

Aspen Medical Monitoring
7111 Zenobia Street
Westminster, CO 80030
303-429-0509 or 1-800-653-7015

ASSIGNMENT OF BENEFITS

I, _____, understand and agree that my physician has ordered an oximetry test for the purpose of verifying my need for home oxygen as it relates to an existing or possible pulmonary disease.

I hereby authorize and release Aspen Medical Monitoring (IDTF), to bill Medicare on my behalf for the cost of this test. I understand that I may be financially responsible for any deductible or co-payment and agree to make such payment if it is determined any is due at the time of billing. Aspen Medical Monitoring cannot bill secondary insurance companies, but Aspen Medical Monitoring will help supply assigned patient with appropriate paperwork for the process, if necessary.

Furthermore, I understand that I am responsible for the cost of the pulse oximeter if not returned to Aspen Medical Monitoring. The cost is \$1500.00.

This Assignment of Benefits must be signed by patient or beneficiary before test results may be released to the providers of my medical care.

Signature

Date

Name_____

Address_____

City, State, Zip Code
