

PATIENT DEMOGRAPHICS

Last First MI

PATIENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ SEX: M__F__ MARITAL STATUS: _____

EMAIL: _____ HEIGHT: _____ WEIGHT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

ARE YOU DIABETIC: YES or NO IS THIS A WORK COMP CLAIM: YES or NO

PRESCRIBING PHYSICIAN: _____

PRIMARY CARE DOCTOR: _____

PRIMARY INSURANCE: _____

ID# _____ GROUP# _____

SECONDARY INSURANCE: _____

ID# _____ GROUP# _____

I authorize ProsthetiCare and its' staff to disclose/receive my heath information for the purpose of treatment and payment of prescribed items. Please list restrictions, if any: _____

I hear by authorize benefits, and payments under any insurance policy or private payment be paid directly to ProsthetiCare. I agree to be fully and personally responsible for any balance my insurance carrier does not pay. I realize it is my responsibility to know the provisions of my health care insurance plan. I agree to be responsible for any court, attorney, and collection fees associated with the collection of any debt. All copayments, deductibles, and payment for items or services are due in full prior to delivery. By signing below, I agree with the above information and that I acknowledge I may receive a copy of the Notice of Information and the National Supplier Standards from the Region C DMEPOS (for Medicare patients) upon request from the receptionist.

SIGNATURE

DATE

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of ProsthetiCare Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of ProsthetiCare duties with respect to my protected health information.

ProsthetiCare reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing the ProsthetiCare website www.prostheticare.com

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

PATIENT/CLIENT BILL OF RIGHTS

As an individual receiving orthotic and prosthetic services from ProsthetiCare , let it be known and understood that you have the following rights:

- 1. To select those who provide you orthotic and prosthetic services.**
- 2. To be provided with legitimate identification by any person or persons who enters your residence to provide home care services for you.**
- 3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.**
- 4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing our Company who provides treatment or services for you, and be free from neglect or abuse be it physical or mental.**
- 5. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.**
- 6. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.**
- 7. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.**
- 8. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, or risks of treatment.**
- 9. To receive treatment and services within the scope of your health care plan, promptly and professionally, while being fully informed as to our company's policies, procedures, and charges.**
- 10. To refuse treatment, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.**
- 11. To request and receive data regarding treatment or services or costs thereof privately and with confidentiality.**
- 12. To request and receive the opportunity to examine or review your medical records.**

I have received and understand the rights afforded me as a patient/client.

Signature of Patient/Client

Date

Signature of Practitioner

Date

Name of Beneficiary_____

(Patient's name)

HICN_____

(Primary Insurance)

I request that payment of authorized benefits be made on my behalf to ProsthetiCare for any services furnished. I authorize any holder of medical information about me to release to the Health Care Financing Administration (HCFA), or to my insurance company and its agents any information needed to determine these benefits or the benefits payable for related services.

I understand that this company, as a courtesy to me, will make every reasonable effort to bill all of my insurance companies for payment of my account. I understand that any remaining balance is my responsibility.

Signature_____

Date_____

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.
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.

MEDICARE DMEPOS SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.