



- **Consent for Treatment:** I, the undersigned, hereby consent to treatment under the recommendations and instructions of the physician/therapist.
- **Release of Medical Records information:** I authorize any holder of medical or other information (such as photos) about me to release such information for necessary completion of my insurance claims to Macy O&P. A photocopy of authorization is to be considered valid.
- **Assignment of Insurance Benefits:** I hereby authorize direct payment to Macy O&P for my insurance benefits herein specified and otherwise payable to me.
- **Wavier of Liability or Guarantee of Account:** I certify that I have been given a copy of Macy O&P Financial Policy and understand I will be financially and legally responsible for charges not covered by this assignment. The undersigned further agrees to pay all costs of collection of any such balance, including responsible attorney's fees.
- **Notice of Privacy Practices:** By signing below, I certify that I have been offered a copy of Macy O&P's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Macy O&P's healthcare operations. The Notice of Privacy Practices also describes my rights and Macy O&P's duties with respect to my protected health information. Macy O&P reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling (860) 333-5558 and requesting a copy be sent to me.
- **Service and Equipment Warranty Policy:** Our services are provided by qualified licensed professionals to meet your individual needs. Patient evaluation, consultation, design, fitting and follow-up adjustments under normal use of item(s) are provided at no additional cost to you unless there is a change in your physical condition. You are responsible for any adjustment, modification or repair charges after ninety (90) days and may need to obtain a referral or prescription from your primary care physician. These services may be necessary for reasons such as changes to your body volume status or functional capacity, wear and tear or damage. You will also be responsible for any charges that may be necessary to replace your device or component part. In these cases, we will honor any manufacture warranty. Macy O&P, LLC will notify all patients of manufacturer warranties and provide an owner's manual with warranty information where this manual is provided. Should your orthotic or prosthetic device require service and you are uncertain how to proceed, our staff will be pleased to assist you. Our commitment is to you, our patient.
- **Complaints:** All patients have the right to freely voice grievances and recommend changes in care or services without fear or reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to the Compliance Director and the Owner. These complaints will be documented and completed forms will include the patient's name, address, telephone number and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint and a summary of actions taken to resolve the complaint. All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon and responded to in writing or by telephone by either the Compliance Director or the Owner within a reasonable amount of time after the receipt of the complaint.
- **Medicare Part B Patient Authorization and Release:** I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized Medicare benefits be made on my behalf to Macy O&P for any services furnished to me. I authorize any holder of medical information about me be released to the Centers for Medicare & Medicaid Services and its agents, and any information needed to determine these benefits or the benefits payable for the related services. I also authorize automated claims to be submitted electronically to Medicare on my behalf.
- **Medicare Supplier Standards:** I certify that I have been offered a copy of the Medicare DMEOPS Supplier Standards. I understand the products and/or services provided to me by Macy O&P, LLC are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (E.g., honoring warranties and hours of operation). The full text of these standards can also be obtained at <http://www.ecfr.gov>.

- **May we phone, email, or send a text to you to confirm appointments?** **Yes / NO**
- **May we leave a message on your answering machine at home or on your cell phone?** **Yes / NO**
- **May we discuss your medical condition with any member of your family?** **Yes / NO**
- **If YES, please name the members allowed:** _____

Name of Patient or Personal Representative

Description of Personal Representative Authority

Signature of Patient or Personal Representative

Date