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Please FAX Signed Forms to:	Or MAIL Original Signed From to:	
Fax # 866-874-3150	Medtronic Diabetes 18302 Talavera Ridge San Antonio, TX 78257	
For Questions, call:		
Phone #: 800-646-4633 opt. 2		

AHDRAH MOORE

26 TAFT RD

PORTSMOUTH NH 03801

Assignment of Benefits

I understand insurance billing is a service provided as a courtesy by Medtronic, and I am at all times personally responsible for any fees not covered by my insurance carrier. I further authorize my insurance company(s) to pay benefits directly to MiniMed Distribution Corporation (MDC), a wholly owned subsidiary of Medtronic MiniMed, Inc. Should any insurance payment be made directly to the insured for amounts due on this account, I agree to immediately pay over these funds to MDC. If MDC is denied payment in whole or in part for any non-covered services, I personally guarantee payment in full.
I also acknowledge I am responsible for any deductible, co-pay, or other balance not covered by my insurance carrier, except if I am enrolled in an approved Medicaid program. I agree to notify MDC immediately of any changes to my insurance coverage.

By signing below, I further acknowledge I have received a copy of the Medtronic Diabetes "Patient Bill of Rights and Responsibilities" as well as the Medtronic contact phone number for inquiries & concerns,

Medicare Beneficiaries: Medicare Beneficiaries: I am also acknowledging receipt of the Medicare Supplier Standards statement.

Florida Residents: I also acknowledge the receipt of the applicable state complaint, abuse, and fraud hotlines and understand all Florida patient rights are encompassed in the Medtronic Patient Bill of Rights.

Member/Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If Patient is under the age of 18)

Parent/Guardian Printed Name: _____

Should you have any questions, issues, or concerns with any of your Medtronic products or care provided to you, please contact us at any time at (800) 646-4633.
The 24-Hour Helpline team opt 1(ext. 21007) is staffed 24 hours a day, 365 days a year.

You may also contact our accrediting organization, the ACHC, at (855) 937-2242.

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As a Customer/ Patient of Medtronic Diabetes, you have certain Rights and Responsibilities which include to:

1. Be fully informed in advance about the care/ products to be provided, including the disciplines that furnish care/ products and the frequency of visits/ interactions, as well as any modifications to your plan of care.
2. Be informed, both orally and in writing, in advance of care/ products being provided, of the charges, including payment for care/ products expected from third parties and any charges for which the customer/ patient will be responsible.
3. Receive information about the scope of care/ products that the company will provide and specific limitations on the care/ products.
4. Participate in the development and periodic revision of the plan of care (in coordination with your health care professional).
5. Refuse care/ products after the consequences of such refusal are fully presented.
6. Be informed of customer/ patient rights under state laws to formulate an Advanced Directive, if applicable.
7. Have your property and person treated with respect, consideration, and recognition of client/ patient dignity and individuality.
8. Be able to identify visiting personnel members (or others accessing your information and account) through proper identification.
9. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/ patient property.
10. Voice grievances/ complaints regarding treatment or care/ products, lack of respect of property, or recommend changes in policy, personnel, or care/ products without restraint, interference, coercion, discrimination, or reprisal.
11. Have grievances/ complaints regarding treatment or care/ products that is or is not furnished, or lack of respect of property, investigated appropriately.
12. Confidentiality and privacy of all information contained in the customer/ patient record and of Protected Health Information (PHI).
13. Be advised on company policies/ procedures regarding disclosures of clinical records.
14. Choose a health care provider, including choosing an attending physician, if applicable.
15. Receive appropriate care/ products without discrimination in accordance with physician orders, if applicable.
16. Be informed of any financial benefits when referred to a company.
17. Be fully informed of one's rights and responsibilities.

MEDICARE BENEFICIARIES:

The products and/ or services provided to you by **MiniMed Distribution Corp.** are subject to the supplier standards contained in the federal regulations in 42 Code of Federal Regulations Section 424.57(c). These standards cover business, professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at www.ecfr.gov. Upon request, we can furnish you a written copy of the standards.

FLORIDA RESIDENTS

If Minimed Distribution Corp. has not addressed or resolved your concerns or complaints:

To report a complaint regarding the services you receive, please call Florida's Agency for Health Care Administration toll-free (888) 419-3456.
To report abuse, neglect, or exploitation, please call toll-free (800) 962-2873.
To report suspected Medicaid fraud, please call toll-free (866) 762-2237.

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