



Oklahoma ABLE Tech  
 OSU Seretean Wellness Center  
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 www.okabletech.org

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## Release of Liability

Oklahoma ABLE Tech is not an entity in and of itself but is a part of Oklahoma State University; it will, hereafter, be referred to as Oklahoma ABLE Tech.

I agree to indemnify and hold harmless Oklahoma ABLE Tech and any and all employees, agent or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits and actions by any party against Oklahoma ABLE Tech and any and all employees, agent or representatives of same, in connection with equipment purchased by Oklahoma ABLE Tech.

The equipment provided by Oklahoma ABLE Tech as a Durable Medical Equipment Contract Provider through the Oklahoma Health Care Authority will be used for me or my family members' personal use and will not be sold. I understand not all accessories may be available with the durable medical equipment and may require contacting someone other than Oklahoma ABLE Tech at my own cost.

Oklahoma ABLE Tech shall not be liable if I lose or there is a malfunction of device(s), component(s) or accessory(ies).

I understand an Apple ID account and email will be created to download the communication app to the iPad. I understand I will be provided the Apple ID and email account name(s), password(s), and security question(s)/answer(s). I understand the login information and account information will not be shared with anyone besides me and no personal information will be utilized to create the account(s).

### Assignment of Benefits

I hereby assign all benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including SoonerCare/Medicaid and private insurance, to issue payment check(s) directly to **Oklahoma ABLE Tech**, for Durable Medical Equipment rendered.  
 Authorization to Release Information

I hereby authorize **Oklahoma ABLE Tech** to, on behalf of my dependent, (1) release any information necessary to insurance carriers regarding treatments and condition, (2) process insurance claims generated in the course of examination of treatment, (3) allow a photocopy of my signature to be used to process insurance claims for the period.

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Signature

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Date

Please return to Oklahoma ABLE Tech



DEPARTMENT OF  
**WELLNESS**