

Order



Order #: 1,527

Order Date: 4/28/2008

Deliver To: Snodgrass, Suzy 1238 Buffalo Schenectady, NY 12345 (123)987-4560	Ordered From: DMEWorks! PO Box 8210 Fleming Island, FL 32006 (866)363-9679
Account # 921	

<u>Code</u>	<u>Description</u>	<u>Quantity</u>	<u>Units</u>	<u>Price</u>	<u>Amount</u>
				* taxes included	Total Billed

DMEWorks! IS NOT RESPONSIBLE FOR ACCIDENTS OR INJURIES

I have been instructed on how to use the equipment I have received.

I have been instructed on the manufacturer's warranties, if applicable.

I have received copy of the Supplier Standards and HIPAA notice.

I have received and understand my Patient Bill of rights and Patient Responsibilities

I have received and understand the Assignment of Benefits form.

I have not received any of the above listed equipment from any other provider. I understand that I am responsible for the charges or balance of charges associated with the rental and/or purchase (as indicated) of the above listed equipment if all or part of the associated charges are not covered by my insurance. I further understand the anticipated allowable charges for the listed equipment and understand my responsibility for any co-payments and deductibles.

Suzy Snodgrass Signature (or Suzy Snodgrass's Representative)

Date

Print Representatives's Name

Relationship and Reason for Signing

DMEWorks!'s Representative

Date

HCFA MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This list is an abbreviated version of the application certification standards that 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.R.F. pt 424, sec. 424.57(c) and are effective on December 11, 2000.

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. 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, and State health care programs, or from any other Federal procurement or no 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.
8. A supplier must permit HCFA, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
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 or cell phone 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 calling beneficiaries in order to solicit new business.
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 contact 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.
implementing regulations.
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 HCFA any information required by the Medicare statute and implementing regulations.

CUSTOMER BILL OF RIGHTS

We believe that all customers receiving services from DMEWorks! should be informed of their rights. Therefore, you are entitled to:

1. be treated with dignity, courtesy, friendliness, and to have your personal property respected.
2. Receive reasonable coordination and continuity of services from the referring agency to home medical equipment services.
3. Receive a timely response from when home care equipment or additional information is needed or requested.
4. be fully informed of DMEWorks! policies, procedures and charges for services and equipment, including eligibility for third party reimbursement.
5. Receive an explanation of all forms you are requested to sign.
6. Receive home care equipment and services regardless of race, religion, political belief, sex, social status, age or handicap.
7. Receive proper identification from personnel providing services.
8. Participate in decisions concerning home care equipment needs, including the right to refuse service within the confines of the law.
9. Participate in decisions surrounding the formulation of advance directives (i.e., living wills) and/or the consideration of ethical issues that may arise.
10. Have all of your records (except as otherwise provided for by law or third party payer contracts) and all communications, written or oral, treated confidentially.
11. Access to all health records pertaining to you and to challenge and have your records corrected for accuracy.
12. Express dissatisfaction and suggest changes in any service without fear of coercion, discrimination, reprisal or unreasonable interruption in service.
13. Receive information on DMEWorks!'s mechanism for receiving, reviewing and resolving complaints or concerns.
14. Be assured that your rights are honored by all DMEWorks! Staff.

Customer Responsibilities

1. Customer agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition (normal wear expected). Rental equipment shall at all times remain the property of DMEWorks!.
2. Customer agrees to promptly report to DMEWorks! any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
3. Customer agrees to provide DMEWorks! access to all rental equipment for repair/replacement, maintenance and/or pick-up of the equipment.
4. Customer agrees to use the equipment for the purpose so indicated and in compliance with the physician's prescription. Customer agrees to keep the equipment in their possession and at the address to which it was delivered unless otherwise authorized by DMEWorks!.
5. Customer agrees to notify DMEWorks! of any hospitalizations or change in health insurance, address, telephone number, physician, or when the medical need for rental equipment no longer exists.
6. Customer agrees to accept all financial responsibility for home medical equipment furnished by DMEWorks!.

Assignment/ Signature on file Agreement

I request that payment of authorized medical benefits be made to DMEWorks! for any covered service furnished to me. In cases where DMEWorks! agrees to accept assignment, DMEWorks! will accept the charge determination as the full charge for the covered services. I am always responsible for the deductible, co-insurance and unassigned uncovered services. I agree to pay DMEWorks! any payment made directly to me by insurance for services provided by DMEWorks! on an assigned basis. I understand that DMEWorks! does not accept returned merchandise if worn, used for sanitary or hygienic purposes, or if it is disposable. All rental equipment shall remain the property of DMEWorks!. It is my responsibility to inform DMEWorks! if I relocate, no longer need the equipment, or am admitted to a hospital or nursing center. I shall also inform DMEWorks! if the equipment is not working properly. I agree that in the event my insurance or other third party payor refuses to pay the rental or purchase price of the equipment or service that I will be responsible for those payments or shall return the equipment involved.

Patient's or Authorized Person's Signature

I authorize the release of any medical or other insurance information to process this claim. I also request payment of government benefits either to me or to DMEWorks!

Signature _____