ARTHEON MEDICAL

Hello from the Artheon Family!

We're excited to support you on your diabetes journey. Here are a few things to know as you get started (or as a friendly reminder if you're already part of our family):

- Your supplies are sent straight to your doorstep every **30–90 days**, automatically—so you can focus on living, not logistics.
- We'll send you a **text update** as soon as your CGM is on the way.
- If you ever need us—whether it's about a shipment, a resupply, or simply a question—just give us a call at **(813) 367-1110**. One of our dedicated team members will be happy to help.

You're never alone in this—welcome (or welcome back!) to the **Artheon** family.

If Your Sensor Stopped Working or Fell Off!
What Should You Do?

We understand that quality control issues can happen. If your CGM sensor is damaged or not functioning properly, don't worry each CGM manufacturer has a simple replacement process to address these concerns and improve their products.

FreeStyle Libre

Freestyle Libre Users: Contact Abbott Customer Service at:
(855) 632-8658

dexcom

Dexcom G7 Users: Contact Dexcom Customer Service at:
(888) 738-3646

If you have any questions or have trouble reaching your manufacturers dedicated line, please give us a call at: **(813) 367-1110**

Need help applying your sensor?

Simply scan the QR code below to visit our website for easy, step-by-step instructions on how to apply your new sensor - or, if you prefer, go directly to artheonmedical.com

Date:

Dear Patient,

We are pleased to welcome you to Artheon Medical.

Along with the enclosed care & use instructions, we have included a patient packet for you to review and sign. We need you to complete your demographic information on the intake (page 1) with a signature showing you have received and accept the attached forms. Please also complete the satisfaction survey and return that to us.

The forms you are receiving in this packet are: Our welcome letter, 30 Supplier Standards, HIPAA HI-TECH PRIVACY NOTICE AND AUTHORIZATION, Warranty & Return policy,Capped Rental P/O Letter (if applicable), satisfaction survey and notification of how to voice a complaint or report suspected fraud, waste or abuse. Please return this form to us via US Mail, email or fax.

Address: 412 E Madison St, Ste 903 Tampa FL 33602 United S
Email: _____
Fax: _____

We are here for all of your medical equipment needs. Please contact our office at (813) 367-1110 from 9 AM-5 PM Monday through Friday if you have any questions, concerns or complaints. We are here to help!

We thank you for choosing us for your healthcare needs and look forward to supporting you on your health journey.

Warm regards,

Artheon Medical

Provider Name Artheon Medical
Address 412 E Madison St, Ste 903 Tampa F
Phone (813) 367-1110

A- Patient Information

Name Gender Date of Birth SS#

Address 1 Address 2

City State Zip Phone Cell

Patient Email Address

Item(s) received

D-Assignment of Benefits -Consent to Communicate-Proof of Delivery

Assignment of Benefits-Form acceptance

We perform billing of Medicare, Medicaid and other insurances as a service. I certify that the information given to me in applying for payment under title XVII of the Social Security act is correct. I authorize any holder of medical or other information about me to release it to the Centers for Medicare/TPL and Medicaid Services or its agents any information needed for this or a related Medicare/TPL claim. I request that the payment of authorized benefits be made on my behalf. I assign benefits payable for services to be paid to Provider or authorize Provider to submit a claim to Medicare/TPL for payment to me. Assignment of Medicare/TPL claims does not mean that Medicare/TPL pays your entire bill. Patient's responsibility on assigned Medicare/TPL claims includes payment of: Annual Medicare/TPL deductible, 20% co-insurance or TPL copay or deductible on approved services, Non-covered services or Services rendered under an ABN, covered, but not paid by Medicare/TPL. For those with Medicare and Medicaid, Medicaid may pay for all approved and covered items that Medicare does not pay for. *You will never be billed for Medicare/Medicaid approved services that we provide to you unless you have a share of cost responsibility.* This notice describes how health information may be used and disclosed and how a patient can get access to their health information. I have been advised by Provider to read this document and to forward any questions to their Compliance Officer at the above number. I consent to receiving services from this provider and to receiving the following documentation: 30 Supplier Standards, Care & Use paperwork for products I received, Warranty Return policy, Capped Rental P/O Letter (if applicable) and notification of how to voice a complaint. I authorize any holder of medical records and/or any information necessary to determine benefits and payment on my behalf, to release it to this provider for any request made by them or my insurance carrier. I permit a copy of this authorization to be used in place of the original. I authorize and request the disclosure of all protected information for the purpose of review and evaluation in connection with a legal claim. I expressly request that the designated record custodian of all covered entities under HIPAA HI-TECH PRIVACY NOTICE AND AUTHORIZATION identified above disclose full and complete protected medical information. This protected health information is disclosed for all healthcare related purposes. I consent to receiving a copy of the HIPAA HI-TECH PRIVACY NOTICE AND AUTHORIZATION, which is given in compliance with the federal consent requirements. The informed consent requirements in this policy are not intended to preempt any applicable federal, state, or local laws which require additional information to be disclosed for informed consent to be legally effective. Nothing in this policy is intended to limit the authority of a physician to provide emergency medical care, to he extent the physician is permitted to do so under applicable federal, state, or local law. The information released in response to this authorization may be re-disclosed to other parties. My treatment or payment for my treatment cannot be conditioned on the signing of this authorization. Any facsimile copy or photocopy of the authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect until revoked by me. By signing above, I acknowledge receipt and acceptance of the items listed above. I consent to receiving my medical supplies from this supplier. If I have any questions or concerns, I will contact them to discuss my options.

Customer Signature Date

Person signing on behalf patient Realtionship to patient Date

Copy to Patient

Provider Name Artheon Medical
Address 412 E Madison St, Ste 903 Tampa FL 33602 U
Phone (813) 367-1110

Capped Rental /Purchase Option Letter

****

Patient Name: _____ DOB:_____

HCPC: _____

Capped Rental Option (only when you give patient capped items) I select the:

Purchase Option ____☐_____ Rental Option ____☐_____

Services on or after January 1, 2006. I received instructions and understand that Medicare/TPL defines the _____ that I received as being either a capped rental or an inexpensive or routinely purchased item.

FOR CAPPED RENTAL ITEMS ONLY:

Medicare/TPL 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/TPL beneficiary.

FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- After ownership of the equipment is transferred to the Medicare/TPL 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, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.
- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include: Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

Patient Signature: _____ Date: _____

Copy to Patient

Provider Name Artheon Medical
Address 412 E Madison St. Ste 903 Tampa Fl
Phone (813) 367-1110

We are pleased to be providing you with all your Durable Medical Equipment needs. We will always do our best to provide you with high quality care and extraordinary customer service along with superior professionalism. We provide a full range of home care products and support services for our patients / customers based on their individual needs. We strive to conduct our patient care operations with the strictest of standards as is required of a nationally accredited, premier provider of regional home care services.

The information contained in the following pages has been prepared to inform you of our policies and procedures. We are required to inform you of your rights and our policies according to federal and state law. Please be sure to promptly sign and return the Patient Intake-Assignment of Benefits -Consent to Communicate-Proof of Delivery form in this packet. You may keep a copy along with the rest of the documents for your own reference.

Healthcare fraud has been identified as a nationwide problem that costs taxpayers billions of dollars each year. We want you to know that our staff continually undergo training so that they understand and comply with government rules and regulations regarding Medicare. We strive to achieve the very highest standards of ethics and integrity in performing services for our Medicare and patients. It is our policy to properly determine accurate compensation for our services in accordance with the governmental rules, laws, regulations and fee schedules. We want to ensure that our practice never contributes in any way to the growing problem of improper Medicare expenditures. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any Medicare Service or billing errors. Our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any billing or service problem so that we may remedy the situation promptly.

After Hours / Emergency Service
Supplier ensures back-up equipment, maintenance, or replacement when an equipment malfunction occurs. It does so by providing access to emergency personnel 24 hours a day, 7 days a week. Equipment may be considered standard, emergent, or non-emergent.

- Standard equipment are devices that are not considered life sustaining; however, the device is used on a daily basis. It includes but is not limited to hospital beds and mattresses, patient lifts, wheelchairs, and wound pumps.
- Emergent equipment are devices that are considered life sustaining and includes oxygen, ventilators, suction, PAP machines with respiratory rates, cough assists, enteral pumps and supplies, apnea monitors, and bilirubin lights.
- Non-emergent equipment are devices that may or may not be used on a daily basis, and the patient can wait until regular business hours for service. This includes CPAP / BiPAP and supplies, ambulatory aids, commodes, diabetic meters and supplies, nebulizers and supplies, and medical / surgical supplies.

Note: Even though you may have received a copy of this information in the past, these documents may have been updated or revised since the last time you viewed them.

Medical equipment maintenance service or replacement will be completed within 24 hours of a call when no back-up medical equipment has been placed in the patient's residence. Emergent medical equipment provided by our office will be serviced or replaced within four hours of a reported event. In the event we cannot meet the four hour response time for emergent equipment and no back up equipment is available in the home or the patient needs immediate medical help, patients will be advised to call 911 or go to the nearest emergency room for care. For all patients with oxygen concentrators, a back-up supply of oxygen is given to each patient to ensure no interruption in prescribed oxygen use. Supplier considers its maximum response time when evaluating the required amount of back-up oxygen needed. Supplier will ensure the back-up oxygen system provides continuing support for a minimum of 4 hours at the prescribed rate, frequency, and duration.

Billing and Payment Policies
Our office will accept assignment of benefits for most primary insurance carriers, on behalf of patients for services provided. All Medicare Part "B" claims are electronically submitted for processing. Once Medicare "B" has paid their portion of a claim, Supplier will bill supplemental insurances and the patient for any unpaid portion. Third party billing is not an obligation of Our office but rather a service offered to our clients provided we receive all necessary approval signatures when the service begins. **Medicare:**
Our office will accept Medicare Part "B" assignment for most services, billing Medicare directly for 80% of the allowable and billing the beneficiary or a third party for 20% co-pay and associated deductibles.
Medicaid:
Our office 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 identification will be required.
Private Insurance:
Our office may bill private insurances upon verification and approval of coverage status and medical justification. The patient/client is responsible for providing all necessary insurance information. Presentation of your insurance card and personal identification are required when billing private insurance carriers.
Managed Care:
Our office will, upon approval and authorization from the managed care provider, accept assignment on most services of managed care claims for processing once all appropriate identification has been established.
Waiver of Deductible and Coinsurance:
A patient's deductible will not be waived under any circumstance. A small payment each month will suffice if full payment cannot be made at the times of service.
The coinsurance may be waived only on rental items if the patient has been billed more than three times, and can document that they are still in need of the equipment and cannot financially afford to pay for their share of the rental. A Our office financial assistance form must be completed and letter substantiating that the patient is unable to pay must be written and signed by the patient. Patients must also understand that if at any time their ability to pay changes, they are obligated to fulfill their financial obligation.
Reimbursement Deductible:
The Medicare Part "B" deductible is taken from claims in the order that Medicare processes them, not necessarily in service date order. The Medicare Part "B" deductible is satisfied by using Medicare's allowed charges, which does not always equal the actual charges billed by the supplier. At the beginning of each year, you may be requested to pay Medical Equipment your Medicare deductible amount. Our claims are filed the same day of each month as long as the equipment is in the home, and for this reason our bills enter Medicare's system often before the doctor's office or hospital.
Signature Requirements: We require your permission to discuss your treatment options with you. By accepting this consent form either on paper or through another means, you agree that you have initiated contact with our office to speak to someone about the options available to you. This initial contact by you may have been made because you received information through an email, a brochure you received in the mail, a television advertisement or a face to face referral to discuss the specific types of products available to you to treat your condition. The person who will be speaking with you to discuss your options, is in no way employed by or contracted with CMS, Medicare or the Federal Government. By providing my e-mail address or telephone number, I agree that if necessary, a representative on behalf of your office may contact me.

Our office may obtain from the patient and retain on file a lifetime authorization for the submission of equipment rental and/or purchase claims in the patient's behalf. When a beneficiary's signature is required and he/she is unable to sign, we can accept the following:

- A delivery ticket, education materials, assessments, or other documents signed and witnessed by another person.
- An Advanced Beneficiary Notice (ABN) signed by another person. The person signing should sign patient's name, his/her own name, and relationship to the patient.

Copy to Patient

HIPPA PRIVACY NOTICE

Provider Name Artheon Medical
Address 412 E Madison St. Ste 903 Tampa Fl
Phone (813) 367-1110

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed and how youcan get access to this information. **Please review it carefully.**
"Protected health information "(PHI) is information about you, including demographic information,which may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present orfuture payment for the provision of health care.

Your Rights Regarding Your PHI
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 have 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

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 laws that may be in place now or in the future

Your Rights
When it comes to your health information, you have certain rights. This section explains your rightsand 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 yourrequest. 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 will 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 willsay "yes" unless a law requires us to share that information. **Get a list of those with whom we have shared information**
You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will 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 noticeelectronically. 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.
File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting us
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.

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
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 health or safety.

Copy to Patient

In these cases, we never share your information unless you give us written permission: Sharing of psychotherapy notes

Our Uses and Disclosures
IF you give us permission, how would 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: Your physician and I may need to coordinate your care.
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 orother 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 contributeto the public good, such as public health and research. We have to meet many conditions in the lawbefore we can share your information for these purposes. For more information see:www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.
Help with public health and safety issues
We can share health information about you for certain situations such as:
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 are complying with federal privacy law.
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

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 orsecurity 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 wecan 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**.**

Confidentiality, Electronic Media, and Protected Patient Information Required Guidelines: HIPAA and Electronic Medical Record Access

• Our office personnel assigned to each project/engagement are required to attend and document attendance at periodic HIPAA and protected health information project training. Comply with the HIPAA Compliance Program, Our office compliance policies regarding HIPAA, PHI, EPHI as well as report any violations of these to the project compliance coordinator immediately •Comply with all data protection policies •Encrypt any mobile device that contains confidential data •Ensure that all PHI sent over the Internet is always encrypted before it is sent •Destroy any PHI or PII that you have (electronic or hard copy) from any previous clients unless you need the PHI or PII to continue to perform work for that client•Avoid storing any PHI on your laptop, Blackberry, mobile phone, or other portable equipment whenever possible – for current or previous clients•Include "PHI" at the beginning of the file name of all documents that contain PHI, and place such documents in a file folder that's name begins with the letters "PHI" Document example: PHI CHI AP File 011110.xls Folder example: PHI Files John Smith •Never use another person's logon name or credentials to access client or Huron systems at any time •Use physical cable locks to lock down laptops at Our office offices and client sites •Physically carry your Laptop with you at all times if you cannot securely tether your laptop with a cable lock to a secured desk or trunk of your vehicle •Lock our laptop with username/password when leaving it unattended Hold Windows key and tap the L key Ctrl, Alt, Del then select Lock Computer •Obtain privacy screens that limit viewpoint when traveling or working in open work areas •Contact IT Support immediately following training if you need a privacy screen (provide your laptop model) •Shred documents when no longer needed – shredders or bins located in 2nd floor CSR office are required at client sites •Project team members must report lost or stolen technology immediately •Personnel must immediately notify IT Support •Additional procedures may be required after loss/theft disclosure. If the equipment was stolen, the employee must also notify the appropriate police agency and provide a copy of the police report to Our office management •Team members must also immediately notify their Manager.

Provider Name Artheon Medical
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CMS Medicare Durable Medical Equipment, Orthotics, and Supplies (DMEPOS) Supplier Standards 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. *16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item. The products and/ or services provided to you by our office 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://www.ecfr.gov. Upon request we will furnish you a written copy of the standards.

Return Policy

Our number one priority is to make sure our customers are satisfied and as such we try to help you order the right product for your needs. We understand that occasionally you may receive a product that does not work out for you, therefore merchandise may be accepted for exchange or refund within 30 days of purchase when accompanied by sales receipt. To receive a refund, item must be new and in the original packaging. Refunds are subject to management discretion. To ensure the safety, health and welfare of our Medical Equipment patients; oxygen contents, enteral nutrition products,cushions, shower chairs, bath products, hand cycles, some wheelchairs, custom wheelchairs and transfer boards and disposable items ARE NOT accepted for return, refund, or credit. If you received a substandard or inappropriate item that was covered by your insurance at the time it was fitted, rented, or sold, please contact our office to arrange for return or replacement of that item.

Some manufacturers will not allow returns or exchanges or may charge a restocking fee on certain products so it is very important to speak with Customer Service if you have any questions prior to returning any item. Please call our customer service department to get a Return Authorization number.

Non Damaged Merchandise Return Policy

To qualify for a return

- You must contact us within the first 30 days of receiving the product.
- Product must be returned in its original packaging.and packaging must not be destroyed and the item must not be damaged. The product must be in new, resalable condition. It must not have any cracks, scratches, damage,dirt or permanent marks. Braces must not be worn.
- In certain circumstances, you may be responsible for the return shipping cost. To protect yourself, use a delivery service that has a tracking # and insurance. A refund will not be issued on merchandise that is not received by our office or lost by the carrier and cannot be tracked. Be sure to verify what address you should return the item to so there are no issues with lost product.

If approved, you must write the RA number you receive from our office on the outside of the package you are returning.

Return Shipping

**Please note that returns may go back to a different location than they originated from, the location will be indicated when obtaining a Return Authorization number.

Refunds

Refunds will be issued once the product has been received by our office and found to be in satisfactory condition as stated within provided that all provisions have been met.

Complaint/Grievance Procedure

We encourage patients to voice their concerns and allow our staff the opportunity to resolve any problems or grievances that may arise. In our ongoing efforts to systematically improve the level of service and manner in which we provide you our services, we have a system for resolution of complaints in accordance with CMS supplier standards and our State. We welcome your comments and suggestions and view them as opportunities to improve our overall level of service. You have the right to freely voice grievances/complaints and make recommendations/ suggestions regarding care and/or services without fear of reprisal or unreasonable interruption of service. We want you to always be satisfied with the products and services that you receive from our company. If, at any time, you are concerned, have a problem, or wish to voice a grievance you may do so without fear of reprisal. Please speak with our office manager to make a complaint or suggestion. Your complaints/suggestion will be logged (in the required complaint log book) and an incident report will be issued by the office manager and mailed to you within 24 hours of receipt of complaint. The incident report will describe the incident/complaint or suggestion, describe steps taken to correct it and allow you an opportunity to suggest or request additional steps you would like taken to further correct the matter.

The manager will investigate your grievance, within 72 hours of receipt and make every reasonable effort to resolve the concern to our mutual satisfaction. We will respond to all telephone calls in five (5) days and attempt to resolve complaints within fourteen (14) days.

We promote open communication between patients and staff. Patients are free to voice their complaint regarding policies, care, or services and recommend changes without coercion, discrimination, reprisal, or unreasonable interruption of care or services. Supplier receives, investigates, and responds to all complaints and recommendations received from patients. To assist in accommodating the needs of our patients, a Customer Communication Log form is located below. We look forward to successfully meeting your needs. If after this process is completed you are not satisfied, please ask to speak with the manager or HIPAA Compliance Officer. If your complaint remains unresolved, you may speak with the vice president of operations and/or president. If your complaint remains unresolved, you may voice a complaint with any of these agencies listed below at anytime. The DOJ Elder Affairs Locator at 1-800-677-1116, Visit the **Victim Connect Resource Center** online, or **call the Victim Connect hotline** at **1-855-4VICTIM (1-855-484-2846)**. CMS 800-633-4227. The OIG hot line 800-447-8477. Our Accrediting Organization is _____ and you may call them at _____ We have an ongoing monitoring system of this policy.

Necessity and Reasonableness:

Although an item may be classified as Durable Medical Equipment (DME), it may not be covered in every instance. The equipment must also be necessary and reasonable for treating the illness and injury, or must improve the functioning of a malformed body part in order to be considered covered. Payment of equipment that does not reasonably perform a therapeutic function for an individual cannot be authorized. Furthermore, when the type of equipment furnished substantially exceeds what is required for the treatment of the illness or injury involved, payment will be reduced to the least expensive equipment that will meet the patient's needs.

Patient Liability for Non-Covered Services:

When assignment is accepted or not accepted on a claim, suppliers may bill beneficiaries for services that are denied as non-covered services. While assignment agreement prohibits suppliers from collecting more than their insurance's allowable charge for covered services, it does not prohibit billing for non-covered services. Billing for non-covered services applies to services that are never covered by one's insurance such as services that are occasionally denied as "not medically reasonable and necessary". When accepting assignment before furnishing services which our office believes is excluded from coverage as not "reasonable and necessary", we will inform the beneficiary of the non-covered services. For services rendered prior to receiving documentation to determine if services are excluded from coverage, the will then inform the patient of the charge for this item. It will be necessary to have a waiver for liability signed to protect the against possible liability for the service under the waiver of liability provision.

Rental Equipment:

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided by the initial set-up. Service, parts, and labor are provided free of charge on active rental equipment (except in the case of misuse or abuse). If the rental equipment has been damaged through misuse or abuse, the maintenance and repair costs become the patient/client responsibility. Rental equipment becomes patient owned once the number of months on rental meet your insurance company's purchase price. If you are unsure if your equipment is still renting, contact our office at the above for more information.

Purchased Equipment:

New or used equipment for purchase or rental covered by an insurance payer is subject to the manufacturer's warranty from the date of initial set up for the specific patient. Refer to the warranty information provided with the item at the time of purchase. Used equipment purchased from our office by an individual versus an insurances has a 90-day warranty.

Service and Repair:

Service and repair on equipment purchased from our office that is no longer covered by manufacturer's warranty will be subject to current labor charges. The customer will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with maintenance instructions and how to obtain any necessary services. All service and repair must be scheduled by calling our office during regular business hours.

Copy to Patient

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If you or someone you know are a victim of abuse or neglect, please contact the appropriate agency listed below

State Elder Abuse Hotline

Alabama 1-800-458-7214
Alaska 1-800-478-9996
Arizona 1-877-767-2385
Arkansas 1-800-482-8049
California 1-800-231-4024
Colorado 1-844-264-5437
Connecticut 1-888-385-4225
Delaware 1-800-223-9074
Florida 1-800-962-2873
Georgia1-888-774-0152
Hawaii 1-808-832-5115
Idaho 1-877-456-1233
Illinois -800-252-8966
Indiana 1-800-992-6978
Iowa 1-800-362-2178
Kansas 1-800-922-5330
Kentucky 1-877-228-7384
Louisiana 1-800-898-4910
Maine 1-800-624-8404
Maryland 1-800-917-7383
Massachusetts 1-800-922-2275
Michigan 1-855-444-3911
Minnesota 1-844-880-1574
Mississippi 1-800-222-8000
Missouri 1-800-392-0210
Montana 1-844-277-9300
Nebraska\ 1-800-652-1999
Nevada 1-888-729-0571
New Hampshire1-800-949-0470
New Jersey 1-877-582-6995
New Mexico 1-866-654-3219
New York 1-800-342-3009
North Carolina 1-800-662-7030
North Dakota 1-855-462-5465
Ohio Contact local county Department of Job and Family Services
Oklahoma 1-800-522-3511
Oregon 1-855-503-7233
Pennsylvania 1-800-490-8505
Rhode Island 1-401-462-0555
South Carolina 1-888-CARE4US (1-888-227-3487)
South Dakota 1-877-244-0864
Tennessee 1-888-277-8366
Texas 1-800-252-5400
Utah 1-800-371-7897
Vermont 1-800-564-1612
Virginia 1-888-832-3858
Washington 1-866-363-4276
West Virginia 1-800-352-6513
Wisconsin Contact local county Department of Human Services
Wyoming 1-800-457-3659

Provider Name Artheon Medical
Address 412 E Madison St. Ste 903 Tampa FL
Phone (813) 367-1110

Patient Rights

The following is a summary of your applicable rights under federal law

- *You have the right to freely choose a facility, physician or other health care provider.*
- *You have the right to obtain the name and specialty of the doctor or other person responsible for your care or the coordination of your care.*
- *You have a right to confidentiality of all records and communications concerning your medical history and treatment to the extent provided by law.*
- *You have the right to have all reasonable requests responded to promptly and adequately.*
- *You have the right to receive an explanation as to the relationship, if any, of our facility to any other health care facility or education institution insofar as our relationship relates to your care or treatment.*
- *You have the right to receive a copy of any rules or regulations of this facility which may apply to your conduct as a patient.*
- *You have a right to receive and request information about financial assistance and free health care.*
- *You have a right upon request to inspect your medical records, request an amendment to, or receive an accounting of your disclosures regarding personal health information, and for a reasonable fee, receive a copy of your record.*
- *You have a right to receive a free copy of your medical record if you show that your request is to support a claim or appeal under any provision of the Social Security Act in any federal or state financial needs-based benefit program.*
- *You have a right to refuse to be examined, observed or treated by any facility staff as long as this does not jeopardize your access to care.*
- *You have a right to personal dignity and to privacy during medical treatment or other rendering of care within the capacity of this facility.*
- *You have a right to informed consent to the extent provided by law.*
- *You have a right upon request to receive a copy of an itemized bill or other statement of charges submitted to any third party by our facility for your care and to have a copy of said itemized bill or statement sent to your physician.*
- *You have a right to be informed, both orally and in writing, in advance of service/care being provided, of the charges, including payment for service/ care expected from third parties and any charges for which you may be responsible.*
- *You have a right to receive appropriate service/care without discrimination in accordance with your physician's orders.*
- *You have a right to be informed of our facility's policies and procedures regarding the disclosure of clinical records (please see Notice of Privacy Practices).*
- *You have a right to be able to identify visiting staff members of our facility through proper identification.*
- *You have a right to be informed of any financial benefits when referred to an organization.*
- *You have a right to be fully informed of your responsibilities.*
- *You have a right to be informed of our facility's service/care limitations.*
- *You have a right to voice grievances /complaints regarding your treatment or care, lack of respect of property or recommend changes in policy, staff or service/care without restraint, interference, coercion, discrimination, or reprisal.*
- *You have a right to have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.*

Patient Responsibilities

- *Responsibility as a customer/patient of to inform us of any changes to your address, telephone, physician, prescription, and payor or insurance information/eligibility. This is important to ensure timely receipt of orders and to prevent any interruption in service or care. It is also important that you inform us of any changes to your insurance coverage or eligibility.*
- *Responsibility to call each month to place your order if refills are needed. We suggest you call at least a week ahead to ensure that you do not run out of your supplies. We strive for timely processing of all orders, however, please allow 2-3 business days for delivery of orders.*
- *Responsibility to request the necessary paperwork and/or prescriptions from your doctor. We will do our best to work with you and your physician in obtaining all required paperwork, however, we ask that you initiate a request so that we are not held liable to accusations of soliciting or making unqualified requests.*
- *Responsibility to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health. To report perceived risks in their care and unexpected changes in his or her condition. To follow the care, treatments, and services as planned.*
- *Responsibility to obtain and retain the name and specialty of the doctor or other person responsible for your care or the coordination of your care.*
- *Responsibility to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.*
- *Responsibility to report perceived risks in their care and unexpected changes in his or her condition.*
- *Responsibility to help Our office understand his or her environment by providing feedback about service needs and expectations.*
- *Responsibility to ask questions when he or she does not understand care, treatments, and services or expectations.*
- *Responsibility to follow the care, treatments, and services as planned.*
- *Responsibility for the outcomes if he or she does not follow Our office care, treatments, and services.*
- *Responsibility to follow Our office rules and regulations.*
- *Responsibility to be considerate of Our office staff and property.*
- *Responsibility to meet any financial obligation agreed to with Our office.*

Copy to Patient

Provider Name Artheon Medical
Address 412 E Madison St. Ste 903 Tampa FL
Phone (813) 367-1110

Anyone suspecting healthcare fraud, waste or abuse is encouraged to report it. Find out how and where to report. Start by choosing the option that best describes your situation:

Health & Human Services Office of the Inspector General
1-800-HHS-TIPS (1-800-447-8477) TTY: 1-800-377-4950

Medicare Parts A & B

By Phone

1-800-MEDICARE
(1-800-633-4227)
TTY: 1-877-486-2048

By Mail
Office of Inspector General ATTN: OIG
HOTLINE OPERATIONS
P.O. Box 23489
Washington, DC 20026

Emergency Preparedness

The supplier has an emergency-preparedness plan to provide continuing care or services in the event of an emergency that interrupts patient care or services and encourages you to do the same.

Your emergency-preparedness planning should include:

- Having someone designated to check on you if an emergency situation occurs;
- Determine a primary evacuation route and alternatives;
- Arrange for a friend or relative in another town to be a communications contact for the extended family;
- Make a habit of tuning in to daily weather forecasts and be aware of changing conditions;
- Find out where the main utility switches are and assign someone to turn them off in an emergency or disaster;
- Have a flashlight nearby and extra batteries for power outages;
- Keep extra blankets on hand if the heat goes off;
- Try to keep a back-up supply of medications on hand and rotate them so they don't expire;If you have oxygen or other medical equipment, be sure you have a back-up source in case of a disaster;
- Always keep a list of emergency phone numbers on hand, including the number for our office.

Infection Control in the Home

General Information

- Contact with infected body fluids, such as blood, urine, feces, mucus, or the droplets that are sprayed into the air when a person coughs or sneezes can spread illness from one person to another. Sometimes infections are spread through items that have been contaminated by drainage from infected sores, or discharge from the nose, mouth, or eyes.
- Controlling the spread of infections means interrupting the way illness can travel from one person to another. Maintaining a clean environment and good personal hygiene helps to keep infections under control. Good hand washing is the single most important way to control infections.

Maintaining Personal Hygiene:

- Wash or bathe daily.
- Wash your hair at least once per week.
- Brush your teeth and rinse your mouth after every meal and at bedtime.
- Keep your nails trimmed and clean.
- Wear clean clothes and underwear.
- Change dirty clothes and bed linens as soon as you notice soiling.

Good Hand Washing/Wash Your Hands Frequently:

- Before preparing, eating, and serving food.
- After using the toilet, contact with body fluids, or outside activities.
- Wet your hands with plenty of soap and water.
- Work up lather in your hands and wrists.
- Scrubbing for at least 15 seconds or singing the Happy Birthday song while you wash is the recommended wash time.
- Briskly rub your hands together on the front and back.
- Clean under your nails.
- Rinse your hands thoroughly.
- Dry your hands thoroughly.

Keep Your Home Clean:

- Avoid clutter.
- Keep your kitchen and restrooms clean.
- Mop, sweep and/or vacuum your floors weekly and when spills occur.
- Add a teaspoon of vinegar to each quart of water or saline used for respiratory equipment humidifiers and dehumidifiers.
- Wear gloves when cleaning bird cages, litter boxes, and aquariums. Be sure to clean and sanitize these regularly.

Copy to Patient

Please Return Survey to the Address Below

Provider Name Artheon Medical
Address 412 E Madison St. Ste 903 Tampa FL 33602 U
Phone (813) 367-1110

CUSTOMER SATISFACTION SURVEY

The information you provide will never be used for sales purposes. This is one way we are able to make improvements and provide better service to our customers. We would greatly appreciate it if you could take just a few minutes to complete the questions below and return it in the self-addressed stamped envelope we have provided.

Patient Satisfaction Survey

Patient Name (Optional):_____

Please rate the following areas of service:

(Use a scale of 1 to 5: 1 = Poor, 5 = Excellent)

1. **Ease of Ordering Equipment
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. **Timeliness of Delivery
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. **Condition and Cleanliness of Equipment
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. **Courtesy and Professionalism of Staff
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. **Knowledge of Staff (Ability to Answer Questions)
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. **Education Provided on Equipment Use and Safety
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. **Ease of Contacting the Company for Questions or Service
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. **Overall Satisfaction with Services Provided
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Additional Comments:

Would you recommend our company to others?

☐ Yes ☐ No

Copy to Patient