

Patient Acknowledgement

Ontario Prosthetic Systems
9253 Hermosa Ave Suite C
Rancho Cucamonga, CA. 91730

I acknowledge receipt of/or have been offered a copy of the following information:

Company Financial Policy

HIPPA (Notice of Patient Privacy Right)

Medicare Supplier Standards

Communication Authorization

I authorize Ontario Prosthetic Systems to leave messages on my phone/cell phone or contact me by e-mail at _____.

I permit Ontario Prosthetic Systems to collect my health care information from my physicians in order to receive payment for their services for my device.

Payment Authorization

I assign the right and responsibility to Ontario Prosthetic Systems to bill my insurance carrier on my behalf and accept payment for my device.

I authorize my insurance carrier to make payment to Ontario Prosthetic Systems.

I accept responsibility for my coinsurance and my deductible on this device.

Patient Signature/Representative _____ Date _____