



Patient Information Packet

Our goal is to meet your equipment
and supply needs so that you can
maintain the lifestyle you desire.



**TODAYS
DME INC**



Today's DME, Inc.
1312 Redwood Ave
Grants Pass OR 97527
(541) 249-9860

Hours of Operation:
Mon. - Thur. 9 am - 5 pm

Welcome! Thank you for choosing Today's DME, Inc. to be your Home Medical Equipment Supplier. This packet provides you with information for your overall health care. Please keep this packet handy for reference. Please call our office at any time if you have questions.

We are dedicated to providing professional and comprehensive home care services to our patients. We accept only those patients whose home health needs can be met by the services we offer. We provide the most up-to-date quality home care products available, and we genuinely care for the patients we serve.

Our services include the following:

- 24 hours, 7 days-a-week emergency services
- Patient instruction and training
- Assessment and/or equipment maintenance visits, as ordered by your physician
- Qualified and knowledgeable staff
- Routine delivery and set-up
- Assistance with your reimbursement and billing questions in relation to your insurance carrier requirements
- Assistance with discharge from a hospital

This packet provides the following information:

- Your Rights and Responsibilities as a patient
- Our Service, Delivery and Warranty Policies
- Our Financial/Billing and Payment Policies
- Medicare Supplier Standards
- Guidelines for Infection Control in the Home
- Emergency Preparedness Information
- Notice of Privacy Practices
- Our Grievance and Complaint Procedures
- Patient Communication Form
- Emergency Contact List
- Email/Text Consent Form
- Satisfaction Survey

SERVICE, DELIVERY AND WARRANTY

Business Hours

Our hours of operation are listed for each location on page one (1) of this packet. 24-hour emergency service is available by calling for equipment related emergencies after hours and on weekends and holidays.

Delivery

Deliveries are NOT provided on purchases and/or rentals, unless prior arrangements have been made. Please DO NOT request routine equipment delivery through the answering service.

Rental Equipment

Patients are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up. Service, parts and labor are provided free of charge on rental equipment (except in the case of misuse or abuse). If the rented equipment has been damaged through misuse or abuse, the maintenance and repair costs become the patient's responsibility.

Purchased Equipment and Warranties

New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided to you at the time of delivery of the purchased item. All warranties will be honored under applicable State laws. Used equipment purchased from our company has a 90-day warranty on parts and labor.

Service and Repair

Service or repair on equipment purchased from our company that is no longer covered by the manufacturer's warranty will be subject to current labor charges. The patient 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 service required. All service and repair must be scheduled by calling the office during business hours.

Returns

Merchandise may be accepted for exchange or refund within 30 days of purchase when accompanied by a sales receipt. To receive a refund the item must be new and in the original packaging. Refunds are subject to management discretion. Disposable supplies, diagnostic instruments, wheelchairs, undergarments, stockings, items worn next to the skin or any opened sterile or packaged goods WILL NOT be accepted for return, refund or credit, unless the item is substandard or otherwise defective.

FINANCIAL POLICY

All new equipment setups going on account require prior verification of insurance coverage before equipment is setup. If this is not possible due to a weekend or other after-hours setup, verification must be done on the next business day.

- We do not guarantee coverage of, or payment of insurance claims.
- We do not guarantee any time frame for processing of insurance claims or subsequent billing from our office. It will be done in as timely a manner as possible.

Insurance Coverage

Patient's Responsibility:

- Provide us with all insurance information necessary to file your claim
- Notify our office of any changes or loss of insurance coverage
- Pay all deductible and balance remaining after secondary insurance is filed
- Patient is responsible for payment in full of all claims not covered by insurance. You will be informed before delivery if we know that an item is not covered, and assignment will not be accepted.

Medicare Claims

If Medicare is your insurance carrier and denies payment, you will be notified. At that time, if you wish to keep the equipment, it may be converted to private rental. If Medicare assignment is accepted, at no time will the charges on those items be more than the yearly deductible plus the 20% that Medicare does not pay. In many cases, the deductible amount and the 20% is paid by other insurance. We will follow through with the appeal process on Medicare claims that are denied. This will be done on non-assigned claims at the patient's request.

The patient is also advised that:

- Inexpensive, routinely purchase durable medical equipment may be rented or purchased.
- There will be a minimum of one-month rental on all equipment rentals.
- Rental charges will be assessed until we are notified to pick up the equipment.
- Any charges will be assessed until we are notified to pick up the equipment.
- Any charges incidental to the use or operation of the equipment (such as electricity) is the responsibility of the patient.
- There is no charge for delivery or pickup of rental equipment.
- All claims, assigned or non-assigned, will be filed on behalf of the patient.

BILLING AND PAYMENT POLICY

Patients are responsible for payment in accordance with our company's terms. Assignment of Benefits to a third party does not relieve the patient of the obligation to ensure full payment. Billing third party is not an obligation, but rather a service we offer if all necessary billing information and signatures are provided.

Medicare

We may accept Medicare Part B assignment, billing Medicare directly for 80% of allowed charges and billing the beneficiary the 20% payment and any deductible. We offer Electronic Claims Transmission for billing non-assigned orders. Presentation of your Health Insurance Card is necessary.

Medicaid

We 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 ID are required.

Private Insurance

We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information. Presentation of your insurance card and personal ID required.

Managed Care

We will provide equipment upon approval and authorization from the managed care representative. Presentation of your insurance card may be necessary. Remember, billing a third-party insurance DOES NOT guarantee payment. Financial responsibility remains with you, the patient.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Patient Rights - You have the right:

1. Be fully informed in advance about service to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the service plan.
2. Participate in the development and periodic revision of the plan of service.
3. Informed consent and refusal of service after the consequences of refusing service are fully presented.
4. Be informed, both orally and in writing, in advance of service being provided, of the charges, including payment for service expected from third parties and any charges for which the patient will be responsible.
5. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
6. Be able to identify staff members through proper identification.
7. Voice grievances/complaints regarding service, lack of respect of property or recommend changes in policy, staff, or service without restraint, interference, coercion, discrimination, or reprisal.
8. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
9. Choose a health care provider.
10. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
11. Be advised on agency's policies and procedures regarding the disclosure of patient records.
12. Receive appropriate service without discrimination in accordance with physician orders.
13. Be informed of any financial benefits when referred to an organization.
14. Be fully informed of one's responsibilities.
15. Be informed of provider service limitations.

Patient Responsibilities - You have the Responsibility:

1. To ask questions about any part of the plan of service or plan of care that you do not understand
2. To protect the equipment from fire, water, theft or other damages while it is in your possession
3. To use the equipment for the purpose for which it was prescribed, following instructions for use, handling, care, safety and cleaning.
4. To supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account.
5. To be at home for scheduled visits or notify us to make other arrangements
6. To notify us immediately of:
 - a. Equipment failure, damage or need of supplies
 - b. Any change in your prescription or physician
 - c. Any change or loss in insurance coverage
 - d. Any change in address or telephone number, whether permanent or temporary
 - e. Any discontinued equipment or services
7. To be respectful of the property owned by our company and considerate of our personnel
8. To contact us if you acquire an infectious disease during the time, we provide service

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. 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. The supplier location must be accessible to beneficiaries during reasonable business hours and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.

MEDICARE DMEPOS SUPPLIER STANDARDS PAGE 2

19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). *Implementation Date - October 1, 2009*
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date- May 4, 2009*
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

NOTICE OF PRIVACY PRACTICES / HIPPA

PURPOSE

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. In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), Today's DME, Inc. is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPPA mandates minimum standards that a covered entity such as Today's DME, Inc. must maintain in relation to your protected health information. This Notice of Uses is being provided to help you understand how Today's DME, Inc. meets those minimum standards. It is also meant to inform you of the ways that Today's DME, Inc. may use the personal information it collects about you and how it may disclose it.

TODAY'S DME, INC. believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information. TODAY'S DME, INC. maintains the right to update our Notice of Privacy Practices. Your personal health information will always be maintained by our current policies designated in our current Notice of Privacy Practices. If you have any comments or questions about our Notice of Privacy Practices, you may call our Privacy Officer at (541) 249-9860

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes protected health information and lays the foundation for determining your plan of care and treatment and allows for a successful means of communicating between all healthcare professionals that contribute to your care.

HIPPA protects information found in your medical record from disclosure without your authorization. The information protected by HIPAA includes:

1. Any information related to your past, present or future physical or mental health
 2. The past, present or future payment for health services you have received
 3. The specific care that you have received are receiving or will receive
 4. Any information that identifies you as the individual receiving the care
 5. Any information that someone could reasonably use to identify you as receiving the care
- This information is referred to as protected health information throughout this notice.

TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

As a covered entity, Today's DME, Inc. is required to inform you of how it may use your protected health information. In providing treatment to you, Today's DME, Inc. will use your protected health information for the purposes of treatment, payment and healthcare operation.

Treatment – As it pertains to Today's DME, Inc. treatment means providing to you drugs, medications, supplies, and durable medical equipment services as ordered by your physician. Treatment also includes coordination and consultation with your physician and other healthcare

NOTICE OF PRIVACY PRACTICES / HIPPA PAGE 2

providers. As Today's DME, Inc. provides these services to you, information obtained during this process will be recorded in your medical record. Today's DME, Inc. Will use this information, in coordination with your physician, to determine the best Course of treatment to for you.

Payment – Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by Today's DME, Inc. This includes, but is not limited to, eligibility determination, pre-certification, billing, and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

Healthcare operations – Operations can include, but are not limited to, review of your protected health information by members of Today's DME, Inc, professional's healthcare staff to ensure compliance with all federal and state regulation. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by Today's DME, Inc. healthcare operations also include Today's DME, Inc. business management and general administrative activities.

OTHER USES AND DISCLOSURES

In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, Today's DME, Inc. must obtain a specific signed authorization form from you. You may revoke such authorization at any time, except to the extent Today's DME, Inc. has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. Today's DME, Inc. may in for the following circumstances disclose your protected health information.

1. Today's DME, Inc. may disclose limited health information about you to notify local agencies (i.e. power, gas, phone, and emergency medical services), in the event of an emergency (i.e. flood hurricanes, etc.), of your need for life sustaining equipment or assistance in evacuation due to your medical condition.
2. Today's DME, Inc. may disclose to a member of your family, other relative, or a close personal friend, or any other persons identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to health care.
3. Today's DME, Inc. may disclose protected health information to others as required by law
4. Today's DME, Inc. may disclose protected health information for certain public health activities and purposes.
5. Today's DME, Inc. may disclose protected health information to a legally-authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
6. Today's DME, Inc. may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas
7. Today's DME, Inc. may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.

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8. Today's DME, Inc. may disclose protected health information to attorneys, accountants, and others acting on behalf of Today's DME, Inc. provided they have signed written contracts agreeing to safeguard the confidentiality of the information.
9. Today's DME, Inc. may leave message for you on your answering machine or at an alternative phone number or contact that you have given us for that purpose
10. Today's DME, Inc. may mail marketing information, as requested by you, while you are a customer of Today's DME, Inc.

PRIVACY POLICY

The following describes the manner in which we will use and disclose your personal health information:

1. We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information.
2. We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties, which includes family members or other financially responsible parties of which you have informed us. Examples include insurance coverage and eligibility verification.
3. We may use and disclose information to monitor and operate our business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state or local authority (as required by law), or to remind you of equipment, supplies or service needs.
4. We may release appropriate information about you to family or friends that are helping you with financial responsibilities incurred while receiving equipment, supplies or services from us.
5. We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and having our staff testify about the care we have provided.

The following describes your rights to the information we maintain about you:

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, Today's DME, Inc. is not required to agree to the request for restrictions.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Uses.
4. You have the right to access in inspect and obtain a copy of your medical record, subject to certain limitation.
5. You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment and healthcare operations.
6. You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative locations
7. You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.
8. You have the right to direct the use of your personal health information at any of our locations.

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9. You have the right to terminate or revise your authorizations or consents that pertain to our use of your personal health information, and have those terminations or revisions affect any new equipment, supply, or service provisions. We are not required to accept your terms. If we do accept your restrictions, we will honor your specifications, except where prohibited by law. All requests must be in written form.
10. You have the right to request a copy of your personal health information as long as any federal, state or local law does not prohibit it. This request must be in writing. There is a charge for copying, producing and delivering your information.
11. You have the right to request, in writing, a revision to your personal health information. Revision requests will be evaluated on an individual basis and amended, if appropriate. At no time will a revision be made that may erroneously record the personal health information stored by us. Your written request must detail the requested revision and the reasons for the modification. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.
12. You have the right to request an accounting of *non-routine disclosures* we have made with your personal health information. You can receive one free accounting in a twelve-month period. We will charge for any accounting services that exceed one per twelve months. You must agree to this charge before we will provide any accounting of services. These requests cover dates of service on or after April 14th, 2003.
13. You have the right to file a complaint about our use of your personal health information with us or the Secretary of the Department of Health and Human Services.

RESPONSIBILITIES OF TODAY'S DME, INC.

In accordance with HIPPA, Today's DME, Inc. is required to:

1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and in that case we will abide by the more restrictive statute.
2. Provide you with the notice of our legal obligations and privacy practices regarding information it may accumulate about you and I am obligated to abide by the terms of this notice.
3. Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.
4. Post its Notice of Uses on its website at TodaysDME.Com
5. Please be advised that in addition to these responsibilities, Today's DME, Inc. reserves the right to change the terms of its Notice of Uses and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Uses, it will provide you with a revised notice to the most recent address you have supplied to Today's DME, Inc.

Today's DME, Inc. will not use or disclose your protected health information without your authorization except as described in this notice.

NOTICE OF PRIVACY PRACTICES PAGE 5

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions, would like additional information or if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact

The office of Civil US Department of Health and Human Services 200 Independence Ave Rm 509F HHH Building Washington DC 20201 1-800-368-1019

OR

Today's DME, Inc. 1312 Redwood Ave Grants Pass OR 97527 541-249-9860

CONSUMER COMPLAINT AND ABUSE HOTLINES

- In the event of a complaint which is not resolved, the client or immediate family or caregiver has a right to report complaints, abusive, neglectful, or exploitive practices
- To report a complaint regarding the services you receive Please call BOC toll free 877-776-2200 to report a disabled adult or elderly person please call 800-962-2873
- If your concerns meet the definition of an emergency situation First call 911 then call the abuse hotline
- To report Medicaid Fraud Call 1-866-966-7226
- To report Medicare Fraud call: 1-800-MEDICARE (1-800-633-4227)

HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

At TODAY'S DME, INC., we want to make sure that your home medical treatment is done conveniently and safely. Many of our patients are limited in strength or unsteady on their feet. Some are wheelchair - or bed-bound. These pages are written to give our patients some easy and helpful tips on how to make the home safe for home care.

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.
- Have a fire extinguisher in your home, and 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 use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- 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.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater, so you don't accidentally scald yourself without realizing it.

Safety in the Bedroom

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there. 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 be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way, so you do not trip and fall while walking with the pole.

Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:

- 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.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
 - Basic electric can openers
 - Bottle and jar openers
 - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

Getting Around Safely

If you are now using assistant devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- 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 ready-made or may be constructed for you. Talk to your home medical equipment provider about available options.

TIPS FOR INFECTION CONTROL IN THE HOME

Contact with infected body fluids, such as, blood, urine, feces, mucous or the droplets sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Some infections are spread through items that have been contaminated by drainage from infected sores or discharges from the nose, mouth, eyes or genital/rectal area. Controlling the spread of infections means interrupting the way illness travels from one person to another. Maintaining a clean environment helps to keep infections under control. Maintaining personal hygiene is important to your health.

- Wash your hands frequently and thoroughly
- Clean contaminated household and medical equipment thoroughly
- Meet your health needs

Good hand washing is the single most important way to control infection.

EMERGENCY PREPAREDNESS

In case of emergency, get medical help (first aid/CPR) quickly: DIAL 911

- GIVE THE LOCATION OF THE EMERGENCY (FULL ADDRESS)
- CLEARLY EXPLAIN WHAT HAPPENED
- TELL HOW MANY PEOPLE NEED HELP
- DON'T HANG UP

Be prepared for emergencies:

2. Refill medication renewals promptly to ensure you have adequate supplies on hand.
3. Be sure you have an emergency back-up source/supply for any medical equipment requiring electricity.
4. Always keep a list of emergency telephone numbers available, including your medical equipment supplier(s).
5. Have someone such as a family member or neighbor who will check on you if an emergency situation occurs.
6. Determine an evacuation route and alternatives.
7. Arrange for a friend or relative in another town to be a communication contact for the extended family.
8. Make a habit to listen to daily weather forecasts. Be aware of changing conditions.
9. Find out where the main utility switches are in your home and assign someone to turn them off in an emergency situation.
10. Have a flashlight and extra batteries nearby for power outages. Keep extra blankets available in case the power goes out.
11. Download the mobile American red cross app on your phone.
12. RVEM.ORG is another webpage to follow for the most current disaster information in your area.

Josephine County

<http://www.rvem.org/prepare.html> citizen alert for general information or disaster Registry for medical items

The Josephine County emergency management phone number is 541-474-5300. Their webpage is <https://www.co.josephine.or.us/SectionIndex.asp?SectionID=138>. Their Facebook page is <https://www.facebook.com/josephinecountyEM/>.

Jackson County

<http://www.rvem.org/prepare.html> citizen alert for general information or disaster Registry for medical items

The Jackson County emergency management phone number is 541-774-6790. Their webpage is <https://jacksoncountyor.org/emergency> and their Facebook page is <https://www.facebook.com/jacksoncountygoregonem/>.

PATIENT GRIEVANCE AND COMPLAINT PROCEDURE

Our patients are very important to us. We follow comprehensive Patient Grievance and Complaint procedures to help resolve problems that arise in a rapid and effective manner.

1. When you have a concern that does not need to be addressed immediately, you may speak to the person delivering your equipment at the next visit.
2. If you do not want to wait to speak to the delivery person, or if the issue you have involves one of our employees, call our office to speak with the Compliance Office Melody at 541-249-9860.
3. If you wish to contact us in writing, we have included a Patient Communication Form for you to complete and mail.
4. Today's DME, Inc. will respond to complaints within 5 days and provide written notification of the results within 14 days.
5. Today's DME, Inc. will respond to telephone calls in 5 days and resolve complaint within 14 days.

Today's DME, Inc. is accredited with Board of Certification (BOC). If you have any feedback, questions, concerns, or wish to file a complaint against our facility with them, you may contact them at 877-776-2200 and request the Complaint Department. Their office hours are Monday through Friday 8:00 a.m. to 5:00 p.m., Eastern Time (ET). Maryland State Department of Health phone number 410-528-8662.

To report abuse, neglect, or exploitation of a disabled adult or an elderly person, please call toll free the ELDER HELP LINE - 1-855-503-SAFE (7233).

Any feedback, questions, concerns, or wish to file a complaint against our facility directly to Medicare call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. The State of Oregon Consumer hotline number is 877-877-9392.

COMPLIANCE COMMITMENT TO OUR PATIENTS

Our company is committed to complying with all federal and state regulations. If you have any questions or concerns regarding any of our activities, please contact our office at 541-249-9860 or email melody.hannah@todaysdme.com.

PATIENT COMMUNICATION FORM

We genuinely strive to provide the highest quality health care services to all our patients. That's why your concerns are our concerns. To ensure that our services meet your total satisfaction, we ask you to describe any complaint, problem, concern or compliment you may have.

Our Compliance Officer Melody Hannah will ensure that each concern is researched in order to resolve all complaints and/or problems.

We appreciate your candid comments as well as your assistance in helping us to continually improve our service(s) to our valued patients.

Name: _____ Date: _____

Address: _____

City, State, zip: _____ Phone: _____

Please describe your compliment/concern: _____

*****OFFICE USE ONLY*****

Action Taken: _____

Action Date: _____

CUSTOMER RESPONSIBILITIES

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

ASSIGNMENT / SIGNATURE ON FILE AGREEMENT

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

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

I authorize the release of any medical or other insurance information to process this claim. I also request payment of government benefits either to me or to Today's DME, Inc.

Signature: _____ Date: _____

SOME RISKS OF USING EMAIL

Email is inherently unsecure unless it is fully encrypted requiring the use of strong authentication and password protection. Most email does not meet those standards. Among the many risks of using email to communicate sensitive medical information:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by many intended and unintended recipients without my knowledge or agreement.
- Emails may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy. • Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.
- Email can be used for Phishing. Phishing is a technique of obtaining sensitive personal information from individuals by pretending to be a trusted sender.

The use of open internet email channels is not secure or encrypted – meaning that messages between could potentially be viewed by unauthorized persons who might intercept or read those emails.

TODAYS DME, INC. and its providers may not monitor my emails, or may not even receive them. Email is not an appropriate method for sharing urgent or emergent information.

TODAYS DME, INC. will never ask for personal identifying information or other sensitive information using open email. Such information might include date of birth, mother's maiden name, social security numbers, or other personal identifying information.

EMAIL/TEXT CONSENT FORM

This consent authorizes Todays DME, Inc. to communicate with me using open internet email channels. The specific email address that I am currently using is noted below. However, this consent allows TODAYS DME, INC. to communicate with me using any email address that I provide to TODAYS DME, INC., and/or any email address that I send communications to TODAYS DME, INC. from.

I understand that TODAYS DME, INC. email exchanges should generally be limited to communications that do not contain sensitive patient information. I authorize TODAYS DME, INC. to email me my invoices and accompanying patient information packet.

I authorize TODAYS DME, INC. to notify me of appointments by text appointment reminders. I also authorize TODAYS DME, INC. to email me reminders when I am eligible to reorder supplies.

I authorize TODAYS DME, INC. to notify me of appointments by email appointment reminders. And I authorize TODAYS DME, INC. to share information about its programs and services offered in the community, including programs or services specific to me, using email communications. I may also receive patient surveys, promotional offers or information about TODAYS DME, INC. charities and fundraising programs.

I understand that I can “opt out” of the use of email as a means of communication by sending an email to TODAYS DME, INC. at melody.hannah@todaysdme.com or by calling 541-249-9860. I understand that some messages already scheduled for delivery may be sent after I opt out, and I authorize TODAYS DME, INC. up to ten business days to fully process my opt-out request.

Some risks of using email are outlined on the reverse of this consent form, a copy of which has been provided to me.

I have read and understand the risks of using email and agree that email messages may include protected health information about me, or the patient named below (if I am signing as the patient’s representative).

Printed Patient Name: _____

Email Address: _____

Text phone number: _____

Signature: _____ Date: _____

Preferred Communication Choice

Phone _____ Text _____

Email _____

EMERGENCY CONTACT LIST

Please provide us with an emergency/alternative contact, name, phone number and relations to you. Please indicate if we can discuss the following with your contacts.

Name/Relationship	Phone number	Medical	Financial	Supplies

EQUIPMENT WARRANTY INFORMATION FORM

Every electrical product sold or rented by our company carries a 1-year manufacturer's warranty.

Todays DME, Inc. will notify all Medicare beneficiaries of the warranty coverage and we will honor all warranties under applicable law.

Todays DME, Inc will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment when this manual is available.

I have been instructed and understand the warranty coverage on the product I have received.

Signature: _____ Date: _____

**MEDICARE CAPPED RENTAL AND INEXPENSIVE OR ROUTINELY PURCHASED
ITEMS NOTIFICATION FOR SERVICES ON OR AFTER JANUARY 1, 2006**

I received instructions and understand that Medicare defines the

that I received as being either a capped rental or an inexpensive or routinely purchased item.

_____ **FOR CAPPED RENTAL ITEMS:**

- Medicare 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 Beneficiary
- After ownership of the equipment is transferred to the Medicare 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.

_____ **FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:**

- 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 mechanism, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

I Select the (initial option)

Purchase option _____

Rental Option _____

Signature: _____

Date: _____

Today's DME, Inc.
Customer Satisfaction Survey

In an effort to continuously improve our services; please take a few minutes to complete our survey.

Please rate each item on a scale from 1 – 5

1= Strongly Disagree

3=Somewhat Agree

5= Strongly Agree

2= Do Not Agree

4= Agree

N/A= *Not Applicable*---*You did not have this service and cannot rate it*

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. Our employees treated you with courtesy and respect. | N/A 1 2 3 4 5 |
| 2. Our employee was well prepared, organized and knowledgeable. | N/A 1 2 3 4 5 |
| 3. Your equipment/service was provided in a timely manner. | N/A 1 2 3 4 5 |
| 4. Our delivery staff were respectful of your home and belongings | N/A 1 2 3 4 5 |
| 5. Our staff is knowledgeable and professional. | N/A 1 2 3 4 5 |
| 6. Our staff provided clear instructions on how to use your equipment and how to reach our office during office hours and afterwards | N/A 1 2 3 4 5 |
| 7. You are aware of all the products and services we provide | 1 2 3 4 5 |
| 8. You would refer us to your family or friends for medical supplies and medical equipment services | 1 2 3 4 5 |

Please share your comments or suggestions on how we might serve you better:

Thank You!

AVAILABLE SERVICES

- Blood Glucose Monitors and Supplies
- Breast Pumps
- Briefs and supplies
- CPAP, APAP, BiPAP, ASV, AVAPS
- Canes and Crutches
- Commodes/ Urinals/ Bedpans
- Enteral Nutrients
- Enteral Equipment and Supplies
- Heat and Cold Applications
- High Frequency Chest Wall Oscillation Devices
- Intermittent Positive Pressure Breathing (IPPB) Devices
- Intrapulmonary Percussive Ventilation Devices
- Mechanical In-Exsufflation Devices
- Nebulizer Equipment and Supplies
- Neuromuscular Electrical Stimulators (NMES)
- Neurostimulators
- Orthoses Off the Shelf
- Penile Pumps
- Osteogenesis Stimulators
- Ostomy Supplies
- Oxygen Equipment and Supplies
- Patient Lifts
- Prothrombin Time INR Home Testing Devices
- Respiratory Assist Devices
- Respiratory Suction Pumps
- Surgical Dressings
- Tracheostomy Supplies
- Ultraviolet Light Devices
- Urological Supplies
- Ventilators Accessories/ Supplies
- Walkers
- Wheelchair Seating/ Cushions
- Wheelchairs – Standard Manual and related Accessories

ACKNOWLEDGEMENT OF RECEIPT OF PATIENT INFORMATION PACKET

I, the undersigned, hereby acknowledge that I have received the Patient information Packet. I have received, read, and understood:

- Welcome
- Service, Delivery and Warranty
- Financial Policy
- Billing and Payment Policy
- Patient's Bill of Rights and Responsibilities
- Medicare DMEPOS Supplier Standards
- Notice of Privacy Practices / HIPPA
- How to Make Your Home Safe for Medical Care
- Tips for Infection Control in the Home
- Emergency Preparedness
- Patient Grievance and Complaint Procedures
- Patient Communication Form
- Customer responsibilities / assignment / signature on file agreement
- Email/text consent form
- Some risks of using email
- Emergency contact list
- Equipment warranty information form
- Medicare capped rental and inexpensive or routinely purchased items notification for services
- Customer Satisfaction Survey
- Available Services

I have been given instruction on the proper use of my equipment and understand the information provided to me.

I am aware that, if I have any questions or problems with my equipment or supplies, I can call Today's DME, Inc. at 541-249-9860. I know Today's DME, Inc. seeks to provide the best possible services that comply with its contractual obligations, state laws, and federal laws and regulations. I can contact Today's DME, Inc. at any time, if I have concerns or a question about the services that I am receiving or about Today's DME, Inc. billing practices.

Printed Patient Name: _____ Date: _____

Signature: _____

Company Representative _____ Date: _____



TODAYS DME INC

Today's DME, Inc.
1312 Redwood Ave
Grants Pass OR 97527
Phone: (541) 249-9860
Fax: (541) 249-9859

Hours of Operation:

Mon. - Thur. 9 am - 5 pm