



1-800- 251-4673

VEDPUMPS.COM

ORIENTATION MATERIALS

HIPAA NOTICE: PATIENT PRIVACY (NPP).

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. We use PHI (protected health information) and/or EPHI (electronic protected health information) about you for treatment, to obtain payment for service, for administrative purposes, and to evaluate the quality of care that you receive. We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or Authorization. As our customer, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated. We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right-hand side of this page indicates the date of the most current Notice in effect. You have the right to receive a copy of our most current Notice in effect. If you have not yet reserved a copy of our current Notice, please as at the front desk and we will provide you with a copy. If you have any questions, concerns or complaints about the Notice or your medical information, please contact the Director of DME Services at (800) 251-4673.

WARRANTY.

Every product sold or rented by Hope Medical Supply, Inc. carries a manufacturer's warranty. This statement constitutes notification by Hope Medical Supply, Inc. of your warranty coverage. In addition, an owner's manual and/or operating instructions are provided at the time of delivery of the equipment.

MISSION STATEMENT

OUR PURPOSE: Our mission at Hope Medical Supply, Inc. is to improve the health, well-being and quality of life of our customers. We aim to provide a better healthcare experience by facilitating the move from institutional to home care, increasing mobility inside and outside the home, and ensuring the safe, appropriate and effective use of our products. We believe that the home environment fosters healing and enhances the comfort of the convalescing patient. We know that without our services, patients would be confined to institutions, homes, or beds. Our services make the daily difference in our patients' lives, providing the medical equipment and supplies that increase their mobility within their homes, in their communities and in the world. **OUR BUSINESS:** Hope Medical Supply is a third generation family-owned, regional home medical equipment provider which has been offering the highest quality healthcare for nearly 70 years. As a full-service provider, we stand behind our products, services, and supplies. Hope Medical Supply is compliant with all local, state and federal laws. We have been accredited by the Joint Commission since 1996, and are fully contracted with third party payors. We invest heavily in our human resources from employee benefits to training, and employ licensed clinical and certified technical staff, as well as expert reimbursement specialists. As an integral member of the home healthcare team, we coordinate the smooth transition of patients from institution to home, providing delivery, set-up, instruction, training, assessment, evaluation, consultation, and service. **OUR VALUES:** Hope Medical Supply employees respect the dignity of all people regardless of race, religion, culture, or disability. We are an up-standing corporate member of the community which values compassion, ethics, honesty, and fairness. As an environmentally conscious company, we endeavor to reduce waste, reuse products and recycle materials.

MEDICARE SUPPLIER STANDARDS

1. Operates its business and furnishes Medicare-covered items in compliance with all applicable Federal and State licensure and regulatory requirements. 2. Has not made, or caused to be made, any false statement or misrepresentation of a material fact on its application for billing privileges. 3. Has the application for billing privileges signed by an individual whose signature binds a supplier. 4. Fills orders, fabricates, or fits items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order. 5. *Advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment. 6. **Honors all warranties expressed and implied under applicable State law. A supplier must not charge the beneficiary or the Medicare program for the repair or replacement of Medicare-covered items or for services covered under warranty. 7. Maintains a physical facility on an appropriate site. The physical facility must contain space for storing business records including the supplier's delivery, maintenance, and beneficiary communication records. For purposes of this standard, a post office box or commercial mailbox is not considered a physical facility. 8. Permits CMS, or its agents to conduct on-site inspections to ascertain supplier compliance with the requirements of this section. The supplier location must be accessible during reasonable business hours to beneficiaries and to CMS, and must maintain a visible sign and posted hours of operation. 9. Maintains a primary business telephone listed under the name of the business locally or toll-free for beneficiaries. 10. Has a comprehensive liability insurance policy 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. 11. Agrees not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies: A. The individual has given written permission to the supplier to contact them by telephone. B. The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item. C. If the contact concerns the furnishing of a Medicare-covered item other than a covered item already furnished to the individual, the supplier has furnished at least one covered item to the individual during the 15-month period preceding the date on which the supplier makes such contact. 12. Is responsible for the delivery of Medicare-covered items to beneficiaries and maintain proof of delivery. 13. Answers questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented. 14. Maintains 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. Accepts returns from beneficiaries of substandard items. 16. Discloses these supplier standards to each beneficiary to whom it supplies a Medicare-covered item. 17. Complies with the disclosure provisions in § 420.206 of this subchapter. 18. Will not convey or reassign a supplier number. 19. Has a complaint resolution protocol to address beneficiary complaints that relate to supplier standards. 20. Maintains the following information on all written and oral beneficiary complaints, including telephone complaints, it receives: A. The name, address, telephone number, and health insurance claim number of the beneficiary. B. A summary of the complaint; the date it was received; the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint. C. If an investigation was not conducted, the name of the person making the decision and the reason for the decision. 21. Provides to CMS, upon request, any information required by the Medicare statute and implementing regulations. 22. All suppliers of DMEPOS and other items and services 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. 23. All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the new supplier location for three months after it is operational without requiring a new site visit. 24. All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards. 25. All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products. 26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009 *It is the policy of Hope Medical Supply to only sell inexpensive and routinely purchased equipment. Prior to January 1, 2006 Medicare has required that suppliers offer the choice to rent or purchase their equipment during the 10th month of rental. This is no longer Medicare's policy. ** It is the policy of Hope Medical Supply, Inc. to honor all manufacturers' warranties for equipment provided. All rental equipment is maintained fully in safe, operable condition for the duration of the rental period.

RESPONSIBILITIES OF THE PATIENT.

You and Hope Medical Supply are partners in your health care plan. To ensure the finest care possible, you must understand your role in your health care program. As a patient of Hope Medical Supply, you are responsible for the following: (1) To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service. (2) To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc. (3) To involve yourself, as needed and as able, in developing, carrying out, and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies. (4) To review Hope Medical Supply safety materials and actively participate in maintaining a safe environment in your home. (5) To request additional assistance or information on any phase of your health care plan you do not fully understand. (6) To notify your attending physician when you feel ill, or encounter any unusual physical or mental stress or sensations. (7) To notify Hope Medical Supply when you will not be home at the time of a scheduled home care visit. (8) To notify Hope Medical Supply prior to changing your place of residence or your telephone number. (9) To notify Hope Medical Supply when encountering any problem with equipment or service. (10) To notify Hope Medical Supply if you are to be hospitalized or if your physician modifies or ceases your home care prescription. (11) To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home health care plan developed for you. (12) To make a conscious effort in showing respect and consideration to Hope Medical Supply staff. (13) To meet financial commitments that has been agreed to with Hope Medical Supply. (14) To accept the consequences for adverse outcomes if you do not follow proposed care plan or course of treatment.

PATIENT BILL OF RIGHTS.

As an individual receiving home care services from Hope Medical Supply, let it be known and understood that you have the following rights: (1) To select those who provide you home care services. (2) To be provided with legitimate identification by any person or persons who enters your residence to provide home care for you. (3) To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, psychosocial state, physical or mental handicap, or personal cultural and ethnic preferences. (4) To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of Home Medical Supply, and therefore be provided with transfer assistance to an appropriate care or service organization. (5) To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing Hope Medical Supply that provides treatment or services for you and to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation. (6) To have your confidentiality, privacy, safety, security, and property respected at all times. (7) To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs. (8) To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service. (9) To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal. (10) To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the physician's legal responsibilities of medical disclosure. (11) To receive care and services within the scope of your health care plan, promptly and professionally, while being fully informed as to Hope Medical Supply policies, procedures, and charges. (12) To refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal. (13) To request and receive data regarding services or costs thereof privately and with confidentiality. (14) To request and receive the opportunity to examine or review your medical records. (15) To formulate and have honored by all health care personnel and advance directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order. to expect that all information received by Hope Medical Supply shall be kept confidential and shall not be released without written consent. (16) The right to review Hope Medical Supply Privacy Notice. (17) The right to access, request amendment to, receive an accounting of disclosures regarding your health information as permitted under applicable law. (18) The right to revoke any previous consent for release of medical information or for obtained consent for media recording or filming. (19) To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care. (20) To be informed of any experimental or investigational studies that are involved in your care, and be provided the right to refuse any such activity.

CUSTOMER COMPLAINT/ CONCERNS FORM

Patient Name: _____

Phone Number: _____

Individual completing form: _____

Name of affected individual: _____

Phone Number: _____

Address: _____

Describe complaint/concern:

Signature

Date

CUSTOMER SATISFACTION SURVEY

- Are you using the equipment? [] Yes [] No [] Not Applicable
- Have deliveries been made on time? [] Yes [] No [] Not Applicable
- Have you had any billing concerns? [] Yes [] No [] Not Applicable
- Have our people been helpful and polite? [] Yes [] No [] Not Applicable
- Were you provided instructions in the use of the equipment? [] Yes [] No [] Not Applicable
- Were you satisfied with the training you received? [] Yes [] No [] Not Applicable
- Do you feel the information received about preventing falls is helpful? [] Yes [] No [] Not Applicable
- Have we met your expectations regarding the service we provided? [] Yes [] No [] Not Applicable
- How would you rate our overall services? [] Excellent [] Good [] Fair [] Poor

Questions, Comments, or Complaints

Whether you have complaints, concerns, or are satisfied with Hope Medical Supply, you may return this form to: 1116 E. Houston, San Antonio, Texas 78205, via fax at (210) 299-1670, (361) 888-6420 or via e-mail at customerservice@hopedme.com. If you do not receive a satisfactory response to this concern, you may wish to contact the Joint Commission at (630) 994-6610 or complaint@jointcommission.org