



Patient Information Booklet

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Important information to read about your Equipment

OXYGEN PATIENTS

WELCOME TO AEROCARE

Your physician has ordered oxygen for you and asked that we provide you with the equipment. Insurance companies have strict guidelines when a patient is receiving oxygen and we would like to review those guidelines with you.

In order for your physician to prescribe oxygen, **medical necessity** has to be determined. That means there has to be some medical documentation to support the need for the equipment. The determination is made based on a simple non-invasive test known as a pulse oximetry and a face-to-face visit with your physician. Both the test and the office visit must be made within thirty days of your physician ordering your oxygen. There are specific requirements regarding what the physician's medical record note must say in order to satisfy those requirements. We have included on the back of this form, the criteria that should be included in the note.

In order to continue on the oxygen after the first year, there is a requirement that you go back to your physician and be re-evaluated. That visit must occur between the 9th and 12th month.

You will receive a letter from our office at the beginning of the ninth month reminding you to make an appointment with your doctor. Again, the insurance company requires specific documentation for this visit and we have included that information on the back of this form as well.

We provide this information to you, because we believe every patient wants the opportunity to participate in their care. We need your help in order to make sure there is no interruption in the services your physician has ordered for you. If you fail to see your physician during the specified time frame we will bill you for the equipment.

Again there are two things we are requesting that you do in order to avoid an interruption in your oxygen therapy:

- Schedule a return visit to your physician nine months from today. and
- Take the back of this form with you to provide guidance to your physician regarding the documentation guidelines.

Thank you in advance for your assistance.

AeroCare Holdings, Inc.

Important information to read about your Equipment

Medical Record Documentation Requirements

Many insurance companies require the patient's medical record has documentation that supports the ongoing medical necessity for the service or equipment that was provided. In particular Medicare requires documentation that explicitly addresses the patient's use and benefit of the oxygen therapy. The Medicare Manual specifically states the following:

"CONTINUED MEDICAL NEED

For all DMEPOS items, the initial justification for medical need is established at the time the item(s) is first ordered; therefore, beneficiary medical records demonstrating that the item is reasonable and necessary are created just prior to, or at the time of, the creation of the initial prescription. For purchased items, initial months of a rental item or for initial months of ongoing supplies or drugs, information justifying reimbursement will come from this initial time period. Entries in the beneficiary's medical record must have been created prior to, or at the time of, the initial DOS to establish whether the initial reimbursement was justified based upon the applicable coverage policy.

For ongoing supplies and rental DME items, in addition to information described above that justifies the initial provision of the item(s) and/or supplies, there must be information in the beneficiary's medical record to support that the item continues to be used by the beneficiary and remains reasonable and necessary."

Therefore, in order for us to continue to provide your patient with oxygen therapy we are requesting you discuss the oxygen with your patient and document the responses in the patient's medical record.

We have found the documentation can be as simple as **"Discussed oxygen use with patient, states they continue to use and benefit."** Medicare further states the patient should be seen annually and the use and benefit of the therapy should be addressed during each visit.

Insurance companies are requesting more documentation in an effort to be certain the services they are paying for, are in fact being used by and benefitting the beneficiary. We are requesting your assistance in order to avoid a break in providing service to your patient.

AeroCare Holdings, Inc.

Important information to read about your Equipment

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) PATIENTS

WELCOME TO AEROCARE

Your physician has ordered a CPAP for you and asked that we provide your equipment. Insurance companies, in particular Medicare, have strict guidelines when a patient is receiving CPAP equipment and we would like to review those guidelines with you.

Many insurance companies require prior to your sleep study the physician documents your need for the sleep study and that the sleep study is being ordered. The insurance companies want to understand the reason for the sleep study. The documentation should state you have symptoms of Obstructive Sleep Apnea

A sleep study indicating that you have the symptoms of sleep apnea and the best treatment for the symptoms is CPAP therapy. At this point, both the initial face-to-face and the sleep study have been completed.

Once you have been set-up on the equipment there needs to be documentation of your compliance with the equipment. What that means is we must show documentation indicating you are using the equipment at least 4 or more hours per night for at least 21 nights in a 30 day period. We can monitor the usage of your equipment either through a wireless internet connection or a removable card that you will mail into the office for us to provide the usage data to your physician.

BETWEEN 31ST TO 91ST DAY

A Second Face to Face visit must occur with your physician that documents you are using and benefitting from the equipment. Your physician must also document they have reviewed the compliance data. This must be documented in the medical record.

If you fail to see your physician during the specified time frame we will bill you for the equipment.

Again there are two things we are requesting your assistance in order to avoid an interruption in your CPAP therapy:

- Schedule a return visit to your physician between 31 and 91 days from today
- Take the back of this form with you to provide guidance to your physician regarding the documentation guidelines.

Thank you in advance for your assistance.

AeroCare Holdings, Inc.

Important information to read about your Equipment

Medical Record Documentation Requirements

Many insurance companies require the patient's medical record has documentation that supports the ongoing medical necessity for the service or equipment that was provided. In particular Medicare requires documentation that explicitly addresses the patient's use and benefit of the CPAP therapy. Medicare has specific documentation requirements in order for us to continue to provide your patient with the CPAP and supplies. Specifically Medicare requires the following:

Following the initial set-up of the equipment, between the 1st and the 91st day there must be documentation in the medical record showing compliance with the equipment. That means the medical record must show documentation indicating the patient is using the equipment at least 4 or more hours per night for at least 21 nights in a 30 day period. We have provided that information to you.

BETWEEN 31ST TO 91ST DAY

The patient must return to your office for a Second Face to Face visit. Medicare requires that the documentation in the record states the patient is using and benefitting from the equipment and the symptoms of obstructive sleep apnea are controlled. Medicare further requires that you document in the record that you have reviewed the compliance data.

Therefore, in order for us to continue to provide your patient with their CPAP and the associated supplies we are requesting you discuss the CPAP usage with your patient and document the responses in the patient's medical record.

Insurance companies are requesting more documentation in an effort to be certain the services they are paying for, are in fact being used by and benefitting the beneficiary. We are requesting your assistance in order to avoid a break in providing service to your patient.

AeroCare Holdings, Inc.

Table of Contents

Mission and Purpose Statement.....	2
List of Services	2
Oxygen Therapy	
a. Oxygen Concentrator and Usage	3
b. Concentrator Maintenance & Supplies	4
c. Troubleshooting Your Concentrator.....	5
d. Portable Oxygen	6
e. Oxygen Safety	8
f. Common Questions/Myths	9
g. Liquid Oxygen	10
Nebulizer Compressor.....	11
PAP Therapy	12
Wheelchair.....	14
Hospital Bed.....	15
Walker.....	15
Emergency Preparedness	16
Warranty Information	18
Cost of Service	18
Advance Directives.....	18
Capped Rental Letter	19
Complaint Policy	20
Patient’s Bill of Rights and Responsibilities	21
Notice of Uses of Protected Health Info (HIPAA)	22
Medicare Supplier Standards.....	24

Thank you

.... for choosing our company to supply you with your home medical equipment. We are pleased to be of service to you and hope that you will take the time to familiarize yourself with the helpful information contained in this booklet. Feel free to call us with any questions regarding your care, our service, or this information.

This booklet contains important information regarding:

- Safe and Proper usage of your home medical equipment
- Emergency Preparedness
- HIPAA Policies – Privacy information and *Notice of Uses*
- Medicare *Supplier Standards*
- Your *Rights and Responsibilities* as our customer
- Complaint Policy
- Capped Rental Letter
- And More ...

Mission Statement

“It is the company’s fundamental mission to ensure the quality and integrity in the delivery of care and service to our valued customers. Customer service and satisfaction are our primary concern.”

Purpose Statement

The company is committed to providing quality care and service to our patients and referral sources. The company will adhere to all federal, state, and local laws along with all applicable regulatory agencies. It is the responsibility of all employees to avoid unethical decision-making and continually improve quality of care and service provided to our patients and referral sources.

Our Services Include:

- 24 hour, 7 days-a-week emergency service
- Home delivery of your medical equipment
- Instruction and training as to safe and proper use of all equipment
- Routine home service visits for all oxygen patients
- Clinical assessment as needed or ordered by your physician by qualified personnel
- Quality customer service and delivery personnel to help with your home medical equipment needs
- Competent billing staff to assist with reimbursement and questions you might have regarding your insurance coverage

We provide the following equipment for your home medical needs:

- Oxygen concentrators
- Portable oxygen devices
- Nebulizers and Respiratory medications
- Durable Medical Equipment
- CPAP’s and Bi-Level Machines

Oxygen Therapy

Oxygen is a Drug and may only be used as prescribed by a physician. **DO NOT change the liter flow** without first consulting your physician as it is safe and effective only when used according to their specific instructions. **More is not necessarily better! It could be harmful to your health!**

Oxygen Concentrator

An oxygen concentrator is an electrically operated device that filters room air, removing dust particles and nitrogen and stores the remaining oxygen for you to breathe. It has an on/off switch, a gauge for setting your proper liter flow, a threaded outlet for connection of a nipple/nut (Christmas tree) or humidifier bottle, if applicable, an electrical cord and a variety of filters. Your oxygen concentrator may also have a power-failure alarm that our service personnel will routinely check for proper operation. An oxygen concentrator does make a certain amount of noise and produces some heat.

Proper Usage

Our service personnel will instruct you how to set your oxygen concentrator to the proper setting which your physician has prescribed. They will also help you determine an appropriate and safe location in your home from which to operate your concentrator as well as help determine an appropriate length of tubing with which to operate your concentrator.

When you are ready to power on your concentrator make sure:

- Unit should be plugged in to a properly grounded wall outlet.
- **The concentrator should be at least 8 feet away from any open flame.**
- Air intake areas of the concentrator should be at least 18 inches from any wall and/or curtains or draperies.
- Electrical cord, wall outlet, and surrounding area are clean and dry.
- All connections of tubing, nasal cannula, and humidifier bottle, if applicable, should be secure.

After turning on your concentrator you should:

- Confirm proper setting of flow by viewing the gauge – looking directly at the gauge, the line for your liter flow should be in the middle of the ball.
- Confirm proper placement of your nasal cannula.
- Confirm oxygen flow through your nasal cannula.
- Confirm bubbling in your humidifier bottle if you are using one.

Concentrator Maintenance and Supplies

External filters should be cleaned routinely to ensure proper operation of your oxygen concentrator. You should clean and completely dry external cabinet filters every week. They are to be rinsed with water and dried with a clean, lint-free paper towel or cloth. Put back on the concentrator when dry.

Supplies should be changed as follows:

- Cannulas-once every two weeks, more often if you have been sick.
- Humidifier (Water Bottle)-once every month.
- Tubing-once every 3-6 months.

Please call us for replacement supplies.

Nasal or Oral Dryness

- Drink plenty of water.
- Use a water based nasal gel. (Do not use any petroleum based nasal gel)
- Use a room humidifier.
- If gels or room humidifiers don't work, a humidifier (water) bottle may be added to your oxygen concentrator to help alleviate this problem. You should only use DISTILLED WATER and fill the bottle to the specified mark.

NOTE: Humidifier bottles can often get cross-threaded and disrupts the flow of oxygen. Make sure the humidifier is not cross-threaded by plugging the hole where the tubing connects and listening for the "whistle." If you do not hear the "whistle" or are uncertain, remove the humidifier bottle and replace with the green "Christmas tree" connector. Connect your tubing to the Christmas tree.

Ear Soreness

- Ask your service technician for some ear wraps
- Apply "moleskin" to cannula.

Turn off concentrator when not in use.

Keep your cannula in a clean, dry place.

Troubleshooting Your Concentrator

Yellow Alarm-No Air (Oxygen) Flow:

1. Turn off concentrator
2. Remove all attachments (tubing, humidifier, Xmas tree, etc)
3. Turn concentrator back on and let run for several minutes.
4. If alarm stops, put on Xmas tree or new humidifier, and then attach new tubing and cannula.
5. If alarm continues, check flow ball to see if ball is sitting at the bottom of the flow gauge glass. Adjust liter flow to correct setting.
6. If alarm still continues, call a technician for assistance.

Red Alarm-No Air (Oxygen) Flow:

1. Check to make sure concentrator is plugged in.
2. Check breaker box to make sure there is power to the outlet.
3. Try a different outlet.
4. Check to see if outlet is connected to a wall switch.
5. Check the flow ball to see if the ball is sitting at the bottom of the flow gauge. Adjust liter flow to correct setting.
6. If the alarm continues, call a technician for assistance.

Yellow Alarm-Air (Oxygen) is Flowing:

1. Check all tubing for kinks or bends that might be obstructing flow.
2. Make sure nothing is sitting on top of the tubing.
3. Check filter on humidifier bottle for build-up of deposits. Change if necessary.
4. If the alarm continues, call a technician for assistance.

Red Alarm-Air (Oxygen) is Flowing:

1. Check the flow ball to see if the ball is sitting at the bottom of the flow gauge glass. Adjust liter flow to correct setting.
2. Check all tubing for kinks or bends that might be obstructing flow.
3. Make sure nothing is sitting on top of the tubing.
4. If the alarm continues, call a technician for assistance.

Alarm-No Lights: Check Smoke Detectors and CO2 Detectors

Machine is running-No Air (Oxygen) Flow or Alarms:

1. Check humidifier lid to see if it is cross threaded
2. Check humidifier connection to concentrator to see if that is cross threaded.

Portable Oxygen

Your physician may order the use of a portable device to use oxygen out of your home. The device will consist of a regulator or conserver and an oxygen cylinder. It is very important to use this device only as you are instructed to. Each oxygen cylinder is pressurized and can cause injury or death if mishandled or operated incorrectly.

Proper Usage

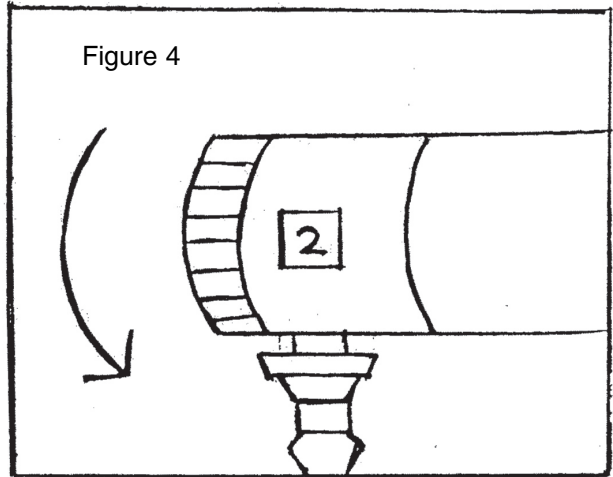
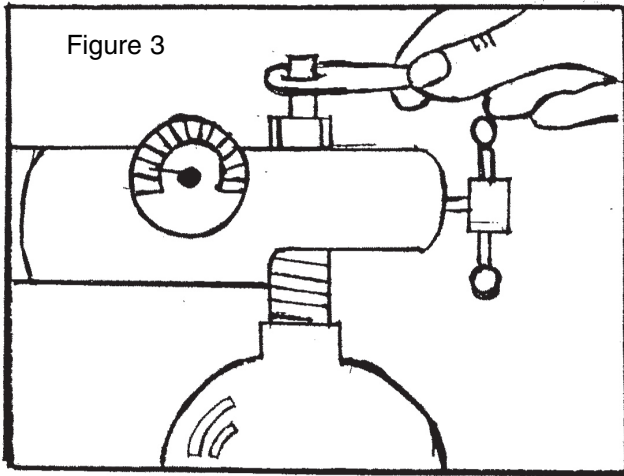
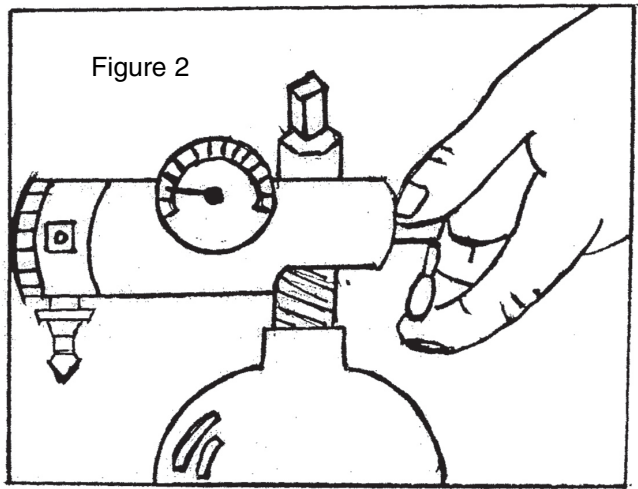
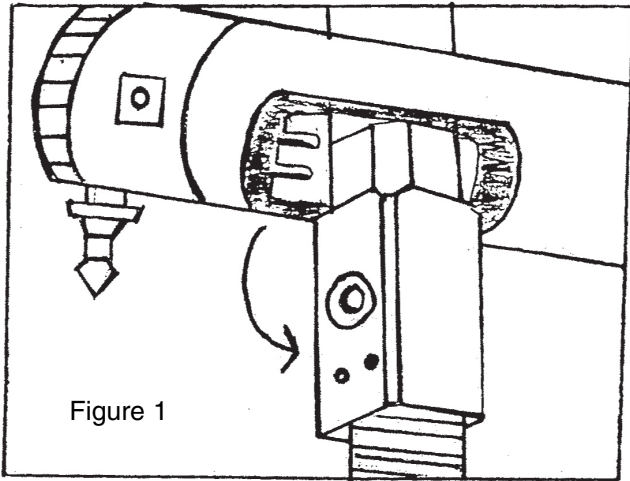
1. Remove plastic cover from cylinder neck.
2. Make sure there is a washer on the largest pin of the regulator.
3. Attach regulator by sliding it onto the cylinder neck until **3 pins** line up with **3 holes** on cylinder. (see figure 1)
4. Tighten screw on regulator. (see figure 2)
5. Open cylinder by turning valve **counter-clockwise** until pressure gauge on regulator indicates how full tank is. (see figure 3)
6. Connect tubing and/or nasal cannula securely to nipple on regulator.
7. Set the flow setting to your prescribed setting by turning the knob on the regulator. (see figure 4)
8. While in use, periodically check the contents gauge. Make sure you have enough to get to your destination and back.
9. Close cylinder valve by turning **clockwise** when cylinder is not in use.
10. Close cylinder valve before removing regulator.
11. Turn on flow knob again after cylinder valve is closed to release remaining oxygen. Turn flow knob off before removing regulator.

To Change Cylinder: (When cylinder is empty or in red area on gauge)

- **Always close cylinder valve 1ST** by turning clockwise until tight.
- Unscrew regulator and remove from cylinder.
- Replace with new cylinder by following steps 1-7 above.

***NOTE – Change cylinder when gauge is in red area. Please try not to let cylinders run completely out of pressure.**

****IMPORTANT – If at any point you hear a persistent hissing noise, your regulator is most likely not on tight enough or seated properly. Immediately close your cylinder by turning the valve clockwise until tight. Then verify the presence of a washer on the regulator and attempt to re-tighten the regulator screw so as to assure tightness.**



Oxygen Safety

- Always follow your physician's orders exactly.
- Keep all oxygen equipment **8 Feet From All Open Flame**
 - This also includes: **Smoking, Combustible Materials, Electrical Sparks, Stoves, Space Heaters, etc.**
- **Avoid smoking while using oxygen**
- Place "Oxygen In Use" signs at entrances to home.
- Keep surrounding area around equipment well ventilated.
- **Do Not** store or operate oxygen equipment in a confined space such as a closet.
- **Do Not** carry your portable under your clothing. These units may vent oxygen that can be trapped in your clothing.
- **Do Not expose oxygen to petroleum products** such as Vaseline™, Chapstick™, etc.
- Never attempt to repair or disassemble any oxygen equipment. You could create a hazardous condition or cause equipment failure.
- Avoid electrical objects that can cause sparks (i.e. electric blankets, heating pads, electric razors, etc.).
- Use a **Smoke Detector** and have a **Fire Extinguisher** in your home.
- Plan an evacuation route for you and your family in the event of a fire.
- Wear cotton clothing and use cotton bed linens if possible to avoid static electricity.
- **Do Not** use extension cords or multi-outlet adapters (power strips) as the power source for your oxygen equipment.
- Keep all oxygen equipment and filters clean to assure proper operation.
- Store oxygen cylinders out of high-traffic areas and secured in a manner so they will not tip over. Do not store in enclosed areas, such as under a bed or in a closet.
- Keep oxygen equipment out of reach of children.
- Use as little oxygen tubing as possible so as not to have excess lying around that you or others might trip over.
- Turn power off and/or close valve on portable equipment when not in use.
- Do not allow friends or family whom has not been properly trained to tamper with equipment.

Traveling with Oxygen

Traveling with oxygen is not a benefit of Medicare or insurances but we can try to make it easier for you. To avoid any complications or a break in service please contact us as soon as possible with details, including dates and location of your trip.

Things to Remember:

- **Do not store any oxygen containers in the trunk of your vehicle.**
- If transporting oxygen in a vehicle, **make sure containers are secure.**
- If storing oxygen equipment in your vehicle, the **windows should be open slightly** to permit adequate ventilation.
- Be careful to avoid extreme temperatures.
- Make adequate arrangements prior to leaving on your trip.
- You **must have your prescription with you** in order for other suppliers to provide you with any oxygen equipment.
- You can only use FAA approved equipment on airplanes. Please check with your airline before bringing any oxygen equipment on board.

Common Questions/Myths Concerning Oxygen

- ***Can I get addicted to oxygen?***
You cannot become addicted to oxygen! You may have to sleep with oxygen or it may become necessary to use additional oxygen to perform daily activities but this is only because your respiratory system is impaired and has become ineffective at getting enough oxygen into your blood for delivery into vital organs. Oxygen is a drug, but we breathe it every hour of every day that we are alive. The air we breathe contains about 21% oxygen and if you are placed on oxygen therapy, it merely increases the percentage of oxygen you are breathing.
- ***Is oxygen flammable?***
Oxygen is not flammable and will not explode! It does, however, support combustion. This means that oxygen will make anything that burns burn more vigorously and ignite easier. However, oxygen cylinders are pressurized and can burst in extreme temperatures or as a result of a severe blow to the cylinder or valve itself.
- ***Can I smoke even after I have taken off my oxygen?***
No! Oxygen may saturate your clothing or bed linens and it may take several hours for oxygen levels in fabric to return to normal even after you have removed your oxygen. The flame of a lighter or cigarette may then ignite your clothes more readily and burn vigorously.
- ***If my humidifier bottle runs out of water, am I still getting oxygen?***
You are still getting oxygen even if your humidifier bottle is empty. The water is simply to make it more comfortable for some people on continuous oxygen that have a problem with nasal/oral dryness. The water is not necessary for oxygen delivery.
- ***Will I be stuck at home now that I have oxygen?***
Absolutely not. In fact, now that you are using oxygen, you should feel better, have more energy and not get tired or short of breath as easy. This should allow you even more freedom. It should give you the ability to get out of your house and do the things you normally like to do but have been unable to. Oxygen systems are very portable and lightweight enough to be managed by most people.

Liquid Oxygen (LOX)

Your reservoir unit must be filled periodically depending upon your rate of oxygen use. Please contact your local supplier when your liquid oxygen level gets low and do not allow yourself to run out.

Liquid oxygen is an extreme cold hazard (-297°F/-183°C) and will freeze skin on contact. Never touch liquid oxygen or frosted parts. Direct exposure to liquid oxygen or its vented gas or components cooled by liquid oxygen can result in frostbite. If frostbite occurs, seek medical attention immediately.

Liquid oxygen can spill if the reservoir is tipped over. Keep the reservoir upright at all times. Keep liquid oxygen at least 8' away from open flames.

Filling Portable

1. Prior to filling your portable unit, using a clean, dry cloth, wipe the fill connectors dry on both portable and reservoir units.
2. Fill portable according to manufacturers' guidelines.
3. Do not try to overfill the portable unit. Once you hear the change in the sound of venting gas and see the cloud of white vapor, the unit is full. Overfilling may cause drops of liquid oxygen to spray from the portable unit.
4. Carefully disengage portable unit from reservoir unit. If unit will not disengage easily, they may have become frozen. **DO NOT USE FORCE.** Simply allow a few minutes for the frozen parts to warm then disengage the portable unit when the ice has melted.
5. If a minor oxygen leak from the reservoir occurs, re-engage and disengage the portable unit from the base unit to help dislodge any ice or other obstruction. If the leak persists, notify your supplier.

If a spill or major oxygen leak (a steady stream of liquid oxygen) from the reservoir unit occurs, stay away from the unit and immediately notify your oxygen supplier.

Note: You may hear a slight hiss from your reservoir unit or from your portable unit after filling. This is normal.

The length of time your portable unit lasts depends on your oxygen setting and your breath rate.

Always keep your portable unit in an appropriate position or it may vent out or even leak out liquid oxygen.

Nebulizer Compressor

To help treat your respiratory disorder, your physician may prescribe medications that must be delivered as a mist to be inhaled into your lungs. The medicine can reach deep into your lungs where it is most effective.

Proper Usage

- Place the nebulizer compressor on a firm, flat surface free of clutter. Choose a place close to an electrical outlet where you will be comfortable during the treatment.
- Plug the electrical cord into a properly grounded wall outlet.
- Place prescribed medication into clean nebulizer kit and make sure tubing is connected properly to nebulizer compressor.
- Turn on nebulizer compressor and begin treatment by breathing normally.
- Continue to do so until nebulizer kit stops misting.
- Turn power off.
- Clean nebulizer kit using a mild detergent and water and let dry.
- Rinse your mouth with water after each treatment.
- If you take treatments often, it may be necessary to periodically clean your nebulizer kit with vinegar to kill bacteria.
 - You can soak your nebulizer kit in 3 parts warm water and 1 part distilled white vinegar solution for 30 minutes. Remove items from vinegar and rinse under warm water and allow to air dry.
- Replace your disposable nebulizer kit every two weeks and your nondisposable nebulizer kit every six months.
- You should check your nebulizer compressor filter weekly and replace it if it becomes dirty or worn.

Safety

- **You should report adverse reactions to medication to your physician and supplier.**
- **Keep nebulizer compressor and all medications out of reach of children.**
- **Do not allow aerosolized medication to get into your eyes.**
- **Never submerge nebulizer compressor in water.**
- **Never use if nebulizer compressor has a damaged power cord.**

****Important** – You should always follow your physician’s orders and take all prescribed medication as ordered. Just because you are feeling better, does not mean you should stop taking your nebulizer medications. This is often the result of taking your nebulizer medications on the prescribed schedule and you should stay on that schedule.

PAP Therapy

There are a variety of conditions for which a physician will prescribe a PAP (positive airway pressure) device for you to use in your home. **Obstructive Sleep Apnea (OSA)**, however, is the most common. OSA occurs when there is a physical obstruction in a person's airway that impedes enough airflow to make respiration ineffective and repeatedly interrupts sleep. This is normally diagnosed with the help of a polysomnogram (sleep study) that is performed in a sleep lab. This test must be ordered by a physician.

A **CPAP** or **Bi-Level** device may then be prescribed to help treat this condition. It does so by providing enough positive air pressure throughout your airway so as to overcome any obstruction or treat respiratory insufficiency and allow for effective airflow. PAP therapy can be awkward at first. You will have to become accustomed to wearing a mask of some type and learn to tolerate the positive air pressure needed to overcome your obstruction or treat your respiratory insufficiency. The level of air pressure you require is commonly determined in your sleep study and then prescribed by your physician. It may not be changed without their permission. Qualified personnel will assist you in best determining the size and style of mask that best suits your needs. You may experience nasal/oral dryness or even nasal congestion and/or hoarseness after using your PAP device. This may be temporary but if it is persistent contact your local provider or physician and ask for tips to alleviate these problems. Your insurance provider will determine the frequency, if any, that they will provide you with new supplies for your PAP device. With proper cleaning, your mask and supplies may last many months but they are disposable and may only be used for a period of time before they become ineffective and need to be changed out.

Please be aware, proper and consistent treatment of OSA or respiratory insufficiency is very important. If left untreated it can lead to a variety of serious health conditions including: hypertension (high blood pressure), weight gain, fatigue, depression, etc. **Also, in certain states, treatment of OSA is mandatory for those diagnosed or they are not allowed to operate a motor vehicle on public roadways.**

Results may vary but with proper treatment your symptoms should subside in a very short time. *Compliant therapy consists of using the PAP device at least 4 hours per night 70% of the time.* To maximize effectiveness, your PAP device should be worn during all hours of sleep. You should also take your device with you when you travel as it is lightweight and portable and it is only effective when worn during sleep. Follow all instructions given to you by company personnel and your physician.

CLEANING AND MAINTENANCE SCHEDULE OF YOUR PAP SYSTEM

MASK or NASAL Application Device

Replace every 3-4 months (Replace cushions or pillows twice a month)

Wash weekly:

- Remove Mask or Nasal Application Device from tubing
- Gently wash, then Rinse thoroughly in warm water
- Gently shake off any excess water, or Wipe with a soft cloth
- Let mask air dry

Hint: Wash your face prior to using the Mask or Nasal Application Device to remove excess facial oil and help prolong the life of your mask.

Tubing

Replace every 3 months

Wash weekly:

- Remove tubing from the machine
- Place in sink with warm soapy water
- Place one end of the tube to the end of the tap and rinse until water is clear
- Gently shake off any excess water
- Hang (over shower rod) to air dry

Filters

Disposable filters - replace twice a month

Non-Disposable (washable/foam) filters – replace every 6 months. Wash every 2 weeks in warm water and gently squeeze out excess water. Let air dry.

Humidifier

Replace water chamber every 6 months

Refill/Top off to the filled line with distilled water daily

Wash weekly in warm soapy water:

- Fill the humidifier with the solution and allow it to sit for 20-30 minutes
- Wash and Rinse thoroughly in warm water
- Let air dry

Headgear/Chinstrap

Replace every 6 months

Follow package directions for cleaning

CPAP/BIPAP Machine

Wipe off CPAP or BIPAP machine with a damp cloth.

Keep back of machine clear from dust. When not in use, cover machine with a pillowcase or covering to protect it from dust accumulation.

Wheelchair

- **To Fold Chair:**
 - Grab seat upholstery in center at front and back and pull up
- **To Open Chair:**
 - Place hands on seat rails and push down with both hands keeping fingers clear of skirt guards
- **To Adjust Foot or Leg Rest:**
 - Loosen nut by foot plate. Adjust and re-tighten.
(NOTE: Always adjust elevating leg rests with legs elevated)
- **To Elevate or Lower Rests:**
 - To elevate, simply raise leg rests
 - To lower, support with hand, activate release lever and lower
- **Locks:**
 - Always lock wheels before getting in or out of chair
 - When possible, put chair against wall or have another person steady chair from behind
- **Cleaning:**
 - Wipe chair with a clean damp cloth
- **Replacing/Removing Leg Rests:**
 - To remove, activate release lever and swing leg rest out, away from chair then remove by lifting off pins
 - To replace, place leg rest on pins and swing to front of chair until it clicks and locks into place
- **Transporting Wheelchair:**
 - Always lock wheels and grab front of frame and rear wheels then lift carefully (NOTE: You may remove leg rests beforehand)
- **Safety Issues:**
 - **Only use wheelchair without foot or leg rests under supervision of qualified medical personnel as this may cause circulation problems**
 - **Do not use wheel locks to slow or stop wheelchair**
 - **Never stand on foot or leg rests**
 - **Never exceed the weight limit of the wheelchair**
 - **Be careful of your hands when going through doorways**

Hospital Bed

- Properly engage wheel locks
- Plug bed into properly grounded outlet
- Use hand control to raise/lower head and/or feet
- Semi-electric bed
 - Use crank to raise/lower entire bed
- Full electric bed
 - Use hand control to raise/lower entire bed

Safety

- NEVER permit anyone under the bed
- Never permit more than one person on/in bed at any time
- Never operate with damaged cord or plug
- Do not open hand control, motors, etc. or attempt repair of any kind
- Use extreme caution when using liquids around bed
- Keep all moving parts free of obstruction (avoid pinch points with oxygen tubing, blankets, electrical cords, etc.)

Walker

- Open arms of walker until they click and lock in place
- Adjust the walker to fit you:
 - While standing upright with arms extended downward, handle should be at your wrist
 - With your hand on the handle, your elbow should be flexed no more than 30°
- Starting with your feet even with the walker's back legs, with both hands pick the walker up and place it in front of you
- Make sure all four legs are touching the floor
- Carefully step forward one foot at a time
- Repeat

Safety

- Be sure walker is locked open before using
- Do not use on stairs
- Only use wheels on front legs
- Watch out for:
 - Oxygen tubing or electric cords on floor
 - Throw rugs
 - Toys on floor
 - Wet spots on floor

Emergency Preparedness Plan

In the event of a natural disaster or emergency we will make every effort to assist you in any way possible. If you have a problem and are unable to reach company personnel and they are unable to reach you, you should take whatever measures necessary to contact local emergency services and alert them to your location and condition.

Be Prepared:

- Keep a list of emergency numbers by your phone.
- Plan an evacuation route.
- Have a designated family member and/or neighbor to check on you in case of emergency.
- Keep a flashlight with extra batteries in a convenient place.
- Keep a list of all prescribed medications.
- Keep blankets available in case of a loss of heating.
- Keep adequate amount of backup oxygen on hand.
- Be aware of inclement weather in your area.

In the event of an emergency:

- Remain calm. Try to control your breathing.
- If the power has failed, switch to your backup oxygen system.
- Dial 911.
- Give them your complete address.
- Explain your problem.
- Gather all your medications and/or your list of medications.
- Stay in your home unless you feel the conditions in your home are unsafe (such as a fire or gas leak).

Disaster Supplies Kit

One of the most important tools for personal emergency preparedness is the Disaster Supplies Kit. Listed below are some of the most important items for your kit. Stock up today and store in a water resistant container! Replenish as necessary, especially at the beginning of hurricane season on June 1.

- Two week supply of prescription medicines
- Two week supply of nonperishable/special dietary foods
- Drinking Water/containers: 1 gal/per person/per day (minimum 3 days)
- Flashlights and batteries (7 sets) for each member of the family
- Portable radio and batteries (7 sets)
- NOAA Weather Alert Radio
- First aid book and kit including bandages, antiseptic, tape, compresses, non aspirin pain reliever, anti-diarrhea medication
- Mosquito repellent & citronella candles
- Two coolers (one to keep food; the other to go get ice)
- Plastic tarp for roof/window repair, screening, tools and nails, etc.
- Water purification kit (tablets, chlorine (plain) and iodine)
- Infant necessities (medicine, sterile water, diapers, ready formula, bottles)
- Clean up supplies (mop, buckets, towels, disinfectant)
- Camera and film
- Non-electric can opener
- Extra batteries for camera, portable TV & lamps, etc.
- Plastic trash bags
- Toilet paper, paper towels and pre-moistened towelettes

If you evacuate you also should take:

- Pillows, blankets, sleeping bags or air mattresses
- Extra clothing, shoes, eyeglasses, etc.
- Folding chairs, lawn chairs or cots
- Personal hygiene items (toothbrush, toothpaste, deodorant, etc.)
- Quiet games, books, playing cards and favorite toys for children
- Important papers (driver's license, special medical information, insurance policies and property inventories)
- Cash
- Charcoal, wooden matches, grill
- Ice

Warranty Information

Every product sold or rented by our company carries at least a 1-year manufacturer's warranty. AeroCare will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. AeroCare 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 where this manual is available.

Cost of Service

Our delivery tickets reflect AeroCare's standard pricing. The price you pay may be lower due to contracts we have with insurance companies. If your primary payor is Medicare, we will provide you with the amount Medicare allows and your estimated portion. Your estimated portion may be different than what you actually pay because of your individual plan, your supplemental insurance, changes in Medicare's pricing and your deductible. If your primary payor is a company other than Medicare, we will provide you with our standard pricing.

Please let us know if your insurance coverage changes. You will be liable for full payment if you do not inform us of changes in your insurance.

Advance Directives

Advance directives are written documents designed to allow competent patients the opportunity to guide future health care decisions in the event that they are unable to participate directly in medical decision-making. These include documents such as living wills and durable powers of attorney. AeroCare agrees to abide by any advance directives that are provided in writing.

If you want to create an advance directive, please contact your attorney, physician or local hospital. AeroCare employees cannot help you formulate advance directives. Services provided by AeroCare are not contingent on whether or not you have advance directives in place.

Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification for Services on or after January 1, 2006

I received instructions and understand that the equipment I received from Medicare could be defined 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 mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

Complaint Policy

AeroCare policy requires that the organization must investigate complaints made by a patient and/or patient representative regarding treatment or care that is (or fails to be) furnished, or regarding the lack or respect for the patient's property by anyone furnishing services on behalf of the organization. Every effort should be made to resolve any question, problem or misunderstanding at the time the concern arises. Within five (5) calendar days of receiving a patient's complaint, we shall notify the patient, using either oral, telephone, e-mail, fax, or letter format, that we have received the complaint and that we are investigating. Within 14 calendar days, we shall provide written notification to the patient of the results of our investigation and response. We shall maintain documentation of all complaints that we receive, copies of the investigations, and responses to patients and/or patient representatives.

To file a complaint against AeroCare Holdings, Inc. please call your local branch manager or:

Compliance Officer
AeroCare Holdings, Inc.
3325 Bartlett Blvd.
Orlando, FL 32811
Phone: 407-515-2064
Toll Free: 1-800-833-8310

Accreditation Commission for Health Care, Inc.
4700 Falls of Neuse Rd., Suite 280
Raleigh, NC 27609
Phone: 919-785-3011
Fax: 919-785-3011
E-mail: customerservice@achc.org

Office of Inspector General Hotline:
By Phone: 1-800-HHS-TIPS (1-800-447-8477)
By Fax: 1-800-223-2164 (*No more than 10 pages please*)
By E-Mail: HHSTips@oig.hhs.gov
By Mail: Office of Inspector General
HHS TIPS Hotline
P.O. Box 23489
Washington, DC 20026

Please note that it is current Hotline policy not to respond directly to written communications.

Florida Beneficiary:

To report abuse, neglect or exploitation, call Toll Free: 1-800-962-2873
Florida Fraud Hotline:
By Phone: 1-866-417-2078
By E-Mail: floridamedicarefraud@hp.com

Release of Information

I hereby consent to and authorize release of my medical records information to authorized representatives of insurance companies, Medicare, Medicaid, HMO's and other medical facilities for use in determining benefit coverage. I authorize the release of medical and other related information to my pharmacy, social/health care agencies, medical equipment/supply vendors whose services may be required in conjunction with the care/service provided by the organization and to any persons conducting internal audits for AeroCare Holdings, Inc. and its subsidiaries. Information may be distributed via facsimile, internet, interoffice mail, hand delivery and/or mailed.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

As A Patient, You Have The Right To:

1. Be fully informed in advance about service/care to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the service/care plan.
2. Participate in the development and periodic revision of the plan of service/care.
3. Informed consent and refusal of service/care or treatment after the consequences of refusing service/care or treatment are fully presented.
4. Be informed, both orally and in writing, in advance of service/care being provided, of the charges, including payment for service/care expected from third parties and any charges for which the client/patient will be responsible.
5. Have one's property and person treated with respect, consideration and recognition of client/patient dignity and individuality.
6. Be able to identify visiting staff members through proper identification.
7. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff, or service/care 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 client/patient record and of Protected Health Information.
11. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
12. Receive appropriate service/care 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/care limitations.
16. Rent inexpensive or other routinely purchased DME.

As A Patient, You Have The Responsibility To:

1. Give accurate and complete health information concerning your past illnesses, hospitalization and other pertinent items.
2. Assist in developing and maintaining a safe home environment.
3. Inform your supplier when you will not be able to keep home service/repair visit appointments.
4. Participate in the development and update of your home medical equipment care plan.
5. Adhere to your supplier's equipment plan of service.
6. Give information regarding concerns and problems you have to your supplier's staff members.
7. Contact your doctor whenever you notice a change in your condition.
8. Inform your supplier when you have a problem with your equipment, a change in your medical equipment needs, a change in residence or phone number, or if you acquire any infectious disease.
9. Follow the treatment plan as ordered by your physician. If you do not understand your treatment plan, it is your responsibility to let us know.
10. Assume the sole responsibility and liability for any injury to persons or damage to property (including the equipment) resulting from: (1) Operation not in accordance with supplied operating instruction; (2) Maintenance not in accordance with authorized maintenance instructions; (3) Maintenance by anyone other than a factory authorized service representative; (4) Modification of the equipment or accessories. If you do not understand the instructions supplied, it is your responsibility to let us know.
11. Accept any consequences should you refuse treatment or service or if you do not follow the instructions given to you pertaining to your equipment use.
12. Respect the rights of those professionals providing your service or care. You are also responsible for respecting the medical equipment/property that is placed in your home by our company.
13. Pay any charges, incurred by you, not covered by your insurance or home health care program, unless other arrangements have been made.
14. Notify your supplier of ADVANCE DIRECTIVES (living wills, DNR, etc.) being in place and any changes thereof.

AeroCare Holdings, Inc.
Notice of Uses
PROTECTED HEALTH INFORMATION
(Effective January 1, 2003)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR
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 ("HIPAA"), AEROCARE HOLDINGS, INC. is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA mandates minimum standards that a covered entity such as AEROCARE HOLDINGS, INC. must maintain in relation to your protected health information. This Notice of Uses is being provided to help you understand how AEROCARE HOLDINGS, INC. meets these minimum standards. It is also meant to inform you of the ways that AEROCARE HOLDINGS, INC. may use the personal information it collects about you and how it may disclose it.

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 communication between all healthcare professionals that contribute to your care.

HIPAA 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; and
 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, AEROCARE HOLDINGS, INC. is required to inform you of how it may use your protected health information. In providing treatment to you, AEROCARE HOLDINGS, INC. will use your protected health information for the purposes of treatment, payment and healthcare operations.

Treatment - As it pertains to AEROCARE HOLDINGS, 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 health care providers. As AEROCARE HOLDINGS, INC. provides these services to you, information obtained during this process will be recorded in your medical record. AEROCARE HOLDINGS, INC. will use this information, in coordination with your physician, to determine the best course of treatment 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 AEROCARE HOLDINGS, 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 AEROCARE HOLDINGS, INC.'s professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by AEROCARE HOLDINGS, INC.. Healthcare operations also include AEROCARE HOLDINGS, INC.'s 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, AEROCARE HOLDINGS, INC. must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent AEROCARE HOLDINGS, 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. AEROCARE HOLDINGS, INC. may in the following circumstances disclose your protected health information:

1. AEROCARE HOLDINGS, INC. may disclose limited health information about you to notify local agencies (i.e. power, gas, phone company, 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. AEROCARE HOLDINGS, INC. may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to your health care.
3. AEROCARE HOLDINGS, INC. may disclose protected health information to others as required by law.
4. AEROCARE HOLDINGS, INC. may disclose protected health information for certain public health activities and purposes.
5. AEROCARE HOLDINGS, 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. AEROCARE HOLDINGS, INC. may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
7. AEROCARE HOLDINGS, INC. may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.
8. AEROCARE HOLDINGS, INC. may disclose protected health information to attorneys, accountants, and others acting on behalf of AEROCARE HOLDINGS, INC., provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

YOUR RIGHTS AS A PATIENT OF AEROCARE HOLDINGS, INC.

In accordance with HIPAA you have the following rights in relation to your protected health information.

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, AEROCARE HOLDINGS, 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 of access to inspect and obtain a copy of your medical record, subject to certain limitations.
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.

RESPONSIBILITIES OF AEROCARE HOLDINGS, INC.

In accordance with HIPAA, AEROCARE HOLDINGS, 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 notice of our legal obligations and privacy practices regarding information it may accumulate about you and is 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 **AeroCareUSA.com**

Please be advised that in addition to these responsibilities, AEROCARE HOLDINGS, 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 AEROCARE HOLDINGS, INC..

AEROCARE HOLDINGS, INC. will not use or disclose your protected health information without your authorization, except as described in this notice.

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:

AeroCare Holdings, Inc.
 Corporate Compliance Office
 3325 Bartlett Blvd.
 Orlando, FL 32811
 407-515-2064 or 1-800-833-8310

Or

The Office of Civil Rights
 U.S. Department of Health & Human Services
 200 Independence Avenue SW
 Room 509F HHH Building
 Washington, D.C. 20201
 1-800-368-1019

TO FILE A COMPLAINT AGAINST AEROCARE HOLDINGS, INC. PLEASE CALL THE LOCAL BRANCH MANAGER OR CALL THE CORPORATE OFFICE AT 407-515-2064 OR 800-833-8310 AND ASK FOR THE CORPORATE COMPLIANCE OFFICER.

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, with visible signage. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier 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.
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.

1/4/2012