myKabaFusion App Instructions for Downloading Documents via Appless Magic Link

If you do not wish to download the App, you can still access electronic forms via secure Appless-MagicLink, simply follow the instructions below:

2:59	2:59	2:59 Messages		2:59 Messages	ed 🕈 🕞	2:59 Messages	
 Q 26751 	36751 now Your Kabersion AL Huntsville AppLess (MagicLink) verification code is: 0966	Enter Verificatio	In Code MagicLink) to Form. It sent to your number			such priantiacy and hursing p necessary or appropriate to p	nocecures as may be rovide the prescribed
Text Message Today 2 S7 PM Hi Patient Test, you have been invited to use mvKabaFusion to	uo open ons ins, enser the code we just sent to your number ending 9657.	ending 9857. Signed code again		Admission Agreement (patient)		treatment. The Company has informed me of the possible complications and risks which may be related to my there and here discussed the same of me undication	
communicate with your team at KabaFusion AL Huntsville. Tap here https://c757v.app.goo.gl/AK7o to begin		0 9 6	6	KabaFusi	on	intended use, expected action schedule, proper storage and monitoring. In addition, I have questions and have had them	n, route, administration t techniques for self- t had the opportunity to ask n answered to my total
Hi Patient Test, You were sent a form from KabaFusion AL	Time left : 1959	VERIFY Time left : 19:51	λ	Patient Admission Agreement		satisfaction. If the prescribed treatment in services, I have received writ my rights in Decision Making	cludes skilled nursing ten information regarding for Medical Treatment and
cZ5Zy.app.goo.gl/ rB5tKRsdVJyi5JNkZ	Verification code sent via SMS to your mobile number			This form explains the basic terms an apply to the provision of medical prod and pharmacy and nursing (if applicat KabaFusion, and/or its affiliates (colle as the "Company"). I, the undersioned	d conditions that ucts, equipment le) services by ctively referred to individual, agree	making an Advance Directive advised that I should provide Company with a copy of my A	I have been informed and my physician and the Advance Directive.
		ii myadmin.kabafusion	Done	to carefully review this document, and signature at the end, which acknowled understand and accept the terms and Consent to Treatment.	to provide my Iges that I conditions of this	I have a "Durable Power Care" at this time	of Attorney for Health
		"6"		Patient Name: * Patient First Last		I have a "Living Will" at the second se	fian
			7890	Date of Birth: *		Please select all that anote	
		8	! ' @	MM DD YYYY		In addition, I acknowledge an	d understand specially
Text Message	AA 🖹 myadmin.kabafusion.com 🖒	ABC space	return	AA iii myadmin.kabafusio	n.com č	AA iii myadmin.kat	bafusion.com C
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Step 1: Click on the	Step 2: Page will	Step 3: E	nter	Step 4: Forn	n will	Step 5: El	nter any
link to access form	open and	verificatior	n code	open up for r	eview	requi	ired
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Pharmacy Sanucas will be provided by the following	any legal proceeding.		Date: *				
KabaFusion Pharmacy: * KabaFusion - Huntsville, AL	Y am the pasent, or oury autonoce as a general agent to execute this agreement accept its terms. Who is Signing Admission Agreement	, and I hereby	10 / 31 / 2022 MM DD YYYY) #	1		
Pharmacy Phone Number & Address: * 360F Quality Circle Suite 630	Patient Agent		DISCLAIMER: Verification of payment by the insur- eligible at the time of se	ion of benefits is not a guarantee ance carrier. The patient must be evice for benefits to apply.		Success! Your submise saved!	sion has been
Infusion Nursing Services will be provided by: *	Signature of Patient/Agent: *		Unless otherwise stated estimate based on the fit pre-negotiated rates, or Company and your heal determined upon receipt), the amount above is an following: Company List Price, r contracted rates between the ith plan. Actual benefits will be to f each claim. Actual charges			
Kabahusion Other Home Health Agency Numing Nat President	the for the second		are based upon many fa amounts or Maximum A by your health insurance and nursing services pro	actors, such as pre-negotiated llowable Cost (MAC) established e plan. For ongoing pharmacy ovided by the Company, your			
Nursing Services will be provided by the following KabaFusion Nursing Agency: *		estimated charges and financial responsibility may vary based on the number of days supplied, dosage change and/or based on your date of service, number of numing viels, headb plaris' fee schedule, start date of the health					
KabaFusion - Huntsville, AL O Nursing Agency Phone Number & Address: *	Patient Test First Last		updates.	oceane coole, or only pricing			
360F Quality Circle Suite 630 Huntsville, AL 35806	Date: *			Submit			
Providing Personal Information: I certify that all							
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Step 8: Select

submit

Step 9: Success

page completes the process

Step 7: Sign and

complete form

Step 6: Review information on form