoice.

Beneficiary Signature Date _____ / _____ / _____

Signature if Beneficiary Unable to Sign Relationship to Beneficiary _____

Reason Beneficiary Unable to Sign