www.conversiohealth.com
720 Aerovista Pl., Suite #D, San Luis Obispo, CA 93401
P. 866-239-3784 | F. 800-977-9255 | TTY. 711-866-239-3784
Monday - Friday, 8:00a.m. - 5:00p.m. Local Time

CONSENT FORM

I agree to have Conversio Health bill my medical insurance for my supplies or medications. I ask that my insurance company pay Conversio Health for these medications or supplies. These claims may be for diabetic, ostomy, urologic, CPAP/BiPAP supplies and/or breathing medications and any related equipment or other medical supplies.

I will pay my deductibles and co-payments if I have them. I may have to pay for these items if my insurance will not. I will tell Conversio Health if I change insurance companies.

Conversio Health may share my medical information with others in healthcare that are directly involved in my care, also any federal, state, regulatory, accrediting agencies.

I can change this consent if I write to Conversio Health.

I understand the warranty coverage will be provided with the equipment I receive.

I understand that copies of my Rights and Responsibilities, Medicare Supplier Standards and Conversio Health Notice of Privacy Practices, can be found on Conversio's website: www.conversiohealth.com.

Please Sign and Return

Conversio Health
720 Aerovista Pl., Ste. D
San Luis Obispo, CA 93401 | or FAX: 800-977-9255

_____	_____	_____
Sign Name	**Date of Birth**	**Date Signed**
_____	_____	_____
Or Legal Guardian Sign Name	**Relationship to Patient**	**Date Signed**