

WELCOME

Dear Customer,

Thank you for choosing COMPLETE MEDICAL SUPPLIES as your Medical Supplier. We are committed to providing our clients with trained personnel and the highest quality of medical supplies available to achieve a service second to none. Our staff can quickly and efficiently handle any of your medical supply needs and/or to answer any questions you may have. For your convenience, we offer a complete line of medical products and supplies, including ostomy, urological, wound care, diabetic supplies and specialty items. Feel free to call us regarding any of your supply needs. Additionally, for your information please note the following:

CRITERIA FOR ADMISSION

Services will be provided in accordance with the physician's order and the patient's needs. Our company ships or delivers supplies directly to customers in their place of residence anywhere in the continental United States. If we cannot meet your needs, either directly by our company or indirectly through service agreements, we will assist you to find an appropriate supplier in your area who can meet your needs.

SCOPE OF SERVICES

- Medical Supplies including, but not limited to, ostomy and urological supplies.
- Diabetic Equipment and Supplies.

BUSINESS HOURS

Business hours are from 8:30 a.m. to 5:00 p.m. E.S.T., Monday through Friday, except during company holidays. After hour messages may be left on our 24 hour voice mail system. You may reach us by calling our telephone number (954) 748-5151. A qualified staff member will respond to your needs/questions/concerns on the next regular business day. Additional product assistance is available by calling the manufacturer's toll free number. Medical questions or concerns should be directed to your physician. However, should you have a life threatening emergency, call 911.

PLACING ORDERS: Most equipment and supply orders need to be placed with a minimum of 24-48 hours advance notice. Please call the office if you have any questions about when to order.

SERVICE AREA: Complete Medical Supplies provides services to adult populations in the continental United States.

COMPLAINT/GRIEVANCE POLICY

Our objective is to provide you with the highest quality services and products available, and assure that your rights as a consumer are protected. If you feel that we have failed you in any manner, or that your rights have been compromised in any way, please follow these steps without fear of discrimination or reprisal.

1. Notify Complete Medical Supplies at (866) 748-5151 as most problems can be solved in this manner.
2. A Customer Service Representative or any staff member will document your complaint and forward it to our General Manager for immediate investigation in order to provide a resolution to your satisfaction within 24 hours.
3. If the complaint cannot be resolved solely by the General Manager, the full Governing Board will review the information and provide a resolution to your complete satisfaction.
4. After business hours, your calls will be promptly returned on the next regular business day. You may also contact the state's home care hotline which receives complaints or questions about home care agencies. You may also log complaints with the consumer Protection Division of the Attorney General's office, the commissioner of the State Department of Public Health, Medicare, Medicaid, your health plan, or with any other person or agency.
5. Toll Free Number for the State of Florida complaint Hotline is 1-888-419-3456
6. You may also contact the Accreditation Commission for Health Care (ACHC) to register a complaint. Their number is: 919-785-1214.

RIGHT TO RENT OR PURCHASE FOR MEDICARE BENEFICIARIES

I understand that I have the right to rent or purchase blood glucose monitors which Medicare considers inexpensive or routinely purchased equipment. I have been notified that it is the policy of Complete Medical Supplies to offer blood glucose monitors for sale only. I understand that if I am interested in renting a blood glucose monitor, Complete Medical Supplies will provide contact information for an alternative supplier.

EMERGENCY DISASTER PLAN

In the event of any emergency situation, every effort will be made to make sure you receive your necessary supplies. However, the safety of our staff must be considered. When shipping services such as the U.S. Postal Service or U.P.S. deem that weather conditions make it unsafe to travel, we will, if possible, contact you by phone to let you know of the delay in service. In the event of a natural disaster (hurricane, flood, tornado, etc), every possible effort will be made to assure that your medical needs are met. In case of bad weather or other situations that might prevent our staff from reaching you, turn to your local radio and /or TV station(s) to keep informed of the situation. Shipment of products will resume as soon as conditions allow.

CHARGES

We accept payment for services from Medicare, Private Insurance or Private Pay. We are required to bill you for the 20% co-insurance and your annual deductible, if it has not been met. If you are not capable of paying this, please call our office to discuss the matter. Some insurers may limit the number and type of supplies they will pay for and may require pre-certification and/or co-payments. Company requires that all eligibility requirements for all payer sources be met prior to admission. Any charges for services not covered or non-reimbursable will be discussed with you prior to rendering these services. Prior to, delivery, the client, guardian, caregiver or family member will be informed of all charges for services provided and methods of payment.

MEDICAL CLAIMS

The Company will file all your medical claims with your insurance company, if we have the proper insurance verification information. It is your responsibility to ensure we have the most accurate, up-to-date information regarding your payer source to be able to file necessary claims on your behalf. Any deductibles, amounts not covered by your insurance and or any percentage not covered by insurance will be billed to you. Please contact our office immediately should any of the circumstances occur:

- Change in insurance company/coverage
- Termination of insurance coverage
- Change in Medicare Insurance eligibility status
- Change in primary/secondary insurer
- Change/additional health service being provided to you by other health care organizations
- Change in physicians
- Change in medical condition
- Request change in medical supplier

Additionally, should you have any questions or concerns about your account, you may call our Billing Department at (866) 748-5151 during regular business hours. Compliance with these guidelines will result in more accurate filing of your claims and more timely response from your insurance company.

PRODUCT WARRANTY AND/OR RETURN POLICY

COMPLETE MEDICAL SUPPLIES honors all manufacturer warranties under applicable State law. Sales returns will be accepted in unopened packages within thirty (30) days from the original date of purchase with proof of purchase. No merchandise will be accepted if worn next to skin due to infection control purposes.

If at any time during your course of service with our company you have questions, please do not hesitate to contact our office. One of our Representatives will be glad to assist you.

CMS MEDICARE DMEPOS SUPPLIER STANDARDS

The products and/or services provided to you by COMPANYNAME are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov/> Upon request we will furnish you a written copy of the standards.

HOME SAFETY

Here are safety tips for using your medical equipment and supplies as well as for fall prevention, fire safety and preventing infection. Below, you will also find great safety tips to keep in mind while receiving any type of healthcare services.

SAFETY CHECKLIST

- ✓ Read your customer education information.
- ✓ Ask your supplier questions about your equipment/supplies and take notes.
- ✓ Keep *Instructions for Use* available at all times.
- ✓ Do not connect equipment that requires electricity to extension cords or to a multiple outlet strip.
- ✓ Always read and follow the instructions as given.
- ✓ Take care of your equipment/supplies according to the manufacturer's instructions (for such things as cleaning, replacing batteries, protection from harm, etc.)
- ✓ Have emergency phone numbers for contacting your supplier, the manufacturer and your doctor(s).
- ✓ Always have a back-up plan and supplies.
- ✓ Educate your family and caregivers about your medical equipment/supplies.
- ✓ Keep children and pets away from your equipment/supplies.
- ✓ Never overextend yourself while using your medical equipment. It's okay to ask for assistance if you need it.
- ✓ Report any equipment malfunctions to your supplier immediately.
- ✓ Keep your supplies and equipment clean and dry at all times.

INFECTION CONTROL

To protect both patients and caregivers, infection control procedures should be followed in the home setting.

1. Hand washing – This is the easiest and most important way to prevent transmitting infection from one person to another. You should wash your hands thoroughly before and after testing your blood sugar as well as before and after contact with contaminated items. If in doubt, be safe: WASH YOUR HANDS.
2. Dispose of any contaminated or potentially contaminated products by placing in a sealed plastic bag.
3. Dispose of any needles or sharp items in a puncture proof container.
4. For any questions or concerns regarding infectious diseases, contact your doctor.

FIRE SAFETY & PREVENTION

The Home Safety Council™ provides the following tips so that you can actively practice fire safety and prevention in your daily routines.

- Install smoke alarms on all levels of your home. Test them each month.
- Plan and practice home fire drills. Know two ways to exit every room. Establish an area to meet outside.
- Always stay in the kitchen when food is cooking.
- Empty ashtrays often and run water over them before emptying them into the trash.
- Keep matches, candles, and lighters out of the reach of children.

Customer Bill of Rights and Responsibilities

Complete Medical Supplies recognizes that each patient has the right to quality care in accordance with fundamental human, civil, constitutional and statutory standards. Our goal is to provide considerate ethical business practices. Our business practices are assessed on a continuous basis by management to guarantee that highest standards and professional ethical behavior are maintained. Our customers should be informed of their rights while being served in the homecare setting. This is a statement of your rights.

You have the right to:

1. Be treated with dignity, courtesy, and respect, and to expect honesty, truthfulness, and fairness from Company representatives.
2. Reasonable coordination of services with referring agencies, timely response when homecare equipment/supply is needed or requested, and to be informed in a timely manner if needs cannot be met.
3. Be fully informed upon admission of the Company's policies, procedures, ownership and control, and the process for receiving and resolving your complaints or concerns.
4. Select a home medical equipment and supply provider of your choice.
5. Receive complete explanation of all forms you are requested to sign.
6. Receive quality homecare supplies and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sexual orientation, social status, age, or disability.
7. Receive the highest quality equipment, supplies and services from qualified personnel and to receive instructions on safe and effective operation of equipment and or use of supplies.
8. Confidentiality of all your records (except as otherwise provided for by law or third-party contracts) and to review and even challenge those records and to have your records corrected for accuracy.
9. Respect for your personal privacy.
10. Access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law. Our Notice of Privacy Practices describes your rights in detail.
11. Express dissatisfaction and to suggest changes in any service without discrimination, reprisal or unreasonable interruption of services.
12. Refuse or discontinue care/services without fear of reprisal of discrimination.
13. Be informed of any financial benefits when referred to an organization.
14. Be fully informed of one's responsibilities.
15. Has the right to know of any financial responsibility prior to order being shipped.

You have the responsibility to:

1. Provide complete and accurate information to the best of your knowledge about your present health, hospitalizations, and other matters relating to your health and our ability to provide you product and services.
2. Remain under a doctor's care while receiving our services and equipment.
3. Notify us of changes in your condition, perceived risks or unexpected changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, or change of physician).
4. Follow your physician's plan of care and accept responsibility for the outcomes if you do not follow the plan of care, and equipment/supply instructions.
5. Ask questions about your equipment/supplies, or other instructions, when you do not understand what you are expected to do. Notify us if your service schedule needs to be changed due to travel plans, family emergencies, etc.
6. Notify us if you are admitted to the hospital, nursing home or under the care of a home health agency.
7. Notify us of any undue incident involving staff or equipment, and tell us of any problems or dissatisfaction with the services provided.
8. Notify us of changes in your address, phone number or insurance coverage, or if you decide to enroll in a Medicare or private HMO (health maintenance organization) or hospice.
9. Accept all financial responsibility for the home medical equipment and supplies delivered.
10. Report any malfunctions or defects in equipment and or supplies to us immediately, so we can arrange replacement.
11. Carry out mutually agreed responsibilities.

HEALTH CARE ADVANCE DIRECTIVES:

The Company respects your right to formulate an Advance Directive/Living Will. However, services provided are not contingent upon such a document. An Advance Directive is a written or oral statement which is made and witnessed in advance of a serious illness or injury, about how you want medical decisions made, and enables you to make decisions for future medical treatment. For additional information, contact your physician or attorney

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USES/DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY

Complete Medical Supplies may use/disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. This Notice describes your rights to access and to control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

Uses/Disclosures of Protected Health Information

Your protected health information may be used/disclosed by your physician or office staff and filed stats that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the Company, and any other use required by law. The COMPANY may also disclose your information to individuals outside the COMPANY who are also involved in your care; e.g. pharmacist.

- A. Treatment:** We may use/disclose your protected health information in order to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to another community health COMPANY that provides care to you. Your protected health information may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- B. Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. Third party payers or health plans may require information about your health care status prior to authorizing medical treatment. If you are being treated as a result of an automobile accident, COMPANY may disclose your health information to that insurer. Your health plan may inquire and receive information on dates of services, services provided, and the medical condition being treated.
- C. Healthcare Operations:** COMPANY may disclose, as needed, your protected health information in order to support the day-to-day activities and management of the COMPANY. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to students that see patients with our COMPANY staff. We may use/disclose your protected health information, as necessary, to contact you to remind you of your planned visits.

- D. Law Enforcement:** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.
- E. Public Health Reporting:** COMPANY is required by law to report certain communicable diseases. We may disclose your health information in order to prevent or control disease, injury, disability, to enable product recall, repairs, replacements, and for compliance with Food and Drug Administration requirements.
- F. To Report Abuse, Neglect, or Domestic Violence:** COMPANY is allowed to notify government authorities if there is reason to believe a patient is the victim of abuse, neglect or domestic violence. Disclosure will be made only when specifically required or authorized by law, or when the patient agrees to disclose.
- G. To Conduct Health Oversight Activities:** Your health information may be used for activities such as audits, civil, administrative or criminal investigations, and inspections. However, the COMPANY may not disclose your health information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits.
- H. IN Conjunction with Judicial and Administrative Proceedings:** We may disclose your health information in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, request for discovery or other legal process. The COMPANY will make every effort to notify you of the request.
- I. Organ, Tissue, Eye Donations:** COMPANY may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes, or tissue for the purpose of facilitating donation and transplantation.
- J. In the Event of Serious Threat to Health or Safety:** COMPANY may, consistent with applicable law and ethical standards of conduct, disclose your health information if the COMPANY believes in good faith, that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public.
- K. Research:** Under very select circumstances, COMPANY may use your health information for research. However, before this occurs, the research project will be subject to an extensive approval process.

We may also disclose your protected health information to Coroners and Medical Examiners and to Funeral Directors if such information is required for them to carry out their duties.

All other uses/disclosures will be made only with your authorization unless required by law. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's COMPANY has taken an action in reliance on the use/disclosure indicated in the authorization.

Your Rights Under the Privacy Standards:

- The right to request restrictions on the use/disclosure of your health information
- The right to receive confidential communication concerning your medical condition and treatment
- The right to inspect and/or copy your protected health information
- The right to request an amendment of your protected health information
- The right to receive an accounting of how and to whom your protected health information is disclosed
- The right to receive a printed copy of this notice and any subsequent changes to this notice while you are a patient of the COMPANY

All requests must be in writing and sent to attention of the COMPANY Privacy Official.

Our Duties and Responsibilities:

The COMPANY is required by law to maintain the privacy of your protected health information and to provide you with a written notice of these policies. We are also required to abide by the privacy policies and procedures as outlined in this notice. We reserve the right to amend or modify our privacy policies and procedures as needed or required by changes in the Federal or State regulations.

Complaints: You may file a complaint with our Privacy Official if you believe your rights have been violated or if you would like to offer comments regarding our Privacy Practices. You may also file a complaint with the Secretary of the Department of Health and Human Services by mail or on their web site at www.hhs.gov . You will not be penalized or otherwise retaliated against for filing a complaint.

You may contact our Privacy Official at our Company Offices:

4001 NW 124th Ave.

Coral Springs, FL 33065

Telephone: 866-748-5151

Fax: 866-634-8166

Select the secure link below to sign our welcome packet acknowledgement form.

[Welcome Packet Acknowledgement form](#)

You can email the signed form to: intake@acsmedical.com