Conversio HEALTH

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. - 4:30p.m. PT
*After-Hours Availability

CONSENT FORM

I agree to have Conversio Health bill my medical insurance for my supplies and/or medications. I ask that my insurance company pay Conversio Health for these medications and/or supplies. These claims may be for diabetic, ostomy, urologic, 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 the Conversio Health website, conversiohealth.com and will be included in my Welcome Packet.

Please Sign and Return by Fax or Mail

Fax: 800-977-9255

Mail: Conversio Health
720 Aerovista Place, Suite #D
San Luis Obispo, CA 93401

Sign Name	DOB	Date Signed
Or Legal Guardian Sign Name	Relationship to Patient	Date Signed