

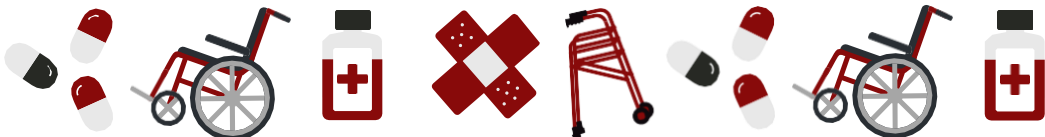


# PATIENT INFORMATION BOOKLET

**PHONE: 770-948-8826**

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**[WWW.WYATTSDME.COM](http://WWW.WYATTSDME.COM)**



# **PATIENT INFORMATION BOOKLET**

## **Objective, Purpose, Vision and Mission**

- Our **OBJECTIVE** is to continuously strive to provide the highest quality home health care equipment, supplies and services to the community and our patients.
- Our **PURPOSE** is to assist patients with proper selection of equipment or products to best meet their medical needs, as prescribed by their physician, while being mindful of our fiscal responsibility.
- Our **VISION, *We Care about Patient Care***, focuses on service that adds value to the customer.
  - ✓ We are a team and need to operate as a team every day in every location.
  - ✓ We are a care giving organization devoted to clinical and service excellence.
  - ✓ Patients are our ultimate customers, those whom we serve every day across all our communities.
- Our **MISSION** is to become the industry's leader in patient service and ease of doing business through providing home respiratory care and durable medical equipment and services to patients.
  - ✓ To our patients, our mission is to make their lives better.
  - ✓ To our referral sources, our mission is to make their lives easier.
  - ✓ To our employees, our mission is making all the difference.

## **Financial, Billing & Payment Policies & Responsibilities**

1. You are responsible for payment in accordance with the Terms of Agreement between Patient and Company (contained in this packet)
2. You must provide all insurance information necessary to file your claim and notify our office promptly of any changes or loss of insurance information necessary to file your claim and notify our office promptly of any changes or loss of insurance coverage during your service period.
3. You must pay all deductibles and the balance remaining after secondary insurance is filed.
4. We do not guarantee coverage or payment of insurance claims.
5. You are responsible for payment in full on all claims not covered by insurance.
6. We cannot guarantee any time frame for processing of insurance claims or subsequent billing from our office.
7. Assignment of benefits to a third- party does not relieve your obligation to ensure full payment.
8. We do not offer billing of tertiary payers, but we will provide all the information you need to submit the claim on your own.

### **Medicare**

1. We may accept Medicare Part B assignment, billing Medicare directly for 80% of allowed charges and billing the beneficiary the 20% payment and any deductible. We offer Electronic Claims Transmission for billing non- assigned orders. Presentation of your health insurance card is necessary.
2. You will be notified if Medicare denies payment. If you ask to keep the equipment, it may be converted to private rental.
3. If Medicare assignment is accepted, at no time will the charges on those items be more than the yearly deductible plus the 20% the Medicare does not pay. In many cases, the deductible amount and the 20% is paid by other insurance.
4. We will pursue the appeal process on Medicare claims that are denied. This will be done on non- assigned claims only if you so request. You are also advised that:
  - ✓ Inexpensive, routinely purchased durable medical equipment may be rented or purchased.
  - ✓ A minimum of one- month will be billed on all equipment rentals.
  - ✓ Rental charges will be assessed until we are notified to pick- up the equipment.
  - ✓ Any charges incidental to the use or operation of the equipment (such as electricity) are your responsibility.

## **Medicaid**

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification. Presentation of your State Beneficiaries Identification Card and personal ID are required.

## **Private Insurance**

We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information. Presentation of your insurance card and personal ID are required.

## **Managed Care**

We will provide equipment upon approval and authorization from your managed care representative. Presentation of your insurance card may be necessary. Remember, billing third party insurance **DOES NOT** guarantee payment. Financial responsibility remains with you.

### **Emergency Preparedness**

- In case of an emergency, get medical help (first aid/CPR) quickly:
  - ✓ Dial 911
  - ✓ Give the location of the emergency
  - ✓ Clearly explain what happened
  - ✓ Don't hang up
- Be prepared for emergencies:
  - ✓ Refill medication renewals promptly to ensure you have adequate supplies on hand.
  - ✓ Be sure to have an emergency back-up source/ supply for any medical equipment requiring electricity
  - ✓ Always keep a list of emergency telephone numbers available, including your medical equipment supplier – Wyatt's Pharmacy (770)948-8825
  - ✓ Have someone such as a family member or neighbor who will check on you if an emergency situation occurs.
  - ✓ Determine an evacuation route and alternatives.
  - ✓ Arrange for a friend or relative in another town to be a communication contact for the extended family.
  - ✓ Make a habit to listen to daily weather forecasts. Be aware of changing conditions.
  - ✓ Find out where the main utility switches are in your home and assign someone to turn them off in an emergency situation.
  - ✓ Have a flashlight and extra batteries nearby for power outages.
  - ✓ Keep extra blankets available in case the power goes out.

### **Infection Control in the Home**

Contact with infected body fluids, such as, blood, urine, feces, mucus, or the droplets sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Some infections are spread through items that have been contaminated by drainage from infected sore, or discharges from the nose, mouth, eyes, or genital/rectal area. Controlling the spread of infections means interrupting the way illness travels from one person to another. Maintaining a clean environment helps to keep infections under control. Maintaining personal hygiene is important to your health.

- **Clean contaminated household and medical equipment thoroughly**
- **Meet your health needs**
- **Proper hand washing reduces the transmission of infection**
  1. Wet your hands with warm water. Add soap and rub your hands to make a soapy lather.
  2. Wash the front of your hands, between your fingers and under your nails. Count to 20 seconds.
  3. Rinse well and dry hands with a clean paper towel.
  4. Turn off faucet with a paper towel, if possible.
  5. When hand washing is not possible use a 60% alcohol based hand gel.

## Preventing Falls at Home

Falls are usually caused by a number of reasons and are not just the result of getting older. About half of all falls happen at home. By making a few small changes you can reduce your chance of falling.

- **Begin a regular exercise program**
  - ✓ Exercise is one of the most important ways to reduce your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination (like Tai Chi) are the most helpful. Lack of exercise leads to weakness and increases your chance of falling.
  - ✓ Ask your doctor or health care worker about the best type of exercise program for you.
- **Make your home safer**
  - ✓ Remove things you can trip over (such as papers, books, clothes, and shoes) from stairs and places where you walk.
  - ✓ Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
  - ✓ Have grab bars put in the bathtub and on shower floors.
  - ✓ Improve the lighting in your home. As you get older, you need brighter lights to see well. Lamp shades or frosted bulbs can reduce glare.
  - ✓ Have handrails and light put in on all staircases.
  - ✓ Wear shoes that give good support and have thin non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.
- **Have your health care provider review your medicines**
  - ✓ Have your doctor or pharmacist review all the medicines you take (including ones that don't need prescriptions such as cold medicines). As you get older, the way some medicines work in your body can change. Some medicines, or combinations of medicines, can make you drowsy or light-headed which can lead to a fall.
- **Have your vision checked**
  - ✓ Have your eyes checked by an eye doctor. You may be wearing the wrong glasses or have a condition such as glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

### Medicare Capped Rental – Inexpensive or Routinely Purchased Items Notification

#### For Capped Rental Items:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include:
  - ✓ Hospital Beds
  - ✓ Wheelchairs
  - ✓ Alternating Pressure Pads
  - ✓ Nebulizers
  - ✓ Suction Pumps
  - ✓ Patient Lifts
  - ✓ Trapeze Bars

#### For Inexpensive or Routinely Purchased Items:

- Equipment in this category can be purchased or rented; however, the total amount for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include:
  - ✓ Canes/Crutches
  - ✓ Walkers/Rollators
  - ✓ Commode Chairs
  - ✓ Home Blood Glucose Monitors
  - ✓ Seat Lift Mechanisms
  - ✓ Traction Equipment

## Patient Bill of Rights & Responsibilities

- **Patient Rights:**
  1. To considerate and respectful service.
  2. To obtain service without regard to race, creed, national origin, sex, age disability, illness, or religious affiliation.
  3. To confidentiality of all information pertaining to your medical care and service.
  4. To a timely response to your request for service and to expect continuity of services.
  5. To select the home medical equipment supplier of your choice.
  6. To make informed decisions regarding your care planning.
  7. To be told what service will be provided in your home, how often, and by whom.
  8. To agree to or refuse any part of the plan of service or plan of care.
  9. To an explanation of charges including policy for payment.
  10. To voice grievances without fear of termination of service or other reprisals.
  11. To have your wishes honored as they apply to advance directives you have formulated.
  12. To have your pain assessed as it relates to the services provided.
  13. To have your communication needs met.
- **Patient Responsibilities:**
  1. To ask questions about any part of the plan of service or plan of care that you do not understand.
  2. To protect the equipment from fire, water, theft, or other damage while it is in your possession.
  3. To make sure any sources of ignition including smoking materials, matches, candles, fireplaces, gas ovens, burners or heaters are kept more than 15 feet away from any oxygen or oxygen equipment.
  4. To use the equipment for the purpose for which it was prescribed, following instructions provided for use, handling, care, safety, and cleaning.
  5. To supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered, including deductibles and copayments. You are responsible for settlement in full of your account.
  6. To be at home for scheduled visit or notify us to make other arrangements.
  7. To notify us immediately if:
    - a. Equipment failure, damage, or need of supplies
    - b. Any change in your prescription or physician
    - c. Any change or loss in insurance coverage
    - d. Any change in address or telephone number, whether permanent or temporary
    - e. Any discontinued equipment or services
    - f. To be respectful of the property owned by our company and considerate of our personnel
    - g. To contact us if you acquire an infectious disease during the time we provide service.

## Compliance Commitment to our Patients

Wyatt's is committed to complying with all Federal, state and local statutes, rules and regulations. If you have any questions or concerns regarding any of our activities, please contact our office at the telephone number at the front of this packet.

### Medicare Capped Rental

For many items of medical equipment, Medicare pays rent to your supplier for ten months, and then the supplier must send you a letter offering you to continue to rent or purchase the equipment. You must respond within 30 days. If you elect to purchase, three more months of rental is paid to your supplier by Medicare, then the item belongs to you and you become responsible for repairs and maintenance. If you chose to continue renting five additional months of rental payments are made to your supplier, then one month's rental is paid every six months following for maintenance, under the rental selection your supplier is responsible for repairs as long as you meet Medicare medical necessity criteria. Your supplier must know if you have rented or purchased similar equipment before and you must show Medicare documentation that it was returned before payment can be made to your current supplier.

### Rental Contract

I agree that all rentals are on a monthly basis and that if I wish to extend the rental of the equipment beyond the initial month, I agree to make payment for the following month on or before the due date, either at Wyatt's Pharmacy address or by mail. If the item is not returned by the monthly due date, I agree to continue the rental for an additional month and the rental charge will be due and payable immediately by me. It is agreed that title of rental equipment remains with Wyatt's Pharmacy and that I will return items immediately upon expiration of the rental period. I agree that all items have been delivered in good condition and that I am responsible for normal care of the equipment (including parts and accessories) and I agree to pay in full for any loss or damage due to accident, fire, flood, theft, wind damage, or negligence at the current fair market value. Except with the express written consent of Wyatt's Pharmacy, I agree that the rented property will be used solely by me, only at the address designated and solely for the purpose for which the property was manufactured and intended. I agree to hold harmless, defend and indemnify Wyatt's

Pharmacy against any and all liability, loss or expense whatsoever resulting from negligent or improper use of the property. I agree to immediately cease using any rented property if it becomes unsafe or is in disrepair. I will immediately notify Wyatt's Pharmacy in either case, and Wyatt's Pharmacy agrees to replace the rented property with similar property in good working condition within reasonable time. In such case, I agree to be responsible for any repair or replacement caused by my act or neglect.

### **Payment Agreement**

I understand and agree that I am responsible for ALL rental fees and other charges for equipment or services that are not covered by Medicare, Medicaid, or other medical insurance programs or plans, public or private, under which I am entitled to benefits. I agree to provide Wyatt's Pharmacy all documents and other information necessary for Wyatt's Pharmacy to obtain direct payment from such third party payers. I agree to pay all deductible amounts and other charges not covered by the assignment of benefits. I also agree to pay Wyatt's Pharmacy for all collection fees, attorney's fees, court costs, and other expenses involved in collecting any charges hereunder. I acknowledge that this assignment applies to rental of the medical equipment, sales and services listed on the Delivery Ticket included with this agreement and that administrative expenses beyond normal billing procedures may be subject to additional charges not covered by third party payors. I am aware that the need for this equipment is prescribed by my physician and neither Wyatt's Pharmacy nor the manufacturer is responsible for the effectiveness of the equipment or the success or failure of any treatment performed with the equipment. This agreement contains the entire agreement of the parties and supersedes any other discussions or agreements relating to the subject of this agreement. The customer acknowledges that he has not received any representations of promises concerning the property or the terms of this agreement other than as set forth herein. This agreement shall be governed by and construed in accordance with the laws (other than the conflict law rules) of the State of Oklahoma. This agreement may not be assigned by the customer without the prior written consent of Wyatt's Pharmacy. Wyatt's Pharmacy may assign this agreement to any successor to Wyatt's Pharmacy' business. This agreement may be amended or modified only in writing signed by both parties.

### **Warranty/Service Calls**

Wyatt's Pharmacy will repair or pick-up non-functioning rental equipment and provide a replacement at no charge. On purchased items, we honor the manufacturer's warranty and will coordinate their help, if needed. However, our normal service charge of \$95.00(minimum) per hour will be charged for pick-up, delivery and unwarranted labor. Non-warranty repairs are charged for parts and labor. I ACKNOWLEDGE THAT Wyatt's Pharmacy IS NOT THE MANUFACTURER OF THE EQUIPMENT OR THE MANUFACTURER'S AGENT AND THAT Wyatt's Pharmacy MAKES NO EXPRESS OR IMPLIED WARRANTY OF ANY KIND WHATSOEVER WITH RESPECT TO THE EQUIPMENT, ALL OF WHICH ARE HEREBY EXPRESSLY DISCLAIMED, INCLUDING BUT NOT LIMITED TO: CONDITION OF THE EQUIPMENT; THE QUALITY OR CAPACITY OF THE EQUIPMENT; COMPLIANCE OF THE EQUIPMENT WITH REQUIREMENTS OF ANY LAW, RULE, SPECIFICATION OR CONTRACTS THERETO; PATIENT INFRINGEMENT; OR LATENT DEFECTS. Wyatt's Pharmacy maintains availability by telephone during normal business hours. After hours and unscheduled service calls are subject to a minimum service charge of \$125.00. Service calls due to rental equipment problems are exempt for a service charge, but this is the only exception. Should a life threatening medical emergency arise it is suggested the patient or caregiver contact their local emergency services number for assistance, usually 911.

### **Return Goods Policy**

Pharmaceuticals, Compression Wear, Orthotics/Braces, Nursing Supplies, Enteral Supplements and Supplies may not be returned due to State and Federal Laws. Special order items will require a deposit and are non-returnable. All other equipment may be returned within 7 days of the receipt of purchase for the full amount paid IF the item is functioning, clean, and in the original packaging.

### **Grievance/Complaint Procedure**

The patient has the right to freely voice grievances and recommend changes in care or service without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Medicare Beneficiaries Complaint Log, and complete forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of the actions taken to resolve the complaint. All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company. The patient will be informed of this complaint resolution protocol at the time of set-up of service.

*Report Complaints to Wyatt's via Phone: 770-948-8826 ~ Available M-F 9am-4pm*

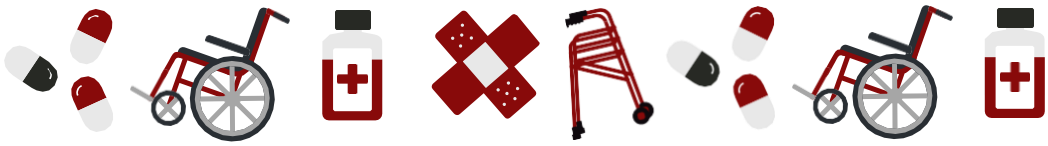
*Report Complaints to CMS(Medicare) via Phone: 1-800-633-4227 ~ Available 24/7*

*Report Complaints to ACHC via Phone: 1-855-937-2242 ~ Available M-F 8am-5pm CST*

## Medicare Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.



**HAPPY WITH YOUR  
EQUIPMENT?  
LEAVE US A REVIEW!**

