

# Funding Packet

## Lifetime Release / Assignment of benefits / Payment Agreement

Client Name: \_\_\_\_\_

I authorize the release of any medical or other information necessary for determining benefits payable for equipment or services and processing claims by the Centers for Medicare & Medicaid Services, my insurance carrier and any other medical/insurance entity. I understand that on occasion, funding or reimbursement barriers are encountered. I hereby authorize, if necessary, Smartbox to release information related to my claim for funding to the Disability Law Center.

I authorize payment of my insurance benefits be made either to me or on my behalf to Smartbox for any equipment or services provided to me. In certain circumstances, my insurance company may send a check for services provided by Smartbox directly to me. I agree to endorse and forward the check and "Explanation of Benefits" within five days of receipt to:

Smartbox Assistive Technology  
2831 Leechburg Road  
New Kensington, PA 15068

If I fail to provide this information, I understand that I will be held legally responsible for payment in full for all equipment or services which have been provided by Smartbox.

I understand that I am financially responsible to Smartbox for any charges not covered by health care benefits. I agree to notify Smartbox of any changes in my health care insurance coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. I understand that I am responsible for the entire bill or balance of the bill as determined by Smartbox and/or my health care insurer if the submitted claims, or any part of them, are denied for payment.

I understand that by signing this form, I am accepting financial responsibility as explained above for all payment for products received. This does not apply when Medicare determines the balance to be the contractor's obligation, or to Medicaid recipients.

I have read and understand the Smartbox 30-Day Return Policy, Patient Bill of Rights and Responsibilities (which includes the process to file a grievance or complaint with the Company), the Smartbox DMEPOS Supplier Standards, and the Smartbox Notice of Privacy Practices.

Client/Legal Guardian/Power of Attorney (mark is acceptable with witness signature):

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Relation to client: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Relation to client: \_\_\_\_\_

**Smartbox**  
  
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