

# Handwritten Form

## Patient Enrollment Form

Enroll your patient in the program  
in one of the following ways:

Phone: 1-234-567-7594

Fax: 1-234-567-2594

E-Mail: info@form.com

Patients enrolled in Care receive:

- A Care team of dedicated advisors available by phone or email
- Information on available local suppliers that work with the patient's insurance plan
- Personalized product support, educational information, tips and inspiration for better bowel care

### Patient Information

First Name

PAULA

Last Name

BUTLER

Address

BENYON GROVE 715

City

PARK RKHAMSTED

AP 87654

Email Address<sup>1</sup>

PAULAB40@MAIL.COM

Phone Number - Cell phone / landline (circle one)

149830232

Date of birth

04081969

Language Preference

☒ English

☐ Spanish

Insurance Plan name

STACLIF FESPA

<sup>1</sup> By providing an email address the patient consents to the receipt of personalized support through Coloplast • Care Online.

Facility Name

YEOTAINTON

Facility Address

LAKE CELYN

City

CAPE RDEAU

PT 95370

Clinician Name

SPENCER BARKER

NPI#

722127337

Clinician Signature: \_\_\_\_\_

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

05/02/2014

My signature acknowledges that I have read the Care Program Description and Terms of Enrollment to the patient and the patient concurred.

Care Program and Description and Terms of Enrollment: Care is a patient support program designed to provide support for patients and/or caregivers who use Irrigation System - for as long as eroded individual desire to receive that educational information from Form.

Care incorporates active engagement with a dedicated Care Advisor, including direct phone and/or email support with information and guidance on Form, proper use of Products, support locating a product supplier, as well as information regarding product reimbursement.

When each individual has become more independence and confident with his or her product and daily routines, dedicated Care advisors provide on-going relevance, information and support via email or phone contact during the full year of Form use. Users may receive personalized information containing articles, advice, inspirational stories and answers to lifestyle questions that may be of interest.

By enrolling in Care independently or through your healthcare provider, I agree that Form may contact me by phone (including my cell phone if that is the number I provided) text message (sms), e-mail, hard copy letter, or other means of communication but only for the purpose referred to above. I also give Form my permission to interact with my healthcare provider or product supplier in connection with the support I receive through Care.

I understand that I can unsubscribe at any time if I do not want to receive communication from Form related to my participation in the Care program any longer. I understand that to unsubscribe, I may call at 1-888-726-7872 or I may unsubscribe at any time by clicking the unsubscribe option at any email I received through Care program.