CUSTOM MOBILITY INC.
Solutions through technology and innovation

INDIVIDUALLY DESIGNED ADAPTIVE SEATING AND POSITIONING SYSTEMS FOR WHEELCHAIRS MANUAL POWER WHEELCHAIR SERVICE

AGREEMENT and CONSENT for SERVICES

Client: _____ Acct#: _____ For Medical Equipment/Supplies/Repairs

ACCEPTANCE OF SERVICES

I understand that by signing this agreement, I authorize provision of products and/or services to me by Custom Mobility, Inc. I also understand that the products and services provided, may be prescribed by my physician and that it is necessary that I remain under the supervision of my attending physician during the course of my care.

ASSIGNMENT OF HEALTH PLAN BENEFITS

I authorize direct payment of health plan benefits by my health plan to Custom Mobility, Inc. In the event that my health plan does not accept "assignment of benefits", I understand that payments may be sent directly to me and that I am obligated to endorse and directly send such payments to Custom Mobility, Inc. for payment of my bill

_____ _____/_____/_____
Signature **Date**

MEDICAL INFORMATION

I hereby authorize release to Custom Mobility, Inc. any and all of my medical records pertaining to medical history, services rendered, or treatments received from my physician(s) or hospital. In order to process health plan claims, I also hereby authorize Custom Mobility, Inc. to furnish my health plan(s), any medical history, services rendered, or treatment needed. With this consent, Custom Mobility, Inc. may call my home or other alternative location of my choosing and leave a message on voice mail or with a family member in reference to any items that assist Custom Mobility, Inc. in carrying out health care operations, such as appointment reminders, insurance items and any calls pertaining to my clinical care. With this consent, I also authorize Custom Mobility, Inc. to discuss my care with family members or the health care representative of my choosing ie: friend, caregiver, etc.

_____ _____/_____/_____
Signature **Date**

PRIVACY NOTICE

I have received Custom Mobility, Inc.'s Privacy Notice and Customer Handbook with my rights and responsibilities.

_____ _____/_____/_____
Signature **Date**

OTHER RESPONSIBLE PARTY

If the client is unable to sign, the following information must be completed by the client's representative.
PLEASE PRINT:

Name: _____ Relationship: _____

Signature: _____

Address: _____ City /State: _____

Phone: _____ Reason Client unable to sign _____

Email Address: _____

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