



**ASSIGNMENT OF BENEFITS (AOB)**

Please fax completed, signed form to U-Med Inc. at (888) 469-1150.  
Any questions please call (970) 887-2256. Thank you!

**U-Med Inc.**

62801 U.S. Hwy 40  
Granby, CO 80446-1876  
tel: 970-887-2256 fax: 888-469-1150  
email: [jbambur@u-medinc.com](mailto:jbambur@u-medinc.com)

<b>INSURANCE COMPANY (PRIMARY)</b>
<b>POLICY (Member ID and Group ID)</b>
<b>PRIMARY TELEPHONE</b>

<b>SECONDARY INSURANCE</b>
<b>POLICY (Member ID and Group ID)</b>
<b>SECONDARY TELEPHONE</b>

- In order for U-Med Inc. to bill Medicare, Medicaid, and/or your private insurance for your medical supplies, this form must be completed and signed. We are a Medicare assignment company and will bill secondary insurance for copayments and deductibles.
- I authorize assignment of Medicare, Medicaid, and/or other insurance benefits to U-Med Inc. for DME and/or other medical supplies.
- I authorize direct billing to Medicare, Medicaid, Medigap, and/or other insurance companies.
- I authorize release of my medical information to Medicare, the health care financing administration, its agents, assignees, and/or my insurance company.
- I authorize permission for U-Med Inc. to obtain any information necessary in order to process my claim(s) and contact me by phone or mail regarding my medical supply order or other medical items.
- I authorize acknowledgement that any medical reimbursement checks belonging to U-Med Inc. for supplies mailed to the client from insurance companies will be endorsed and forwarded to U-Med Inc.

<b>Patient Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Telephone:</b>	
<b>Email address:</b>	

Effective \_\_\_/\_\_\_/\_\_\_, \_\_\_\_\_ (current supplier) no longer has my authorization to ship any medical supplies or to bill on my behalf as my medical supply provider because I am canceling the service to begin using U-Med Inc.

Client Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

(If minor, guardian signature required. Print guardian name: \_\_\_\_\_)