

Patient Welcome Packet



**510 West Central Avenue, Suite A
Brea, CA 92821**

Toll Free: 844-458-6224

FAX: 888-387-0518

Hours of Operation

Monday through Friday

8:30 AM to 5:00 PM

Saturday/Sunday/Holiday-On call

www.RightRXpharmacy.com

Committed to the Delivery of Superior, Safe, Cost-Effective Healthcare

Thank you for choosing RightRX. We believe you will feel safe and secure knowing we will be there helping you get the medication you need with the attention you deserve.

Personalized care is at the heart of our service. RightRX staff works with your physician's care team. We will be in regular contact with your doctor's office to discuss your drug treatment plan, so you can be confident that you are receiving clinical care you can trust.

RightRX provides specialty injectable medications that are prescribed by your physician(s). Specialty drugs are prescription medications that are used to treat complex chronic conditions. They often require prior authorization, have specific storage and handling, and may have special instructions for administration. Specialty drugs are used to treat a growing number of medical conditions, such as rheumatoid arthritis, cancer, and rare medical conditions. Patients who are prescribed specialty drugs benefit most when they are aware of how to monitor their condition, response to their medication, and can identify possible side effects.

You can continue to use your local retail (e.g., CVS, Walgreens) or mail order pharmacy for non-specialty drugs such as oral medications, topical products, insulin, and controlled substances including prescription pain medications

Areas we serve: California and Arizona

ABOUT OUR SERVICES

• Placing a Prescription Order

For a new prescription, your prescriber may either contact us at 844-458-6224 to submit a verbal order or send a drug request to your insurance company. Once we receive approval from the insurance company, we will check benefits and make sure that your medication is filled correctly. We will inform you of your financial responsibility for the service, and your estimated out-of-pocket costs.

- o You may contact us at any time to check on the status of your order.

- o We will also work with your insurance company to obtain necessary authorizations for your refill requests.

• Refilling a Prescription

It is our policy to help you remember when it is time to refill your medication. We will call you to set up a delivery when you have about 2-7 days of medication left. If we are not able to contact you after three attempts, we will send you a letter via the United States Postal Service. If you have not heard from us when you have 2 days of medication remaining, please contact us at 844-458-6224.

• Collaboration of Care

- o Our highly trained staff will work closely with you, your caregiver(s), physician(s), nurse(s) and your insurance company to provide the most appropriate care and services to you.

o If we cannot provide the prescribed medication for you or if your medication is not covered by your insurance benefits, we will work with another pharmacy to ensure you receive the care that you need.

- **Patient Management Program**

- o Our disease specific Patient Management Program is provided to you at no cost.

- o Your participation is voluntary, and you may opt out of our Patient Management Program at any time by contacting one of our team members.

- o Our Patient Management Program includes:

- Comprehensive Initial Assessment to identify your special needs.

- Individualized care plan including clinical intervention program that is designed by your doctor and/or pharmacist with your involvement.

- Ongoing monitoring to ensure continued appropriateness, effectiveness, compliance, and safety of your medication therapy.

- Drug utilization review of your medications to identify and prevent any potential issues.

- Drug adherence program to achieve the highest possible outcome of medication therapy.

- o Patient education and personal consultation- our clinical pharmacists will provide educational resources and support in order to help you best understand and follow your treatment plan. We will also help you access community resources as needed.

- **Timely and Free Delivery Service**

- o We will deliver or ship your medications and supplies to you at no additional charge.

- o If your medication delivery is delayed or lost, we will call you to help.

- **Copay Assistance Program**

- o Our reimbursement specialists can assist in applying for eligible financial assistance programs in order to ensure there are no interruptions in your care. Copay assistance programs include discount coupons from drug companies, and assistance from various disease management foundations.

- **24/7 On-Call Service**

- o Our expert clinical staff is available 24 hours a day, 7 days a week.

- o On-call service is available for after-hour calls. Simply call us at 844-458-6224 and leave a message with the answering service.

If you experience any life-threatening illness or symptoms, call 911 or go to your nearest emergency room.

HOW TO ACCESS MEDICATIONS IN CASE OF AN EMERGENCY OR DISASTER

RightRX will make reasonable attempts to contact each patient following a disaster to access needed medications. RightRX will prioritize patients based upon the urgency of the need for service.

The following local services may be used if needed:

- Local pharmacies near your home
- The local hospital(s) near your home
- The local Emergency Medical Service office (911 Services)
- Federal Emergency Management Agency (FEMA)- 800-621-3362

WHAT TO DO IF YOU HAVE A MISSED DELIVERY OR MISSED TREATMENT

If you have a missed delivery or missed treatment, please contact us at 844-458-6224 at your earliest convenience.

INFORMATION ON PRESCRIPTION DRUG SUBSTITUTIONS

Any prescription that has been prescribed by its trade or brand name may be changed to another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name as determined by the United States Adopted Names (USAN) and accepted by the federal Food and Drug Administration (FDA), of those drug products having the same active chemical ingredients. RightRX may substitute a generic drug for a prescribed drug unless the prescriber indicates, "Dispense as written." If questions arise as to therapeutic equivalency (e.g., expected to have the same effect), RightRX will contact or consult the drug company or related resources. RightRX will let you know that your prescription has been substituted.

TRANSFERRING A PRESCRIPTION TO ANOTHER PHARMACY

If for any reason you will need to transfer your prescription to another pharmacy, call us at 844-458-6224 and provide the name of the medication along with the name and phone number of the pharmacy the prescription is to be transferred to. RightRX will contact the pharmacy where your prescription is to be transferred to and provide the information needed to fill your prescription. We will inform you if the prescription has no remaining refills so that you may contact the prescribing physician.

IF A MEDICATION IS NOT AVAILABLE AT THE PHARMACY

We will help you obtain medications that are not available at our pharmacy. We may transfer your prescription to another pharmacy and provide the information needed to fill your medication.

MEDICATION RECALLS

When a drug is recalled by the FDA, we will take the following steps:

1. Review inventory and records of the recalled item.
2. Contact the patient/caregiver by telephone to arrange for exchange of products if appropriate.
3. Contact the physician's office to inform them about your medication status.

SIDE EFFECT MANAGMENT

A side effect is any unexpected, unintended, and undesirable biological response that a patient may have to medicine. For example, a list of common side effects is listed below.

- Headache, shaking, dizziness, muscle spasms, confusion
- Nausea, vomiting, diarrhea
- Skin rash or flushing
- High or low blood pressure, irregular heartbeat, high or low heart rate
- Shortness of breath, difficulty in breathing, or slowed breathing

If a side effect is reported to our clinical staff, the pharmacist shall do a complete clinical review with the patient, and develop a plan of action. The plan might include patient counseling on common methods to prevent or manage known side effects, or contacting physicians to obtain instructions that may involve discontinuing the medication or modifying the dose.

POWER OUTAGE

If there is a power outage, please follow these guidelines:

- Keep batteries and flashlights on hand in case of power outage.
- Fill a cooler with ice to store all refrigerated medications.
- Report to the nearest hospital if you are unable to administer therapy as ordered.
- Please contact RightRX Pharmacy at 844-458-6224 with any questions or concerns.

SAFETY

At RightRX Pharmacy, we care about your safety. The following safety information is to provide helpful tips on how to make your home safe.

Slips/Trips/Falls

- Look around your house for things that might cause you to slip, trip or fall.
- Remove throw rugs that may slide or trip you.

- Slippery or wet floors can cause falls.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough space. If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house.
- Ramps can be purchased or may be constructed for you. Talk to your home medical equipment provider about available options.
- If you are using equipment that has a cord or tubing, pick up the cord/tubing as you move toward the equipment and uncoil it as you move away.
- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees.
- A variety of tables and supports are also available so you can eat, exercise, and read in bed. Bed rails may help, especially if you tend to roll in bed at night.
- If you have difficulty walking, ask about a bedside commode so you do not have to walk to the bathroom to use the toilet.
- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower. Ask your medical equipment provider about a shower bench you can sit on in the shower.
- Your kitchen should be organized so you can easily reach and use the common items, especially during your recovery. Have a friend or health care worker remove all common small appliances and utensils from cabinets and place them on your counters where you can easily use them. Have a chair brought into the kitchen to the counter work area if you have difficulty standing.

Medication Safety: The medications we deliver to you will have a label that tells you how to store them. If your medication needs to be stored in a refrigerator, make a clean section just for your medication. Some medications will need to be at room temperature before you start them. Follow the label on when to take them out of the refrigerator before it is time to give the injection or infusion. Call our office at any time with any questions about your medications.

Fire Safety and Prevention: Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year. If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home. We recommend having a fire extinguisher in your home, and to have it tested regularly to make sure it is still charged and in working order. Have a plan for escape in the event of a fire. Discuss this plan with your family. If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Needle Safety and Medical Waste: We need your help in making sure that the medications and supplies we send to you are thrown away properly. Please follow the guidelines below:

DO

- Place all needles and syringes with needles attached into your "sharps container-the red durable plastic container you received with your initial delivery.
- Place all dressings that are soaked with blood and/or dripping with blood in the "sharps container".
- Keep the sharps container closed at all times.
- Keep the sharps container out of reach of children and pets.

- Once the sharps container is two thirds full, place it in the "sharps mail back box" and follow instructions. If you do not have a mail back box, please notify our office so that it can be delivered to you as soon as possible and replaced with the other sharps container.

DO NOT

- DO NOT put dressings without blood, bandages, gloves, masks or any other supplies that are directly related to your therapy into the sharps container. These must be placed into a plastic bag and disposed of with your regular household trash.
- DO NOT put your hand into the container.

Contact our office at 844-458-6224 if you have any questions.

INFECTION CONTROL

- The most important thing you can do to reduce the risk of infection is to wash your hands. We recommend using soap and water for at least 20 seconds and drying your hands with a paper towel. If soap and water is not available, you can use a hand sanitizer. Use a small amount of the gel and rub all parts of your hands and fingers until they are dry.
- Always wear gloves to protect hands from body fluids. It is not necessary to wear gloves to handle patient's skin where there is no contact with fluids, or in handling unsoiled clothing. Always wear gloves when handling items contaminated with urine and/or feces.
- If clothing is likely to be splattered with blood or bodily secretions, wear a gown, smock, or lab coat.
- Flush blood and bodily fluids down the toilet. Place other contaminated objects for disposal in a plastic bag and close securely. It is not necessary to double bag.
- Wear a mask when active TB exists or if there is danger of excessive splashing. Wear a mask during procedures requiring aseptic technique.
- Discard used needles, and sharps items and blood-soaked items into a sharps container. Never re-cap, cut, break or bend used needles.
- Wash soiled linens and towels in a washing machine using the hot water cycle and detergent. If hand-washing small items, always wear gloves. Use a plastic bag for laundry collection.
- Blood, wound drainage, feces, mucus, pus, saliva, semen, urine, gastric contents, and vomit are all possible contaminants. Put on gloves and wash all spills with hot, soapy water, then disinfect with diluted bleach solution (one part bleach to ten parts water).
- Clean items (e.g., blood pressure cuff, stethoscopes, thermometers, and other medical accessories) with alcohol after each use. If any piece of item becomes contaminated with blood or other potentially infectious material, the item should be cleaned with a cleaning agent.

ADVANCE DIRECTIVES

What Are Advance Directives?

If you are unable to make your own health care choices or to communicate your wishes for medical care , other people will have to make choices for you. Advance Directives allow you to spell out your decisions about

end-of-life care ahead of time. They provide a way to tell your wishes about medical care to family, friends, and health care professionals.

Making Your Advance Directive

Advance Directives need to be in writing. There are two common kinds of Advance Directives. One is called a "living will." The second one is called a "durable power of attorney for health care." Both are legal forms that allow you to state your wishes in writing.

- Living will: This explains your wishes about health care and treatments. It is used only if you become terminally ill, if you are in an accident and have permanent brain damage, or if you are in a permanent coma. It does not allow for anyone else to make choices for you.
- Durable power of attorney for health care: You choose another person to make choices for you if you cannot make choices for yourself. This person is called your "agent" or your "proxy." It is a good idea to name a second person to make decisions for you in case your first choice is not available for some reason. Choose someone you know and trust. Talk about your feelings and choices about your care and treatment with your agent.

To make sure your choices are clear, it is best to write them down. It is helpful to be as clear as possible so that your agents understand what you would want. Any Advance Directive can be changed or stopped by you at any time.

- Sign your name and put the date on the Advance Directive. You may need to do this in front of a notary public if your state has a rule about it.
- Give a copy of your Advance Directive to your doctor to put in your medical file.
- Give a copy of your Advance Directive to each of the people you have asked to be your agents.
- Take a copy with you when you go to the hospital or a nursing home.
- Put a card in your wallet that says you have an Advance Directive (and where to find it).
- Review your Advance Directive often. Make sure it says your wishes clearly.

Remember, Advance Directives Let You Make Your Own Choices

For More Information

You can get an Advance Directive form for your state and more information from a hospital, home health service, hospice, lawyer, or your state medical society. You can find more information about Advance Directives at www.CaringInfo.org.

EMERGENCY PREPAREDNESS

Our pharmacy has a plan to care for you in the event of a natural disaster/emergency.

- Floods
- Fire
- Earthquakes
- Extreme Heat
- Hurricanes
- Lightning

Every patient should think about what to do in the event of an emergency. Our goal is to help you plan so that we can provide you with the best, most consistent service during an emergency.

Know What to Expect

- If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.
- Find out what, if any, time of year these emergencies are more prevalent.
- Find out when you should evacuate, and when you should not.
- Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

The Centers for Disease Control and Prevention's website has a section titled Emergency Preparedness and Response (<http://emergency.cdc.gov/preparedness/index.asp>). This website provides recommendations on what to do before, during, and after an emergency:

Make an emergency kit that contains water, food, a can opener, a way to prepare the food, flashlights, batteries, radio, and a first aid kit.

Make a plan for your family to stay in touch. Know the safe areas in your home and how to get out. Know where you can go if you need to leave your home, such as the nearest shelter. Call our office to let us know where you will be staying.

Stay informed. Learn about how your town sends out warnings, like sirens or emergency calls. Listen to or watch news stations on your TV, radio, or cell phone.

Reaching Us

- If there is warning of an emergency, we will make every attempt to contact you and provide you with the number of our cellular phone. Cellular phones frequently work even when the regular land phone lines do not.
- If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Cellular phone companies usually set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)
- If the emergency was unforeseen, we will try to locate you by contacting you or your emergency contact.
- If you have missed delivery or treatment due to the disaster in your area, please call us at 844-458-6224 to speak with a clinician or tell us where to send your delivery. Do not put yourself at risk by missing your medication or supply during an emergency. RightRX will make every attempt to ensure that your therapy is not interrupted.

COMPLAINTS

We understand you may have a complaint or problem. Please contact the Pharmacist-in-Charge (PIC) at 844-458-6224. The PIC will investigate your issue and get back to you as soon as possible. You can also contact the following offices to voice your concerns:

California Board of Pharmacy

2720 Gateway Oaks Dr #100, Sacramento, CA 95833

(916) 518-3100

On-line complaint: <https://www.dca.ca.gov/webapps/pharmacy/complaint.php>

California Department of Public Health

Find your district and contact by phone:

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/FileAComplaint.aspx>

on-line complaint: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/Complaint.aspx>

Centers for Medicare and Medicaid Services

800-633-4227

On-line complaint: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Enforcements/FileaComplaint>

RightRX Pharmacy/Prospect Medical

Compliance and Privacy Officer: Michelle Amador

Email: Michelle.Amador@prospectmedical.com

Phone: 714-796-5919

You can also contact your health plan to file a complaint. Simply call the number on the back of your insurance card and inform the health plan regarding your complaint.

Notice of Privacy Practices

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.**

Your Rights

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	<ul style="list-style-type: none">You can ask to see or get an electronic or paper copy of your medical record or other health information we have about you. Ask us how to do this.We will provide you 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	<ul style="list-style-type: none">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	<ul style="list-style-type: none">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	<ul style="list-style-type: none">You can ask us not to use or share certain health information for treatment, payment, or our operations.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.

	<ul style="list-style-type: none"> We will say “yes” unless a law requires us to share that information. Otherwise, we are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of people or organizations with whom we have shared your information	<ul style="list-style-type: none"> 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 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 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 were violated	<ul style="list-style-type: none"> If you feel like we have violated your rights, you can complain by contacting our Privacy Office, which is listed on page 10. You can file a complaint with the U.S. Department of Health and Human Services Officer for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 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.

To others involved in your care	<ul style="list-style-type: none"> We will share information with your family, relatives, friends, or others you identify who are involved with your health care or your health care bills, unless you object. Share information in a disaster relief situation. <p>If you are not able to tell us your preference, 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.</p>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> Most uses and sharing of your health information for marketing purposes. Sale of your information. Most sharing of psychotherapy notes if we have any.
Fundraising	<ul style="list-style-type: none"> As this time, RightRX Pharmacy does not engage in any fundraising. In the future, if we do, you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information to treat you, for our operations and for payment purposes. We have provided you with some specific examples, but not every way we use or share your health information in these ways is listed here.

Treat you	We can use your information and share it, electronically or otherwise, with other professionals who are treating you. If you are younger than 18, we may release your health information to your parents or legal guardians.	Example: Our pharmacists and nurses talk to your doctor or with a case manager about your prescriptions and care. We may use paper, verbal, or electronic systems to share your health information.
Run our organization	We can use and share your health information to run our business, improve your care, contact you when necessary and for other purposes allowed by law.	Example: We use health information about you to improve our quality. We may send you appointment or refill reminders.
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 generally have to meet certain conditions in the law before we can share your information for these purposes. **For more information see:**

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Help with public health and safety issues	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • 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 Comply with the law	<ul style="list-style-type: none"> • We can use or share your information for health research. • 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.

Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation law enforcement, and	We can use or share health information about you: <ul style="list-style-type: none"> • For workers’ compensation claims.

other government requests	<ul style="list-style-type: none"> • For law enforcement purposes or with a law enforcement official or to a correctional institution. • 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	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to subpoena.
Engage others to assist in your care and our business	<ul style="list-style-type: none"> • At times we may use the services of outside contractors to perform some of our operations. Accountants and software vendors are two examples. We will require any outside contractor to use, share and protect your health information as we do.
Use de-identified information	<ul style="list-style-type: none"> • We may use your health information after we remove any references to your identity to create a file that we can share for research or other purposes as permitted by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health 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.
- We will let you know promptly if a breach occurs that compromises the privacy or security of your information.
- For more information see:
www.hhs.gov/ocr/privacy/hipaa/understandineconsumers/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, in our office, and on our web site.
Effective date of this notice: December 1, 2020

RIGHTRX PHARMACY NOTICE OF NONDISCRIMINATION

DISCRIMINATION IS AGAINST THE LAW.

RightRX complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. RightRX does not exclude certain people or treat them differently based on race, color, national origin, age, disability, or sex.

RightRX Pharmacy

- Provides free aids and services to people with disabilities to communicate effectively with us such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats)

- Provides free language services to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need any of the services listed above, contact the Pharmacist in charge (PIC) at RightRX Pharmacy.

If you believe that RightRX Pharmacy has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with RightRX Pharmacy, your health plan, or the U.S. Department of Health and Human Services. If you need help filing a grievance, please see the information in the Complaint section on page 9 or contact us at 844-458-6224. You can also contact your health plan to file a grievance - simply call the number on the back of your insurance card.

You can also file a grievance here:

U.S. Dept. of Health and Human Services
 200 Independence Ave SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 Phone: 800-368-1019 or 800-537-7697 (TTD)
 Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>

Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (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(1).
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 I 848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

YOUR RIGHTS & RESPONSIBILITIES

You have the right to:

1. Know about the care that we will provide. We will tell you the names and roles of the people caring for you. If we change how we care for you or how often, we will tell you.
2. Understand what your insurance company will pay and your financial responsibility.
3. Help us make a plan for your care and keep it up to date.
4. Tell us what care or treatment you want and what care you do not want. We will explain what will happen if you refuse care.
5. Be treated with respect and kindness.
6. Be able to identify visiting staff members/drivers through proper identification.
7. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source.
8. Voice grievances/complaints regarding treatment or care, lack of respect or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal to the branch supervisor/manager.
9. Have grievances/complaints regarding treatment or care.
10. Choose a health care provider.
11. Know how we use and share your health information.
12. Be advised on Company's policies and procedures regarding disclosure of clinical records.
13. Receive appropriate care without discrimination in accordance with physician orders.
14. Understand your part in your care.
15. Receive information about the scope of services that the organization will provide and specific limitations on those services.
16. Be informed of patient rights under state law to formulate advanced care directives.
17. Understand the goal of your care and what could be a barrier to that goal.

Your responsibilities:

1. Stay under a doctor's care while receiving services from us.
2. Provide accurate and complete health information. Tell us about any changes.
3. Provide us with your accurate insurance information. If we need any financial records, you agree to give them to us. We will only ask for what we need.
4. Follow our care instructions and safety rules about your home. Your care instructions are a big part

of your plan of care. Understand what will happen if you do not follow the care instructions.

5. Let us know if you cannot follow your care instructions. Ask questions if you do not understand any of the information provided.
6. Treat our staff with respect.
7. Contact your physician if your health condition changes.
8. Let us know if you get sick or get an infection.
9. Pay your portion of your bill promptly.
10. Let us know if:
 - You have a question about your care or safety.
 - You change doctors or your orders are changed.
 - You go into the hospital or a nursing home.
 - You change your address or phone number.
 - You have changes in your medical insurance.
 - You cannot keep an appointment for deliveries or care.

Date: _____

Service Agreement/ Assignment of Benefits

Patient's Name: _____

Date of Birth: _____ MRN: _____

Instructions: This form is used to acknowledge receipt of our Welcome Packet, including our Notice of Privacy Practices, and confirms your understanding and agreement with the contents of the packet. Your signature at the bottom indicates your approval. Please see the Patient Welcome Packet in your folder.

Customer Rights & Responsibilities

I acknowledge that I have been made aware of my rights and responsibilities as a customer and I understand them. Grievance/complaint procedures have been explained to me. Additionally, the purpose and hours of operation have been provided and explained to me. I understand I have the right to choose my health care provider, and I choose this Company for my therapy/service. The Medicare Supplier Standards has been provided to me.

Consent for Treatment

I hereby give my permission for authorized personnel of the Company to provide therapy and/or services. I have been instructed by my physician about the prescribed treatment and understand the reasons why it is considered necessary, its risks, advantages, possible complications, and alternatives. All my questions have been answered. As in any therapy, I understand that there are known and unknown risks. I certify that no guarantee, promise, expressed or implied, have been made to me in conjunction with my treatment. I understand that I may refuse treatment or terminate services at any time and the Company may terminate their services to me as explained in my orientation.

Release of Information

I acknowledge receipt of the Notice of Privacy Practices and was given an opportunity to ask questions and voice concerns. I understand that the company may use or disclose protected health information about me to carry out treatment, obtain payment or health care related operations. I hereby authorize the Company to release to or receive from hospitals, physicians or other agencies involved in my care all medical records and information pertinent to my care. I hereby give permission for the review of my medical record by the agencies accrediting and/or other regulatory bodies.

Assignment of Benefits / Authorization for Payment

I hereby assign to provider all insurance benefits and payments to which I am entitled from whatever source for any services or supplies which are furnished to me in conjunction with my therapy/services, and I authorize provider to seek such benefits and payments on my behalf. It is understood that provider will bill insurers directly and that my assignment of benefits is ongoing and continuous unless and until canceled by me. I certify that the information given by me in applying for payment is correct. I consent to the release of all records required to act on this request. I request that payment of authorized benefits from Medicare, Medicaid, or other responsible payer be made in my behalf to the above-named Company.

Product Returns

State Board of Pharmacy Regulations prohibits the return of dispensed medications. No credit will be issued for any unused or excess product. Credit will be issued for returned medications only if shipped due to the company's error.

Travel Assistance

I hereby authorize the Company to act as my agent in obtaining services from another company if I travel out of the service area while on service. I hereby release the company from any liability in making these arrangements for me.

Educational Material

I acknowledge receipt of educational materials and have been given an explanation of all medication, and supplies provided by the Company. A home safety assessment was conducted during the admission process and applicable safety precautions material was given to me.

After Hours/ Emergency Information

I understand for medical emergencies to call 911. I have been informed on how to contact the company in the event of an emergency or after hours.

Consent to Film or Record

I hereby consent for the Company to record or film my care, treatment and services and allow the company to use the photographs/recordings for their internal use, for documenting my medical condition or for insurance providers to document my condition for payment purposes.

Advance Directives

I understand that the Federal Patient Self-Discrimination Act of 1990 requires that I be made aware of my right to make healthcare decisions for myself. I understand that I may express my wishes in a document called an Advance Directive so that my wishes may be known when I am unable to speak for myself.

Pharmacy Consultation

I understand a pharmacist may be contacting me to discuss my drug therapy. I further understand that a pharmacist familiar with my therapy is available to me 24 hours a day if I have any questions.

Patient's Signature

Date

Responsible Person or Legal Guardian Signature

Date

Printed Name of Personal Representative

Relationship