



# PATIENT CONSENT

## ASSIGNMENT OF BENEFITS & FINANCIAL RESPONSIBILITY

I assign payment of medical benefits to Tactile and direct any insurance (payer) to make payment on my behalf directly to Tactile for medical equipment provided. Any costs not covered by my insurance are my responsibility. If for any reason insurance will not complete the purchase of the device (including change of insurance), I must 1) pay the remaining cost out of pocket or 2) return the device and pay my assigned balance. In the event my insurance makes payment directly to me for the medical equipment, I am responsible for ensuring payment in full is made promptly to Tactile.

## RETURN POLICY

Tactile Medical does not accept returns or provide refunds for products once the original packaging has been opened. Unopened products may be returned within sixty (60) days of the date of shipment. If you receive a product(s) that is incorrect due to a Tactile error, Tactile will exchange the product(s) if the Company is notified within sixty (60) days of the date of shipment. For equipment rented through insurance, the patient is responsible for outstanding financial obligations for the period in which they had the product.

## PATIENT SIGNATURE

I agree to all the terms and conditions listed above.

PATIENT OR AUTHORIZED SIGNER NAME\* (PLEASE PRINT)

SIGNATURE

DATE

\*Authorized Signer is:  Legal Guardian  Power of Attorney.