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ANIMAS CORPORATION
965 Chesterbrook Blvd
Wayne, Pa 19830

PHONE 610-644-8990

Please fax completed form to: 1 877 331-7300

Attention: _____

Mail original form to address to the left.

AUTHORIZATION TO RELEASE INFORMATION/ASSIGNMENT OF BENEFITS

Animas Corporation recognizes that medical information is confidential and will maintain the privacy of your health information. Information will only be used and disclosed in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as described in the Notice of Privacy Practices for Animas Corporation. However, many insurance companies require that medical information be submitted with claims to determine medical necessity. In order to authorize Animas Corporation to obtain medical information from your healthcare team and to release related information when required or requested by your insurance company, please complete, sign, and date the statement below.

I, Christopher Rotanz, do hereby authorize Animas Corporation to contact my healthcare team in order to acquire the information required by my insurance company. I understand that Animas Corporation will release any relevant information, acquired in the course of providing services to me, to my insurance company. This information will be used to process all medical claims on my behalf. I understand insurance billing is a service provided as a courtesy by Animas Corporation, and I am solely responsible for any fees not paid by my insurance company. I further authorize my current and/or future insurance company/companies to pay benefits directly to Animas Corporation. If any insurance payment is made directly to me for monies due on my account, I agree to immediately pay these monies to Animas Corporation. Should Animas Corporation be denied payment in whole or in part for any reason, I personally guarantee payment for all services rendered. I also acknowledge that I am responsible for any deductible, copay or other balance not paid by my insurance company, unless I am enrolled in an approved Medicaid program.

I agree to notify Animas Corporation immediately of any changes to my insurance coverage or if I change my insurance company. The List Price for the Animas Insulin Pump is no more than $7,150. This is the maximum out-of-pocket cost for the pump. Insulin pump therapy is a covered benefit by most insurance companies. Deductibles and co-pays may apply.

I acknowledge that I have either received a copy of the Notice of Privacy Practices for Animas Corporation or reviewed a copy on www.animascorp.com.

Patient/Guarantor Signature: DocuSigned by: BA4DDDA7FF324FD...

Print Patient Name: Kandice Rotanz

Address: 706 Dogwood Dr

City / State / Zip: Green Lane, PA 18054

Phone Number: (267) 474-1368 Date: 6/14/2017 | 06:42 AM PDT

NOTE: Due to the requirements of HIPAA, Animas Corporation may only discuss a patient's medical information with the patient or with the patient's parent or guardian, in the event that the patient is a dependent minor. If you wish to authorize your spouse or other family member to discuss your medical information with Animas in your absence, please complete an Authorization for Use or Disclosure of Medical Information, Form 012-500-01.