

A Division of Compex Technologies 701 US Highway 301 South Tampa, FL 33619 (813) 623-1616 Fax (800) 272-6458

Notice of Privacy Practices Acknowledgement Assignment of Benefits/Proof of Delivery

I hereby acknowledge that I have received a copy of Rehabilicare's Notice of Privacy Practices.

I hereby authorize payment of medical benefits directly to Rehabilicare, Inc. for all services furnished. I hereby authorize Rehabilicare to request on my behalf and to collect directly all insurance coverage benefits due to me. In the event that any payments due Rehabilicare under this assignment are received by me, I hereby agree to endorse such payments and forward them directly to Rehabilicare. (checks should be signed on the back and followed by "Pay to the order of Rehabilicare."). All cost of the device and supplies not paid by my insurance company will become my responsibility. I hereby acknowledge that I have received the type of device listed above. I authorize the release of my medical and/or hilling information to my insurance carrier (s), spouse, attorney, physician (s), employer, and/or physical therapist.

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