



P.O. BOX 365, Newbury Park, CA 91319
PHONE (805) 465-8200 • FAX (888) 318-4826

CONSENT & AGREEMENT WITH BLUE CROSS / BLUE SHIELD PATIENTS

We are pleased to file on your behalf to Anthem Blue Cross or Blue Cross/Blue Shield for your TENS Unit and/or supplies. Please be aware, however, that since we are out of network and often out of state, the check for these services may be issued to you directly and in your name. By signing below, you are agreeing that you understand that payment may be issued to you and that, in the event you receive the check directly, you will be required to forward the check to us at West Coast Medical, INC as payment on your TENS Unit and/or supplies. We will be providing you with a self-addressed envelope to forward the check to us. Please open all correspondence from your insurance company, as it often difficult to recognize that a check is enclosed and forward payment to us immediately. If you have any questions, feel free to contact us at the toll-free number above. Thank you!

Patient's Signature

Date

Patient's Printed Name