TANGLEWOOD MEDICAL SUPPLIES, INC.

Patient Financial Responsibility Statement

Tanglewood Medical Supplies, Inc. ("Tanglewood") is committed to billing and collecting payment from your insurance company for durable medical equipment (DME) provided to you. However, certain circumstances may result in partial or full denial of payment by your insurance provider. Please read the following policies carefully and sign below to acknowledge your understanding and acceptance.

1. Insurance Billing & Patient Responsibility

Tanglewood will make every reasonable effort to obtain prior authorization (if required), submit claims, and appeal denials when appropriate. However, **if your insurance plan denies or does not pay for the equipment or services provided, you agree to be financially responsible for all charges.**

2. Change in Insurance

If you change insurance carriers or coverage during an **active rental period**, and coverage lapses or authorization is not obtained under the new plan, **you may be responsible for all charges incurred during that period**. You must notify Tanglewood immediately of any changes to your insurance.

3. Hospice Care or Admission to a Part A Facility

If you **enter a hospice program** or are **admitted to a facility covered under Medicare Part A** (e.g., a skilled nursing facility or hospital), you must inform Tanglewood immediately and return any rented or provided equipment. **Failure to do so may result in your being held financially responsible for equipment charges incurred during that time**, as Medicare or other insurances may not cover the DME during such periods.

4. Denial of Continued Authorization

If your insurance denies continued coverage for a rental item (e.g., due to non-compliance, lack of documentation, or medical necessity), and you **fail to return the equipment within 5 business days of notification**, **you will be held financially responsible for all charges incurred thereafter.**

5. Lost, Stolen, or Damaged Equipment

You are responsible for **the proper care and return** of any equipment provided to you. **If equipment is lost, stolen, damaged, or otherwise not returned, you will be responsible for the replacement cost** of the item. TMS reserves the right to determine negligence.

6. Refusal to Return Equipment

If you refuse to return rented equipment after a denial of coverage or at the end of the rental period, **you agree to be billed for the equipment as a purchase and will be financially responsible** for the billed amount.

7. Non-Covered Services or Items

Certain items or services may be considered **non-covered or not medically necessary** by your insurance. In such cases, you will be notified and have the option to pay privately or return the item. **If you elect to keep the item, you accept full financial responsibility.**

I acknowledge that I have read and understood the Patient Financial Responsibility Statement and agree to the terms outlined above.

Patient Signature: _____
Date: _____

Representative (if applicable): _____
Relationship: _____
