

MEDICARE ASSIGNMENT OF BENEFITS, AUTHORIZATION FOR RELEASE OF INFORMATION, AND ACKNOWLEDGMENT OF RIGHTS AND RESPONSIBILITIES

By my receiving the products shipped to my address, I certify the following statement and I have access to the following information:

Hours of Operation: are available in the section contact us of the website.
(<https://diabetesdme.com/contact-us>)

Complaint Process: If you need to inform us about any improvement on our process or something you feel was not right, you can call us at any time at **+1(847) 873 8040** or fill up our electronic form at: <https://diabetesdme.com/incident-report-form/>

Warranties and Information: Every product offered by Diabetes DME follows the manufacturer's warranty, and all warranty documentation, including an operation manual, is included with the shipment. Additionally, manufacturers maintain updated websites and customer service phone lines to provide further support, including information on setup, use, and maintenance of the equipment, in accordance with the physician's order.

Assignment of Medicare Benefits: I request that payment of authorized Medicare benefits be made on my behalf to Diabetes DME for any continuous glucose monitoring ("CGM") products and supplies provided to me by Diabetes DME. I authorize Diabetes DME to release any medical information about me to the Centers for Medicare & Medicaid Services and its agents that is needed to determine these benefits or the benefits payable for related items and services.

Assignment of Other Benefits: I request that payment of any other authorized insurance benefits be made on my behalf to Diabetes DME for any items and services provided to me by Diabetes DME. I authorize Diabetes DME and its agents to release any medical information about me to the health plan or other entity providing such benefits for purposes of facilitating payment of such benefits.

Authorization for Diabetes DME to Submit Claims on My Behalf: I authorize Diabetes DME to submit insurance claims on my behalf for payment to Diabetes DME for items and services provided to me. I consent to the release of all protected health information by my physician and other health care providers required by Diabetes DME and its agents for the purposes of healthcare management and/or for processing of medical claims.

My Payment and Notification Responsibilities: I agree that I am responsible for any deductible, coinsurance payment, and potentially other amounts not covered by Medicare or by any other insurance, except as otherwise prohibited by law. I agree that I will notify Diabetes DME immediately of any changes in my insurance coverage or insurance provider(s).

NEW PATIENT PACKAGE



Notice of Privacy Practices and Patient Bill of Rights: I consent to receive copies of Diabetes DME's Notice of Privacy Practices (www.DiabetesDME.com/notice-of-privacy-practices) and Patient Bill of Rights (www.DiabetesDME.com/patient-bill-rights) electronically. I understand that printed versions will be provided to me upon request.

Medicare DMEPOS Supplier Standards: I understand that the products and/or services provided to me by Diabetes DME are subject to the supplier standards contained in the Federal regulations shown at Title 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 be obtained from the U.S. Government Printing Office website (<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-424/subpart-D/section-424.57>). I understand that upon my request, Diabetes DME will provide me with a written copy of the standards.

Notice Regarding Rental and Purchase Options: I understand that Medicare defines therapeutic CGM products and supplies as "inexpensive or routinely purchased equipment," and that Medicare will cover either rental or purchase of items in this category. By acknowledging the receipt of the "New Patient Package," I elect the purchase option for items furnished to me by Diabetes DME.

Notice of Noncoverage: Medicare Rules: Coverage of CGM system supplies and accessories are available for those therapeutic CGM systems where the beneficiary uses a receiver classified as DME to display glucose data. There is no Medicare benefit for supplies used with equipment that is not classified as DME. However, Medicare coverage is available for the CGM system supplies and accessories if a non-DME device (smartphone, tablet, etc.) is used in conjunction with the durable CGM receiver. Coverage of CGM system supplies and accessories are available for those therapeutic CGM systems where the beneficiary uses a receiver classified as DME to display glucose data. If a beneficiary intends to never use a receiver classified as DME as the display device, the supplies and accessories are not covered by Medicare.

Prohibit Use of Mobile Devices: I understand that Medicare coverage rules for therapeutic CGM supplies require that I use a Receiver classified as a DME to display glucose data. If I never intend to use a receiver classified as DME, I understand that my CGM supplies are not covered by Medicare and I will lose Medicare coverage retroactively for the entire period during which I violated this Medicare coverage rule, and may be required to pay Diabetes DME's full charges for CGM supplies I received that should not have been covered and/or to reimburse Diabetes DME for refunds and/or penalties Diabetes DME is required to pay with respect to my CGM supplies.