

Release of Information / Assignment of Benefits

Acceptance of Services

I understand that by signing this agreement, I authorize provision of products and/or services to me by FORBES REHAB SERVICES, INC. I also understand that the products and services provided are prescribed by my Physician and recommended by my Speech Language Pathologist and that it is necessary that I remain under the supervision of my attending physician during the course of my care.

Same or Similar Equipment

☐ No ☐ Yes If "Yes", name and purchase date of speech generating device or accessories _____. If "No" is checked, I acknowledge that I have never received the same or similar speech generating device or accessories from another durable medical equipment (DME) provider. If I have selected "Yes" and the purchase date is less than 5 years ago, then I understand that my insurance carrier may not cover the above named equipment and I may be asked to execute an Advance Beneficiary Notice.

Release of Information

I hereby authorize release of any and all of my medical records and other information pertaining to my medical history, services rendered, or treatments received from my physician(s) or hospital(s) to FORBES REHAB SERVICES, INC., the Health Care Financing Administration, my insurance carrier(s), or other medical entity. In order to process insurance claims, I also hereby authorize FORBES REHAB SERVICES, INC. to furnish to an authorized distributor and/or the Health Care Financing Administration, my insurance carrier(s), or other medical entity, any medical history, services rendered, or treatment needed.

Assignment of Benefits

I authorize direct payment of insurance benefits by my insurance company, including Medicare if I am a Medicare Beneficiary, be made to FORBES REHAB SERVICES, INC. In the event that my insurance carrier does not accept "assignment of benefits", I understand that payments may be sent directly to me and that I am legally obligated to endorse and directly send such payments to FORBES REHAB SERVICES, INC. within 10 days of receipt, for payment of my bill.

Financial Responsibility

I understand that I am responsible to FORBES REHAB SERVICES, INC. for all charges not covered by my insurance. I recognize that in the event that my insurance company, employer, or any other third party payer refuses to pay the rental and/or purchase price(s) of the above items, or delays payment beyond 90 days of my receipt of items, or in the event that I have no insurance coverage or third party payer, that I will be responsible for said payments and will make prompt reimbursement within 30 days of notification by FORBES REHAB SERVICES, INC. for all charges. THIS DOES NOT APPLY TO MEDICAID RECIPIENTS.

Medicare Recipients Only

I certify that I AM NOT receiving in home or facility based hospice care, skilled nursing care or hospital based care. I also understand that if the Medicare part B claim denies payment due to enrollment in the above listed types of care, I assume full responsibility for the cost of all equipment and services provided by FORBES REHAB SERVICES, INC.

Cancellation Policy

Order cancellations after billing services have commenced and prior to shipment of the order, will incur a cancellation fee calculated as the greater of 10% of the invoiced amount or \$750. Any claim payments received from the insurance provider(s) must be promptly returned to Forbes Rehab Services for claim cancellation.

I acknowledge I have received the following information as separate inserts:

Forbes AAC Mission & Purpose Statement	Forbes AAC Contact Information
Client Complaint Procedure	JCAHO Information
Client Rights and Responsibilities	Forbes AAC General Warranty Information
HIPAA Privacy Practices Notice Availability of	Return Policy
Equipment	Operating Instructions and additional training materials

Please sign and date and
to Forbes AAC via fax
at 419.589.5146, or email to:

Forbes AAC
181 Illinois Ave. South
Mansfield, OH 44905

I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS DOCUMENT AND REFERENCED DOCUMENTS:

Client's Printed Name _____

Signature or Mark (X) of Client _____

Date _____

If the beneficiary is only able to sign by making a mark (X), a witness must enter his/her name and address below.

Printed Name of Witness _____

Address of Witness _____

If the beneficiary is physically or mentally unable to make a mark or signature, an authorized representative may sign on the beneficiary's behalf. In this case, the representative should print the beneficiary's name above and complete the following information, which we are required to have on file.

Signed for the beneficiary by: _____

Signed & Printed Name of Representative _____

Address of Representative _____

Signed for the beneficiary by: _____

Reason beneficiary cannot sign: _____

Date _____

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Client's Printed Name _____ Signature or Mark (X) of Client _____ Date _____

If the beneficiary is only able to sign by making a mark (X), a witness must enter his/her name and address below.

Printed Name of Witness _____ Address of Witness _____

If the beneficiary is physically or mentally unable to make a mark or signature, an authorized representative may sign on the beneficiary's behalf. In this case, the representative should print the beneficiary's name above and complete the following information, which we are required to have on file.

Signed for the beneficiary by: _____
Signed & Printed Name of Representative _____ Address of Representative _____

Signed for the beneficiary by: _____
Reason beneficiary cannot sign: _____ Date _____

Confidentially /Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Commitment to Privacy

Forbes Rehab Services, Inc. is dedicated to maintaining the privacy of your healthcare information and we are required by law to maintain the confidentiality of information that identifies you. Any use of healthcare information beyond the uses described below requires your individual written authorization. The Health Insurance Portability and Accountability Act (HIPAA) obligate Forbes Rehab Services, Inc. to provide you with a copy of our Privacy Notice, outlining our privacy practices and how we safeguard your health information. Forbes Rehab Services, Inc. abides by the terms of the Privacy Notice currently in effect, and reserves the right to revise or amend the notice, as needed.

Your Health Information Rights

Although your health record is the physical property of the healthcare facility that compiled it, the information belongs to you.

You have the right to:

- Request a restriction on certain uses and disclosures of your information;
- Obtain a paper copy of the notice of privacy practices;
- Inspect and copy your health care record;
- Obtain an accounting of disclosures of your health information;
- Request confidential communication;
- Amend your healthcare record;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Forbes Rehab Services, Inc. is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable requests you may have to communicate health information by alternative means.

Forbes Rehab Services, Inc. reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to your address on file. We will not use or disclose your health information without your authorization, except for treatment, payment, and healthcare operations.

Examples of Disclosure for Treatment, Payment, and Healthcare Operations

We will use your health information for treatment. Information obtained by our company will be documented in your healthcare record and will be used to provide you with durable medical equipment and/or supplies. The prescription that your physician has ordered will be part of the record and will determine the equipment and supplies that you receive.

We will use your health information for payment. In order to determine your eligibility for equipment and/or supplies, Forbes Rehab Services, Inc. may contact your insurance company and disclose healthcare related information. Also, Forbes Rehab Services, Inc. will bill you or a third-party payer for services that you receive from our company. The health information that identifies you, your diagnosis, equipment, and supplies may be included on this bill.

We will use your health information for healthcare operations. **Forbes Rehab Services, Inc.** may use your health information to evaluate the quality of healthcare you receive from us, to conduct cost management assessments, and plan business activities. This information is used in an effort to continually improve the services we provide.

Other Uses or Disclosures

Business Associates: There are some individuals who are under contract with Forbes Rehab Services, Inc. and, from time to time, are engaged in the improvement or financial enhancement of our business. So that your health information is protected, however, we require any business associate to appropriately safeguard your information.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Health Oversight Activities: We may disclose health information to health oversight agencies for activities authorized by law, including surveys, audits, and compliance inspections.

Worker's Compensation: We may release your health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

For more information, please contact Forbes Rehab Services, Inc. at 419.589.7688, if you require additional information and/or want to pursue your rights, including:

- Requesting restrictions;
- Inspecting and copying your record;
- Securing an accounting of disclosures;
- Requesting additional disclosures;

If you believe your privacy rights have been violated, you may contact our company's Vice President of Operations. You may also file a complaint with Secretary of Health and Human Services (Office of Civil Rights). There will be no retaliation for filing a complaint.

Client Information Sheet

Our Mission and Purpose

The mission and purpose of Forbes Rehab Services, Inc. (Forbes AAC) is to design, manufacture and deliver assistive technology products and services that provide a level of independence and personal expression for our clients. We do this by providing our dedicated employees with state of the art tools and resources, allowing them to combine our many years of experience in identifying the real world needs of our clients with the latest cutting edge technologies available. We back our products with the most competent and compassionate customer service available through all phases of the process including product selection, funding support, timely delivery, training and technical support.

Forbes AAC Contact Information

Our normal business hours are 9:00 a.m. to 5:00 p.m., Monday through Friday by appointment only. A voice message system will answer Forbes AAC's phones at 419.589.7688 after normal business hours. However, most services will be performed during normal service hours. If your call is a medical emergency and cannot wait until normal business hours, it is suggested that the Client or caregiver dial 911 for professional emergency services.

Client Abuse

Any Client who feels they or someone else is being abused, should call the Child Abuse Hotline telephone number 800-422-4453 (800-4-A-CHILD) or the Elder Abuse National Hotline telephone number 800-677-1116.

Client Complaints

Any client who feels his/her rights have been denied, who desires further clarification of rights, or who desires to lodge a complaint or express contentment with any aspect of service or equipment, Including concerns about client safety and the risk of falls, should contact us through our main telephone number 888-884-2190, without fear of reprisal by Forbes AAC.

JCAHO Information

The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 800-994-6610 or emailing complaint@jcaho.org.

Client Rights - You have the right to:

Be given timely, services as ordered appropriate, by qualified quality professional home care services without discrimination. Be provided with proper products and a qualified health care professional. Receive products in proper operating condition according to the manufacturer's specifications.

- Request a detailed explanation of your bill for products and services.
- Be communicated with in a way that you can reasonably understand.
- Refuse equipment and services, accepting full responsibility for that refusal.
- Choose your provider of medical equipment.
- Be assured of confidentiality, to review your records, and to approve or refuse the release of records.
- Have competent and qualified people carry out the services for which they are responsible.
- Voice your grievances and recommend changes without fear of reprisal.
- Report concerns about client safety without fear of reprisal.
- Be given reasonable notice of discontinuation of service.

continued next page

Client Information Sheet (cont'd)

Client Responsibilities - It is your responsibility to:

- Dial "911" whenever a life threatening medical emergency arises.
- Provide complete and accurate information regarding your medical history and billing information.
- Comply with your physician's orders and plan of care.
- Use and care for the equipment provided and not allow use by anyone other than the authorized client.
- Contact us about any equipment malfunction or defect, and allow our staff to correct the problem.
- Advise us of any changes in your status, including address, medical condition, and billing information.
- Assume payment responsibility for services not covered by your insurance carrier, except when not allowed by law.
- Maintain a safe home environment for the proper utilization of equipment.
- To report to us any concerns about client safety or occurrences of client falls.
- Pay for the replacement costs of any equipment damaged, destroyed, or lost due to misuse, abuse, or neglect.

Warranty Information

All Forbes AAC devices carry a one (1) year limited manufacturer's warranty. FRS, INC. provides all clients with a written copy of the warranty coverage at delivery and we honor all warranties under applicable State law. FRS, INC. will repair or replace, free of charge for parts and labor, any covered device found defective in material and/or workmanship, per the terms of the warranty. Any covered item that is rented to a client will be maintained, replaced, or repaired at no charge, per the terms of the warranty.

Equipment Operating Instructions and Additional Training Options and Materials

Each device ships with a written operating instruction manual. Additionally, each of the more complex Forbes AAC devices has instructional videos pre-loaded on the device. These instructional videos are also available on our website for use when the device is not available. All Forbes AAC devices also have remote takeover capability pre-installed, allowing for one-on-one training sessions. We also offer periodic Teleconference training sessions free of charge. Call 419.589.7688 for complete details.

Returns

Return Policy

New product returns must be made within 30 days of delivery date. After 30 days, returns will NOT be accepted under any circumstances. Please note; Forbes AAC will not issue refunds for products purchased through other entities, such as distributors or retail partners.

Returning product must be in like-new condition and in the original packaging with all original accessories, literature and other components. Forbes AAC reserves the right to reject any refund request if the product is received damaged or if any accessories, literature or other original components are missing.

Returns are subject to a 15% restocking fee. Shipping charges are nonrefundable.

Refunds will be issued to the original payee (Medicare, Medicaid, Insurance) pending qualification and subject to above criteria.

Repairs

New product repairs will be performed in accordance with the product's warranty.

Out-of-warranty repairs and non-covered items are subject to labor and material charges.

Return Procedure

A Return Merchandise Authorization (RMA) number must be obtained prior to returning any products - to request an RMA number, please email support@forbesaac.com or call 419.589.7688

*Upon receipt of the **RMA number**, send product to:*

Forbes AAC

RMA #

181 Illinois Ave. South

Mansfield, OH 44905

Shipping and Packaging

Forbes AAC requires all returns use the ORIGINAL carton or packaging to prevent possible damage during shipping. The device should be placed in the device box with nothing on the screen. If unavailable, please package the unit as securely as possible, with a minimum of 2 inches of packing materials between the box and device on all sides. Forbes AAC CANNOT BE HELD LIABLE FOR DAMAGE CAUSED DURING SHIPPING OR THE LOSS OF ANY CUSTOMER DATA.

Customer will be responsible for shipping costs when returning the product to Forbes AAC. Product should be shipped so that it can be tracked and/or insured; Forbes AAC is not responsible for products lost or damaged during return shipment. Customers should insure the shipment and use a carrier that can provide proof of delivery in case it is lost or stolen. Forbes AAC is not liable for any equipment damaged or lost during transit.

Products received that do not meet the above return criteria may be returned to the customer via ground shipment.