moms2b

a matern ty *CarePath* product™ by StrykeFox Med cal

Assignment of Benefits

A little paperwork so we can handle your insurance for you. Please complete, sign, and return with your intake forms — a copy of this form is as valid as the original.

YOUR NAME (PRINT) **DATE OF BIRTH**

HEALTH PLAN / INSURER **MEMBER ID** **GROUP NO.**

1. **Please pay StrykeFox directly.** moms2b is a maternity CarePath product of StrykeFox Medical LLC — the company that supplies my equipment and works with my insurer. I assign to StrykeFox Medical LLC all benefits and payments payable under my health plan, Medicare, Medicaid, or any other coverage for the durable medical equipment and supplies it furnishes to me, and I ask my insurer to pay StrykeFox Medical LLC directly. This includes the right to receive payment, submit claims, and pursue appeals for me.
2. **Sharing what's needed.** I give StrykeFox Medical LLC permission to share with my insurer — and anyone reviewing for my insurer — the information needed to obtain authorization, process my claims, and pursue appeals for my equipment.
3. **Appeals, handled for me.** I give StrykeFox Medical LLC permission to file and pursue appeals of denied or underpaid claims on my behalf, at every level available to me, including external review where my plan allows, and to receive the notices and records for those appeals.
4. **If my plan doesn't pay.** If my plan denies payment in whole or in part — including deductibles, coinsurance, or items my plan does not cover — I understand I may be responsible for the balance, and StrykeFox Medical LLC will tell me the amount before billing me. If I am covered by Medicaid, my responsibility is limited as provided by law.
5. **How long this lasts.** This assignment stays in effect for all equipment StrykeFox Medical LLC furnishes to me until I revoke it in writing. A photocopy or electronic copy of this form is as valid as the original.

SIGNATURE **DATE**

PRINT NAME **PHONE**

If someone else is signing for you, please share their relationship and authority:

_____