IMPORTANT!

Please complete, sign and return this form today!

Permission to File Medicare and Insurance Claims

This form will only become effective in the event an order is placed for goods or services billed directly to Medicare or Insurance.

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

Assignment of Medicare, Medicaid or insurance benefits to Contour Solutions, for all covered products and services. For direct billing to Medicare, Medigap or other insurance(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.

I will allow Contour Solutions to obtain any information necessary in order to process my claim(s) and to contact me by mail regarding my order or other medical items.

Your Name:____

➡ **Sign Here: X**_______________________________Date___________________

Medicare #:_________________________________Date of Birth_________________________

Daytime Phone: (_______) ________ – ___________

Alternate Insurance Information:

Insurer:____

Policy#:____

Contour Solutions
8527 Village Dr., Ste 109, San Antonio, TX 78217-5507
Toll Free 1-888-946-6004
Fax: 1-210-946-6001