



**PATIENT INFORMATION /
ASSIGNMENT OF BENEFITS (AOB)**



(Florida Residents: Please see reverse.) This form can also be filled out online at tandemdiabetes.com.

PATIENT INFORMATION	PATIENT'S NAME (FIRST, MIDDLE, LAST)		PREFERRED T: SLIM X2 INSULIN PUMP <input type="checkbox"/> with Control-IQ technology <input type="checkbox"/> with Basal-IQ technology		
	PATIENT'S STREET ADDRESS		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State		
	CITY	STATE / TERRITORY	ZIP CODE	DATE OF BIRTH (MM/DD/YYYY)	
	EMAIL ADDRESS	HOME PHONE		MOBILE PHONE	
	NAME OF PARENT/LEGAL GUARDIAN (IF UNDER 18)		PREFERRED METHOD OF CONTACT <input type="checkbox"/> Phone <input type="checkbox"/> Email		BEST TIME TO CALL <input type="checkbox"/> AM <input type="checkbox"/> PM
	NAME OF ADDITIONAL PARENT/LEGAL GUARDIAN (IF UNDER 18)				
EMERGENCY CONTACT		RELATIONSHIP	EMERGENCY CONTACT PHONE NUMBER		

PRESCRIBING PROVIDER INFO	PRESCRIBING PROVIDER'S NAME			SPECIALTY
	OFFICE STREET ADDRESS			PHONE NUMBER
	CITY	STATE / TERRITORY	ZIP CODE	FAX NUMBER
	GROUP PRACTICE NAME			OFFICE CONTACT NAME

INSURANCE INFORMATION (CHECK ALL THAT APPLY)	↓ PRIMARY INSURANCE (to expedite please provide a copy of the front and back of your insurance card) ↓			
	INSURANCE NAME			
	CLAIMS MAILING STREET ADDRESS			PHONE NUMBER
	CITY	STATE / TERRITORY	ZIP CODE	FAX NUMBER
	GROUP NUMBER	POLICY NUMBER		PLAN TYPE (PPO, HMO, ETC.)
	POLICY HOLDER'S NAME IF DIFFERENT THAN ABOVE (FIRST, MIDDLE, LAST)			POLICY HOLDER'S DATE OF BIRTH (MM/DD/YYYY)
	RELATIONSHIP TO PATIENT <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Guardian			POLICY HOLDER'S SOCIAL SECURITY NUMBER
	RX BIN	RX PCN	RX GROUP	EMPLOYER'S NAME
	↓ SECONDARY INSURANCE (to expedite please provide a copy of the front and back of your insurance card) ↓			
	INSURANCE NAME			
	CLAIMS MAILING STREET ADDRESS			PHONE NUMBER
	CITY	STATE / TERRITORY	ZIP CODE	FAX NUMBER
	GROUP NUMBER	POLICY NUMBER		PLAN TYPE (PPO, HMO, ETC.)
	POLICY HOLDER'S NAME IF DIFFERENT THAN ABOVE (FIRST, MIDDLE, LAST)			POLICY HOLDER'S DATE OF BIRTH (MM/DD/YYYY)
RELATIONSHIP TO PATIENT <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Guardian			POLICY HOLDER'S SOCIAL SECURITY NUMBER	
RX BIN	RX PCN	RX GROUP	EMPLOYER'S NAME	

Assignment of Insurance Benefits; Acknowledgment of Receipt of Notice of Privacy Practices; Electronic Communication Consent

I agree that I am responsible for paying for all products and services that I receive from Tandem, including, deductibles, co-pays, or any other amount not covered by insurance. If provided with estimated out-of-pocket costs, I understand that these are only estimates of my insurance benefits and are not a guarantee of coverage or the charges I am responsible for. I also understand that I am financially responsible for collection costs if my account becomes delinquent. I hereby assign and transfer to Tandem all medical provider benefits payable under my insurance or benefit plans, including Medicare, Medicaid, Social Security, or other payors. I certify that the information I gave in applying for payment under Medicare and Medicaid is correct, if applicable, and I authorize release of any information needed to act on this request. I authorize and direct the insurance company to pay all such benefits to Tandem and shall immediately pay over these funds if they are made directly to me by insurance. I hereby assign and transfer all related rights and remedies due under the insurance or benefit plans that I have identified or will identify in connection with all products and services rendered, including all rights and remedies pursuant to applicable state, federal and ERISA regulation. By providing my email address or phone number to Tandem, I consent to Tandem and its agents or affiliates communicating with me electronically regarding Tandem's products and services and payment for such products and services. These communications may include text message, auto-dialed calls, and/or pre-recorded calls. I understand that electronic communications may not be secure and could be intercepted by others. I may opt out of electronic communications at any time by notifying Tandem.

I acknowledge that a copy of the HIPAA Notice of Privacy Practices for Tandem has been made available to me.

PATIENT/GUARDIAN SIGNATURE X	RELATIONSHIP TO PATIENT	DATE (MM/DD/YYYY)
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**Patient Bill of Rights**

As a customer of Tandem Diabetes Care, you and, when appropriate, your representative, have certain rights, including the right to:

- Have personal information handled in accordance with Tandem's Notice of Privacy Practices.
- Be treated with dignity and respect.
- Designate a legally allowed individual or agency, who is authorized, to act on your behalf.
- Be informed of your rights at the earliest possible time.
- Participate in the development of care and service plans.
- Receive services, including training, without discrimination based upon race, color, religion, sex, sexual preference, or national origin.
- Receive full information and counseling on the availability of known financial resources and beneficiary coverage for Tandem products and services.
- Examine and receive a detailed explanation of your financial obligations.
- Voice any concerns, complaints, or grievances regarding your care, treatment, or services.

You may Contact Tandem Customer Support regarding any concern, complaint, or grievance by:

- Calling Customer Support at (877) 801-6901
- Writing a letter to Tandem Diabetes Care, ATTN: Customer Support, 11075 Roselle St., San Diego, CA 92121

You may express comments or concerns to our accrediting body, Community Health Accreditation Program (CHAP).

- The CHAP hotline at (800) 656-9656 is available Monday through Friday from 8 am to 6 pm ET.

As a customer of Tandem Diabetes Care, you and, when appropriate, your representative, have certain responsibilities, including the responsibility to:

- Provide correct and complete information when requesting assistance with insurance verification and other products and services provided by Tandem Diabetes Care.
- Report unexpected changes with your medical, financial, or insurance condition.
- Ask questions when you do not understand the products or services being provided or the reason why information is being requested.
- Follow the product training, instructions for use, and service that have been developed by Tandem Diabetes Care.
- Be considerate of Tandem's staff and property, as well as other patients and their property.
- Promptly meet any financial obligation agreed to with Tandem Diabetes Care. You are responsible for any outcome if you fail to satisfy those obligations.
- Agree to hold harmless Tandem from any expenses you may incur as a result of Tandem contacting emergency medical care on your behalf.

Medicare Beneficiaries:

The products and/or services provided to you by Tandem Diabetes Care are subject to the supplier standards contained in 42 Code of Federal Regulations Section 424.57(c). These standards cover business, professional, and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-424. Upon request, we can furnish you a written copy of the standards.

Florida Residents

- You have the right to report a complaint regarding the services you receive by calling Florida's Agency for Health Care Administration toll-free at (888) 419-3456
- You have the right to report abuse, neglect, or exploitation by calling toll-free (800) 962-2873
- You have the right to report suspected Medicaid fraud by calling toll-free (866) 762-2237

WARNING: Control-IQ technology should not be used by anyone under the age of six years old. It should also not be used in patients who require less than 10 units of insulin per day or who weigh less than 55 pounds.