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Ann Arbor, MI 48103
734-327-2946
Fax: 734-327-3715
axiobionics.com

APPEALS AUTHORIZATION

I, _____ (patient/guardian), grant AxioBionics, LLC authorization from this day forward to represent me in the appeals process with my insurance company or any third-party entity for any denial received for AxioBionics products and services.

Authorized Representative (print)	Signature	Date
Patient Name (print)	Signature	Date

Street Address

City	State	Zip Code

Country: ☐ United States

Country

Email	Phone