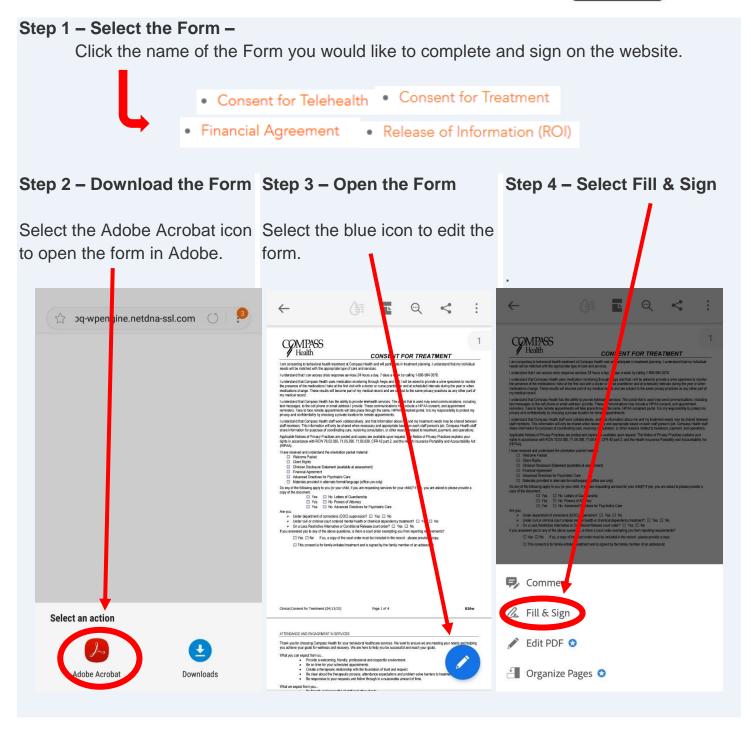
Tip Sheet – Sign & Submit Forms - Android

- Mobile devices can be used to sign and submit forms To do so you must download the Adobe Acrobat Reader app
- The app can be downloaded for free from Google Play





Tip Sheet – Sign & Submit Forms - Android

You may encounter a pop-up screen: It will ask you to sign in using either Google,

Facebook, or Apple. Instead click the X icon in the upper right-hand corner to bypass this

popup

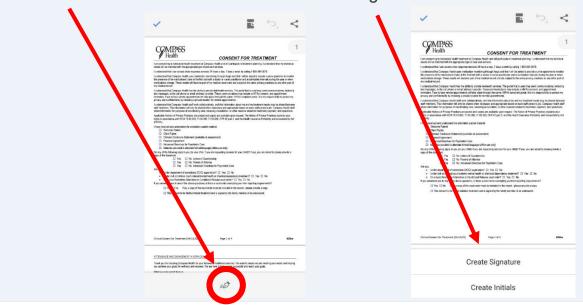


Step 5 - Fill in the Form - Fill in the form by clicking the check boxes and the blue text boxes.

This Authorization is effective (date):

Step 6 - Apply your signature -

After you have completed the form and you are ready to sign it select the icon in the middle of the bottom of the screen. Then select "Create Signature"



Tip Sheet - Sign & Submit Forms - Android

Draw your signature on the screen.

Click the word 'Clear' on the bottom right-hand corner to erase any mistakes. When satisfied with the result select 'Done' in the upper right-hand corner.



Tap the form to place the signature on the signature line. You can change the size of your signature by moving the blue icon.

FINANCIAL AGREEMENT

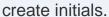
I agree to the assignment of all incursors pagements to Compass Health, P.O. Box 3910, Evenet WA RET31 and function by insurance carrier to just health disched to the general Tragent to firm and any insurance pagements insurance described and any amount not pad by the spence, Insurance carrier to just health and insurance and the second of the pagement of the



Note: When you save a form with a signature or initials, you will no longer be able to edit the form.

Tip Sheet - Sign & Submit Forms - Android

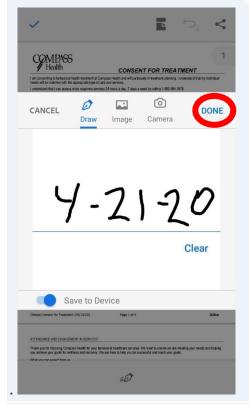
Step 7 - Add the Date - To add the date to your signature, click on the sign icon and select







Draw the date, select done and tap on the date line to place the date.



You can change the size of the date by moving the blue icon.

| Japane to the assignment of all microance payments to Composit Health 10. Sec Dat New Will MSD13. Indirect may insurance control to just be the payment of the payment in the payment of the payment in the payment of the payment in the payment of the payment in the payment in

Click the Checkmark in the top left-hand corner when ready to save the form.

	(Consent for Treatment (04/13/20)	Page 2 of 4	026w
FINAN	CIAL AGREEMENT		
to pay	to the assignment of all insurance payments to benefits directly to the agency. I agree to forwa- tee benefits. I am responsible for fees not cover	ard any insurance payments I might receive dir	98213. I authorize my insurance carrier ectly to the agency. Insurance does not
under	stand that I am responsible for any amounts aç	plied to my insurance deductible and any amo	unt not paid by my insurance.
agree	to inform COMPASS HEALTH of any changes	in the financial information given.	
agree	to pay promptly all fees for which I am respons	sbie. Financial assistance may be available for	low-income or other qualifying clients.
RELEA	SE OF INFORMATION / AUTHORIZATION OF	F INSURANCE BENEFITS	
econde	rize COMPASS HEALTH to disclose all or any s, to representatives of my insurance companie		ealth and alcohol and drug abuse
autho	tistance Use Disorder Treatment: rize release to my insurance provider, or payer	for my SUD services, listed here.	
:	Amerigroup Community Health Plan of Washington		
	Coordinated Care Molina Healthcare		
:	United Healthcare		
	North Sound Behavioral Health Administrative	e Service Organization	
:	Other:		
eliano party p informa recipie authori Regula permits	evide this consent at any time by signing and is upon it. Acting in reliance includes the provide ayer. Idea approved for disclosure based on this auth in those making any further disclosure of alcoho- zation of the person to whom it pertains or their forces also restrict any use for information to confly limited disclosures regarding deceased or gallon into the cause of death.	on of treatment services in reliance on a valid of norization may be protected by Federal Bacular or substance abuse treatment informal legal representative on otherwise perm criminally investigate or prosecute any:	consent to disclose information to a third-
	read, been offered a copy of and agree to th	e above conditions. Unpaid fees are subject	1-71-700
Zient 8	ignature		Date
Parent	/ Guardian Signature Printed	Name	Date
Cinicia	n Signature / Degree / Specially		Date
Olinica	(Consent for Treatment (04/13/20)	Page 3 of 4	026w
	ECTION FOR KINSHIP CAREGIVERS ONLY		

Tip Sheet - Sign & Submit Forms - Android

