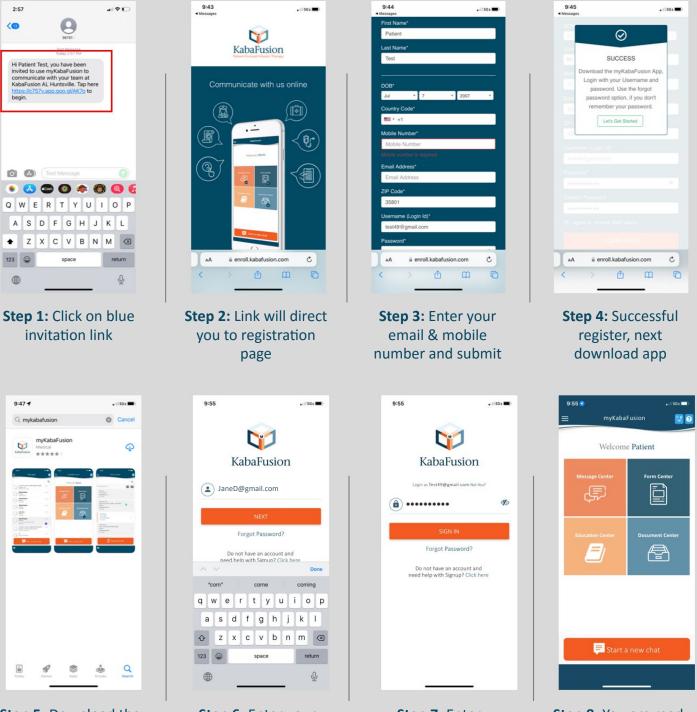
## myKabaFusion App Registration & Download Instructions

Enroll at: **kabafusion.com/mykabafusion** or scan the QR code:

Downloading the App will provide you access to view your electronic forms and documents. You will also be able to message your KabaFusion team member directly using the Message Center feature. Once invited, follow the steps below to register.



**Step 5:** Download the free "myKabaFusion" app from app store

Step 6: Enter your email address as username Step 7: Enter password and sign in

Step 8: You are ready to use the app



## 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:

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26751	36751 now Your KabaFusion AL Huntsville AppLess MagicLink) verification code is: 0966	Enter Verification Cod You have received a secure AppLess(MagicLink) to To open this link, enter the code we just sent to you	o Form.		such priamacy and hitsing process necessary or appropriate to provide	ures as may ue
Text Message Today 2.57 PM Hi Patient Test, you have been invited to use myKabaFusion to	To open this link, enter the code we just sent to your number ending 9657.	ending 9857. Sienni code again	Admission Agreement (	patient)	treatment. The Company has informed me of t complications and risks which may	be related to my
communicate with your team at KabaFusion AL Huntsville. Tap here https://c757y.app.goo.gl/AK7o to begin.		0 9 6 6	KabaFu	ision	therapy and have discussed the na intended use, expected action, rout schedule, proper storage and tech monitoring. In addition, I have had t questions and have had them answ	te, administration niques for self- the opportunity to ask
Hi Patient Test, You were sent a form from KabaFusion AL	Time left : 1959	VERIFY Time left : 19:51	Patient Admission Agreeme		satisfaction. If the prescribed treatment includes services, I have received written inf my rights in Decision Making for Me	formation regarding
Huntsville. Tap to fill: <u>https://</u> cZ67y.app.goo.g/ rB5tKRsdVJyi5JNkZ	Venification code sent via SMS to your mobile number		This form explains the basic terms apply to the provision of medical p and pharmacy and nursing (if appl KabaPusion, and/or its affiliates (or	roducts, equipment licable) services by oliectively referred to	making an Advance Directive. I hav advised that I should provide my ph Company with a copy of my Advance	ve been informed and hysician and the
		ii myadmin.kabafusion.com	as the 'Company'). I, the undersign to carefully review this document, signature at the end, which acknow understand and accept the terms a Done Consent to Treatment.	and to provide my wiedges that I	I have a "Durable Power of Att Care" at this time	
		*6*	Patient Name: * Patient Test		I have a "Living Will" at this tim     Patient has a legal guardian	
		12345678	9 0 First Last Date of Birth: * @ " 7 / 7 / 2007		Not Applicable Please select all that arche	
		R** . , ? ! '	MM DD YYYY		In addition, I acknowledge and und	erstand specially
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Pharmacy Services will be provided by the following	any legal proceeding.	Dat	*			
KabaFusion Pharmacy: * KabaFusion Pharmacy: * KabaFusion - Huntsville, AL	I am the patient, or duly authorized as general agent to execute this agreement accept its terms. Who is Signing Admission Agreement	the patient's t, and I hereby	/ 31 / 2022	1		
Pharmacy Phone Number & Address: * 360F Quality Circle Suite 530	Patient     Agent	Dit of else	ICLAIMER: Verification of benefits is not a guarantee ayment by the insurance carrier. The patient must be lible at the time of service for benefits to apply.		Success! Your submission saved!	has been
Huntsville, AL 35806	Signature of Patient/Agent: *	est pre Co	ess otherwise stated, the amount above is an imate based on the following: Company List Price, negotiated rates, or contracted rates between the mpany and your health plan. Actual benefits will be emined upon receipt of each claim. Actual charges			
Kabafusion     Other Home Health Agency	toll	are arr by arv	based upon many factors, such as pre-negotiated ounts or Maximum Allowable Cost (MAC) established your health insurance plan. For ongoing pharmacy inursing services provided by the Company, your			
Nursing Not Provided     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 nursing visits, headback, start date of the headth				
KabaFusion - Huntsville, AL O Nursing Agency Phone Number & Address: *	Printed Name of Patient/Agent: * Patient Test First Last		n's benefit period, procedure codes, or drug pricing lates.			
360F Quality Circle Suite 630 Huntsville, AL 35806	Date: *		Submit Save As Draft			
Providing Personal Information: I certify that all	MM DD YYYY.					
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**Step 6:** Review information on form

**Step 7:** Sign and complete form

Step 8: Select submit Step 9: Success page completes the process