

Welcome,

Thank you for choosing Payless Medical Supplies for your medical supply needs.

It is our mission to incorporate personal care, attentive personnel and professionalism into every experience you have with us. The core of our success is inspiration, dedication, education and a value driven mission that continues on a daily basis with every client and their transaction.

Our company will treat you in a friendly, honest and respectable manner. It is very important to us that you are satisfied with our service and products. If any issue arises from our service or products, we will promptly attempt to resolve them. Please let us know if we can improve on any aspect of our services.

This booklet is designed to inform you of our various policies and procedures. Please take time to look through it and return the appropriate forms (pages 13, 14, 19) signed so we may begin processing your request. Please don't hesitate to contact us by phone between 9:AM & 8:PM EST at 1.866.533.0772 or email at info@paylessmedical.com through our website should you need anything at all.

Please visit us at www.paylessmedical.com where you can view all of our products, place orders 24 hours a day, or to learn more about us.

Sincerely,

Payless Medical Supplies



Customer/Claims Eligibility

Payless Medical LLC services all DMEPOS customers who present a valid identification certificate, physician's order for items we provide (when required), active health insurance plan(s) that have passed the eligibility process as well as those who provide other valid forms of payment, and that live within the geographical areas we are able to service.

Our company does not discriminate against anyone regardless of age, race, nationality, creed, sex, sexual orientation, diagnosis/infectious disease or disability. Our staff will show respect for your cultural background and religious beliefs. Should you feel you or your beliefs are not being respected please contact us and let us know immediately.

In order to obtain DMEPOS products/services from us that you wish to have appropriately billed to your health insurance provider you will be required to sign & return the associated intake forms presented to you by our claims team as well as your prescriber. These documents may or may not be limited to any or all the following and may be subject to changes at the discretion of your plan provider.

- Copies of active Health Insurance card(s)
- Valid, official identity certificate
- Current prescription(s) for the items requested with valid ICD 10 code (issued by prescriber)
- Certificate of Medical Necessity (CMN) (if required)
- Health record(s) relating to the product/condition for treatment
- Assignment of Benefits (AOB)
- Advance beneficiary notice (ABN)
- Financial liability/acceptance form for portions or products not covered or denied by your plan
- Waiver of benefits form should you decide to cover the cost(s) in full or in part
- Proof of delivery.
- Other required forms your plan provider may require

Claims will not be submitted nor products shipped if we have not received all of the documents your health insurance provider requires when billing or submitting claims to them.

You will receive the following information and documents at the time of initial services as part of this booklet and will be asked to sign for their receipt on the Customer Services Agreement form at the back of this booklet. Please review all of it carefully and contact us prior to authorizing us to ship your order should you have any questions or concerns.

- Customer Bill of Rights and Responsibilities
- Medicare Supplier Standards
- Contact information for Payless Medical Supplies, LLC
- Customer Grievance Process
- Customer Satisfaction Survey
- Home Safety Information
- HIPAA Privacy Notice
- Assignment of Benefits to Payless Medical Supplies LLC
- Advanced Beneficiary Notice (if applicable)
- Product information; use, safety, maintenance, cleaning and warranty
- Physician Orders (if special orders have been given)

If, for any reason, we are unable fulfill your physician's order, we will do our best to explain why and if applicable and at your request either bill you directly for your products or if necessary refer you to another provider.

Communicating with you or authorized agent

As we process your request(s) we may need to contact you. If we or your health plan provider require additional information or need to update you on your file, we will take any steps necessary to communicate with you. Methods we may attempt may or may not include telephone, email, fax or postal services. When speaking to our product specialists or claims department please notify them of your preferred method to reach you along with best times to reach you. If you would like to authorize additional contacts for us to reach on your behalf please also let us know so we may add these contacts to your file. Unless first authorized by you, we will not discuss your information, products or treatment with any other persons at any time regardless of their relationship with you. We can offer information in English as well as translation services in approx 240 languages. Translation services may or may not include a service fee. Please let us know if you or the individual you represent will require this service so we may discuss any fees prior to service.

If any customer visiting our store location or DMEPOS home delivery customer shows signs of distress or seem in need of emergency services, it is our policy to call 911.

Although we hope that you are happy with our services, we also understand that there may be times or situations whereby you may be required to utilize a different provider for your DMEPOS.

In the case of an insurance policy restriction/change where we cannot complete the service with your insurance provider, or you move to an area outside of our service area; we will transfer necessary information to your new provider to assure a smooth transition upon receipt of your written request to do so.

CUSTOMER BILL OF RIGHTS AND RESPONSIBILITIES

As a customer of Payless Medical Supplies you are entitled to:

- Be fully informed in advance about care/products to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, both orally and in writing, in advance of care/product being provided, of the charges, including payment for service/product expected from third parties and any charges for which you will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations of those services/products
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment or products after the consequences of refusing care or treatment or products are fully presented
- Be informed of your rights under state law to formulate an Advanced Directive, if applicable
- Have your property and person treated with respect, consideration, and recognition of dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of your property
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or services without restraint, interference, coercion, discrimination or reprisal
- Have grievances/complaints regarding treatment or care or product that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the customer record and of Protected Health Information
- Be advised on company's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities
- Have grievances/complaints regarding products that are (or fail to be) furnished, or lack of respect of property investigated

Your Responsibilities, you agree:

- That rental equipment will be used with reasonable care, not altered or modified and returned in good condition (normal wear and tear expected), if applicable
- To report any malfunctions or defects in rental equipment immediately so that repair or replacement can be made, if applicable
- To provide access to rental equipment for repair/replacement or pick up, if applicable
- To utilize equipment provided in accordance with your physician's orders
- To keep rental equipment at the location given at the time of rental and not to remove it to any other location unless authorized by the provider, if applicable
- To notify provider immediately of any hospitalizations, change in address, insurance, telephone #, or physician, or if you do not need the equipment any longer, if applicable
- To sign an assignment of benefit for all insurance payers to provider
- To accept financial responsibility for all HME/DME / medical supplies not covered by your health plan provider.
- To accept and remit payment to Payless Medical LLC for all co-pay and co-insurance fees as outlined by your health plan provider and according to our policy.
- To pay replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect
- Not to modify rental equipment, if applicable

- That the title of rental equipment remains with Payless Medical Supplies LLC until such time the equipment is purchased and paid in full
- That Payless Medical Supplies LLC shall not insure or be responsible to you for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, fire or act of God.
- That the provider retains the right to refuse delivery of service/equipment at any time
- Payless Medical LLC will make every reasonable attempt to reach you should you be required to pay any outstanding or applicable fees, should we not be able to reach you or you fail to respond to our request for payment within 14 business days we will utilize and process payments by utilizing the credit card number issued to us by you.

Notice Of Privacy and Procedures

Payless Medical Supplies LLC
Tel: 866.533.0772
Email: privacy@paylessmedical.com

Postal Address: 300 Dominion Drive, Suite 425-A
Morrisville, NC
27560

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any addition questions or concerns please contact us with the information above.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Privacy Rights explained

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to a health or safety situation.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, however you may request that we not contact you for these efforts.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition. Run our organization We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research. Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted at our location.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

MEDICARE DMEPOS 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 and cannot contract with an individual or entity to provide licensed services.
 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. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
 4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from 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. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
 12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
 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 directly, or through a service contract with another company, 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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
 17. A supplier must disclose to the government 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 implementing 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 of those specific products and services (except for certain exempt pharmaceuticals). *Implementation Date - October 1, 2009*
 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. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date- May 4, 2009*
 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 C.F.R. 424.516(f).
 29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
 30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.
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Palmetto GBA
National Supplier Clearinghouse
P.O. Box 100142 • Columbia, South Carolina • 29202-3142 •
(866) 238-9652

A CMS Contracted Intermediary and Carrier

If you have any questions regarding these CMS / Medicare Supplier Standards, please call our office

Payless Medical Supplies LLC

**CUSTOMER SERVICE AGREEMENT, AUTHORIZATION FOR PAYMENT
and RELEASE OF INFORMATION**

Customer Name: _____ Address: _____

Product Description(s): _____

SN# _____ DL # _____ Phone # _____

Primary Insurance Provider: _____ Policy# _____

Secondary Insurance Provider: _____ Policy# _____

Tertiary Insurance provider: _____ Policy# _____

Assignment of Benefits

I request that payment of Medicare/Medicaid or insurance benefits be paid to Payless Medical Supplies LLC on my behalf for all covered products/services furnished to me by Payless Medical Supplies LLC.

Patient signature _____ Print _____

Must be signed by patient or a legally authorized representative.

Release of Information

I authorize Payless Medical Supplies LLC as holder of medical information and records about me, to release to the Center for Medicare and Medicaid Services (CMS), its Agents, third party payers, my private health insurance plan(s) or persons in the ordinary course of ensuring compliance with applicable quality of care, licensure or accreditation standards and to other persons only as authorized by law any information needed to determine these benefits payable for related services.

Patient Signature _____ Print _____

Must be signed by patient or a legally authorized representative

I understand that I am fully responsible for any and all expenses incurred by me or on my behalf as prescribed by my physician that are not covered by my insurance. In the event Medicare or my private insurance plan is the only type of insurance paying for this product(s), I understand that I am responsible for the co-payment/ co-insurance or other predetermined co-payment/ expense amount as outlined by my plan PLUS other financial responsibilities that may include:

- Annual deductibles (if not met)
- Rental/purchase price for equipment and/or supplies (if not covered by present insurance)
- If I receive payment directly from an insurance company for products provided by Payless Medical Supplies. LLC., it is my responsibility to forward payments and statements of paid services to them immediately upon receipt of such funds.
- Payless Medical LLC will make every reasonable attempt to reach you should you be required to pay any outstanding or applicable fees, should we not be able to reach you or you fail to respond to our request for payment within 14 business days we will utilize and process payments by utilizing the credit card number issued to us by you.

I may request a detailed statement of my account at any time, by contacting the above mentioned supplier.

I verify that I have received proper instructions regarding the safe operation, cleaning and maintenance of equipment/supplies provided and a copy of the manufacturer warranty information of items purchased (If applicable).

I further verify that I have received information including a Customer Bill of Rights and Responsibilities, Medicare Supplier Standards (if applicable), Company contact information, Customer Satisfaction Survey, HIPAA Privacy Notice, Capped Rental Information (Medicare Rentals) (if applicable), Customer Grievance Process, Home and equipment safety information, equipment cleaning instructions (if applicable), prevention of infection, emergency preparedness information, emergency contact phone numbers, and the scope of services provided and associated fees.

_____ Date _____
Customer Signature

Print Name _____

_____ Date _____
Signature and Relationship (if not customer and legal capacity)

Print Name _____ Phone # _____

CUSTOMER SATISFACTION SURVEY

We are here to serve you. We would like to continue serving you in a manner which you would like. In order for us to do that, we need your input. Please take a moment and tell us how we are doing. Check the response that matches your experience. If you require additional information please call us or visit us online at www.paylessmedical.com

Date of Completion: _____

Our Staff	Highly Satisfied	Satisfied	Dissatisfied
The staff were knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff were courteous and professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff fully explained services/items to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff explained safety features of item(s) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Our Company

The staff informed me of contact information during and after hours (Page 1 of this booklet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff informed me of my rights and responsibilities and any financial obligation as contained in this booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product was received timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments you would like to make: _____

If you would like to receive a personal response to your additional comments, please complete the following information. Otherwise, this information is optional.

Yes, please respond to my additional comments via mail or telephone as indicated below

Name _____ Telephone # _____

Address _____
Street
City
State
Zip C

CUSTOMER GRIEVANCE PROCEDURE

We take your business very seriously and we strive to give you the best service possible. However, if, in any event, we have failed to do that, please follow this procedure:

- 1) Call or email our office and make your grievance known to the Customer Service Representative as soon as possible. Call – 1.866.533.0772 or email privacy@paylessmedical.com
- 2) The CSR will attempt to resolve your grievance, if a resolution cannot be agreed upon, the grievance will be forwarded to the Manager for final resolution.
- 3) You are entitled to a written copy of the resolution upon request.

IF YOU HAVE ANY QUESTIONS REGARDING THIS PROCEDURE PLEASE ASK FOR FURTHER EXPLANATION

If you feel your grievance has not been properly handled or satisfied call one of the following:

Your State AG office for Consumer Complaints
Accreditation Company: ACHC Cary, NC Tel: 919-785-1214
Medicare Fraud Hot Line: Tel: 1- 800-447-8477

STATEMENT OF WARRANTY

All products sold or rented by our company carry and or contain a manufacturer's warranty. We will notify all customers of the warranty coverage and will honor all warranties under applicable law. We will repair or replace, free of charge, equipment that is under warranty. In addition, an owner's manual with warranty information (when available from manufacturer) will be provided to or included in customers' item packaging for all Home Medical Equipment (DMEPOS).

SAME OR SIMILAR EQUIPMENT

Medicare rules state that the expected life of a piece of DMEPOS (Home Medical Equipment) is Five (5) years. Medicare will not pay for same or similar equipment within that five (5) year time frame. When obtaining DMEPOS from our company we will ask you if you have had same or similar equipment within the past 5 years. If you have, we have the right to ask you to sign an Advanced Beneficiary Form (ABN) stating that you have had same or similar equipment within the past five (5) years and require that you pay for the equipment at the time of delivery. We will accomplish this by completing a non-assigned claim on your behalf. You will pay the Usual and Customary charge for the item. We will submit a non-assigned claim to Medicare on your behalf and Medicare will reimburse you directly based on 80% of their allowed amount for the item. In the case you have Medicaid as a secondary payer, we will take assignment on the claim and bill Medicare for denial and forward balances to your secondary carrier. In either case, you will be required to sign an ABN stating that you accept full financial responsibility if the claim is denied for the reason on the ABN.

INFECTIOUS DISEASE EFFECTIVENESS REPORTING

Payless Medical Supplies, will maintain a private log of all infectious diseases incidences of staff and/or customers.

The Infection Disease Log will be reviewed at PI meetings on a quarterly basis and a summary report completed by the PI Coordinator. Follow up action will take place if warranted to eliminate internal company causes of any infection. Follow up action will be logged on the **Infection Control Log**.

Payless Medical Supplies, will report all communicable diseases to the state health department If/when they are discovered within our operations. If you suffer from such illness please notify us immediately so we can better assist you and reduce possible exposures.

A representative listing of diseases which are typically considered to be reportable (not completely inclusive of all):

- AIDS
- Anthrax
- Botulism
- Chickenpox
- Chlamydia
- Cholera
- Influenza
- Lyme's Disease
- Malaria
- Measles (Rubeola)
- Meningitis (Aseptic)
- Meningitis (Baterial)
- Mumps
- Pertussis (Whooping Cough)
- Plague
- Poliomyelitis
- Rabies
- Rubella (German Measles)
- Salmonella Infection
- Smallpox
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis

Family Safety Tips

Disaster Preparedness Checklist:

- Important medical, family contact and insurance information
- Water (2-week supply at home, 3-day supply if evacuating - 1 gallon per person, per day)
- Food (2-week supply of nonperishable food at home, 3-day supply if evacuating)
- Non-electric can-opener
- Battery powered radio
- Flashlights
- Extra batteries
- Two-week supply of prescription medication & list including dosages and allergies
- Mosquito repellent
- First Aid Kit
- Water purification kit (tablets, plain chlorine and iodine)
- Pre-moistened towelettes
- Antibacterial wipes and/or hand sanitizer
- Walker, wheelchair, and other medical equipment (talk to medical equipment company prior to determine needs for battery or electric powered devices, register with the power company if electricity required for Oxygen or special needs)

If you evacuate, also take:

- Bedding
- Extra clothing and shoes
- Eyeglasses
- Folding chair or cot
- Extra hearing aid batteries
- Walker, wheelchair, and other medical equipment
- Important papers (in a waterproof container)
- Driver's license
- Special medical information
- Medical insurance and Medicare cards
- Insurance policies
- Family and physician contact numbers
- List of style and serial numbers of medical devices, i.e. pacemaker

Precious commodities before and after a storm:

- Water
- Cash
- Ice
- Telephone or 2 way radios
- Charcoal
- Wooden Matches
- Grill
- Fill car's gas tank

GENERAL SAFETY IN THE HOME

When utilizing the medical equipment your physician has ordered and our company has provided for you, there are certain precautions to consider to ensure your personal comfort and safety.

Always use the equipment in the same way you were instructed to do by our company representative and follow your doctor's orders.

- Locate and remember where all exits in your home are so you can escape in case of a fire
- Install smoke detectors on each floor of the home
- Keep a fire extinguisher in your home (each floor of the home is recommended)
- Make sure there is easy access to a phone at all times
- Do NOT use extension cords to plug in your Home Medical Equipment
- Only use properly grounded electrical outlets for your Home Medical Equipment
- NEVER remove the 3rd prong of a 3 prong electrical plug in order to utilize a 2 hole electrical receptacle. Use a 3 prong to 2 hole adapter if necessary
- Do NOT place electrical cords or Oxygen tubing in areas where people walk
- Do not use multiple plugs in a single outlet
- Check to be sure your power source is large enough to meet or exceed the electrical requirements of your Home Medical Equipment
- If your Home Medical Equipment is in need of repair; do not continue using. Call us immediately
- ALWAYS remember to apply the safety locks on wheelchairs and hospital beds before getting in or out of them
- Remove throw rugs that may cause slipping or tripping hazards
- Avoid slippery/wet or uneven surfaces
- Rearrange or remove furniture that may cause a tripping or blocking hazard
- Install night-lights to help you find your way in the dark or at night
- Install grab bars on the shower wall and non-slip footing strips inside the tub or shower
- Use non-slip rugs on the floor to prevent slipping
- Have a plumber lower the temperature setting of your water heater so you do not accidentally scald yourself if you have difficulty sensing hot and cold
- Remove commonly used small appliances from high cabinets and store on the counter
- Keep a chair in the kitchen near your counter area if you have difficulty standing
- Use padded mitts to firmly grasp hot pans and pots on both sides
- When at the stove, be sure any oxygen tubing or feeding tubing do not come in contact with heat of the burners or oven
- Install ramps for entrance and exit of your home if you are using a walker or wheelchair
- Keep all disposable supplies in clean, cool, dry areas and do not open packaging until you are ready to use.
- ALWAYS use Home Medical Equipment and Supplies ONLY as instructed
- Report all incidents, accidents and possible safety hazards involving your Home Medical Equipment to us immediately

WHO TO CALL IF YOU HAVE AN EMERGENCY: Fire, Police, Ambulance: 911

Special requests or notes you wish to have added to your file

Additional Authorized contact(s) please print:

Name: _____

Relationship to you: _____

Doctor / prescriber (if not already on file): _____

Address: _____

Phone #: _____

Your Preferred communication method: _____

Best times to contact you: _____

Any days or holidays you wish not to be contacted:

Special delivery requests or instructions: _____

Other health conditions (optional)

Additional Notes:

