

Barcode:



MEDICARE ASSIGNMENT OF BENEFITS, AUTHORIZATION FOR RELEASE OF INFORMATION, AND ACKNOWLEDGMENT OF RIGHTS AND RESPONSIBILITIES

By my signature on the following page, I certify the following:

Assignment of Medicare Benefits

I request that payment of authorized Medicare benefits be made on my behalf to Dexcom for any continuous glucose monitoring ("CGM") products and supplies provided to me by Dexcom. I authorize Dexcom to release any medical information about me to the Centers for Medicare & Medicaid Services and its agents that is needed to determine these benefits or the benefits payable for related items and services.

Assignment of Other Benefits

I request that payment of any other authorized insurance benefits be made on my behalf to Dexcom for any items and services provided to me by Dexcom. I authorize Dexcom and its agents to release any medical information about me to the health plan or other entity providing such benefits for purposes of facilitating payment of such benefits.

Authorization for Dexcom to Submit Claims on My Behalf

I authorize Dexcom to submit insurance claims on my behalf for payment to Dexcom for items and services provided to me. I consent to the release of all protected health information by my physician and other health care providers required by Dexcom and its agents for the purposes of healthcare management and/or for processing of medical claims.

My Payment and Notification Responsibilities

I agree that I am responsible for any deductible, coinsurance payment, and potentially other amounts not covered by Medicare or by any other insurance, except as otherwise prohibited by law. I agree that I will notify Dexcom immediately of any changes in my insurance coverage or insurance provider(s).

Notice of Privacy Practices and Patient Bill of Rights

By providing my e-mail address below, I consent to receive copies of Dexcom's Notice of Privacy Practices (www.dexcom.com/notice_of_privacy_practices) and Patient Bill of Rights (www.dexcom.com/patient-bill-rights) electronically. I understand that printed versions will be provided to me upon request.

Medicare DMEPOS Supplier Standards

I understand that the products and/or services provided to me by Dexcom are subject to the supplier standards contained in the Federal regulations shown at Title 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained from the U.S. Government Printing Office website (<https://www.ecfr.gov/>). I understand that upon my request, Dexcom will provide me with a written copy of the standards.

Notice Regarding Rental and Purchase Options

I understand that Medicare defines therapeutic CGM products and supplies as "inexpensive or routinely purchased equipment," and that Medicare will cover either rental or purchase of items in this category, but that Dexcom does not offer therapeutic CGM products and supplies for rent. By signing below, I elect the purchase option for items furnished to me by Dexcom.

Notice of Noncoverage: Medicare Rules: Coverage of CGM system supplies and accessories are available for those therapeutic CGM systems where the beneficiary uses a receiver classified as DME to display glucose data. There is no Medicare benefit for supplies used with equipment that is not classified as DME. However, Medicare coverage is available for the CGM system supplies and accessories if a non-DME device (smartphone, tablet, etc.) is used in conjunction with the durable CGM receiver. Coverage of CGM system supplies and accessories are available for those therapeutic CGM systems where the beneficiary uses a receiver classified as DME to display glucose data. If a beneficiary intends to never use a receiver classified as DME as the display device, the supplies and accessories are not covered by Medicare.

Prohibit Use of Mobile Devices: I understand that Medicare coverage rules for therapeutic CGM supplies requires that I use a Receiver classified as a DME to display glucose data. If I never intend to use a receiver classified as DME, I understand that my CGM supplies are not covered by Medicare and I will lose Medicare coverage retroactively for the entire period during which I violated this Medicare coverage rule, and may be required to pay Dexcom's full charges for CGM supplies I received that should not have been covered and/or to reimburse Dexcom for refunds and/or penalties Dexcom is required to pay with respect to my CGM supplies.

Certification Statement: I certify that the information I furnish is true and correct. I understand that it is a crime to complete this form with facts that I know are false, to leave out important facts, or to certify to information that know is untrue, and that doing so could result in criminal and/or civil penalties. My signature below acknowledges that I have read, understand, and agree with each of the statements above.

Patient Signature (or, if Patient is unable to sign, signature of Guardian or other Authorized Person):

M M / D D / Y Y Y Y

(if applicable) **Reason Patient is unable to sign, and name and relationship of person signing:**

Print Patient Last Name:

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Print Patient First Name, Middle Initial:

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Medicare Health Insurance Claim (HIC) Number:

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Date of Birth:

M M / D D / Y Y Y Y

Patient Shipping Address:

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City:

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State:

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Zip:

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Phone Number:

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By providing my telephone number, I agree to be contacted by phone and text message at this number.

By checking here, I agree to receive automated phone calls and text message communications at this number from (or on behalf of) Dexcom.

E-Mail: By providing my email address, I agree to receive communications at this address.

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Please fax or email completed form (both pages) with copy of front and back of insurance card(s) to: 1.877.633.9266 or CSTR@dexcom.com. **Questions?** Please call us toll-free at 1.877.339.2664.