

# DMEPOS SETUP and PROOF OF DELIVERY

Patient Name:		Date of Birth:	
<input type="checkbox"/> Picked Up at Facility Counter	<input type="checkbox"/> Delivered Patient/Caregiver Home <input type="checkbox"/> Delivered Residential Care Setting <input type="checkbox"/> Shipped to Patient Delivery/Shipping Address:		
Shipping Company	Shipping Tracking/Invoice Number	Date Shipped	
Quantity	Description (Model and Manufacturer)/(Lot, Serial Number and Expirations)	Patient Cost	
Patient has:		Documents Given to the Patient:	
Been assessed for the appropriateness of the DMEPOS. Been trained on proper use, maintenance, and storage of Product. Been alerted to the potential risks and hazards of the DMEPOS Been shown proper setup Been made aware of the physicians instructions Been Instructed to contact the Physician for changes in condition Had their questions and concerns addressed A Home that has electrical outlets or adapters to support the DMEPOS Received a Home Assessment for Oxygen or Mobility (as applicable)		<input type="checkbox"/> Manufacturer Documentation <input type="checkbox"/> Warranty <input type="checkbox"/> Patient Satisfaction Survey <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Capped Rental Form (Medicare Pt Only) <input type="checkbox"/> Advanced Beneficiary Notice (Medicare Pt Only) <input type="checkbox"/> Medicare Supplier Standards (Medicare Pt Only) <input type="checkbox"/> Scope of Services	
Setup and testing Info	<input type="checkbox"/> Assembly <input type="checkbox"/> Battery Inserted <input type="checkbox"/> Patient Sizing <input type="checkbox"/> Item Programmed <input type="checkbox"/> Other Product(s) functions according to Prescriber and Manuf. Guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No Product is structurally sound and meets the Manuf. Guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual Responsible for Dispensing/Setup Signature			
<h3>ASSIGNMENT OF BENEFITS (MEDICARE ONLY)</h3> <input type="checkbox"/> Claim billed as assigned <ul style="list-style-type: none"> <li>I assign the right and responsibility to the Facility to bill on my behalf, and accept payment for Medicare DMEPOS products and services provided to me, the Beneficiary.</li> <li>I understand that I am responsible to pay any deductible amount applied to the claims and the coinsurance, which is 20 percent of the allowable or approved charge for a product or service.</li> <li>I permit the Facility to release and collect my health information, and other information, as required (and as permitted by the HIPAA Regulations) from my health care providers and Medicare receiving payment from Medicare.</li> <li>I understand that this form will be maintained and made available to Medicare or its representatives.</li> </ul> <input type="checkbox"/> Claim billed as non-assigned			

## ACKNOWLEDGEMENT OF RECEIPT (Proof of Delivery)

I acknowledge that I have received the DMEPOS product(s), complete instructions on the use, care, maintenance, and full documentation for the DMEPOS Product(s) listed above.

Patient/Caregiver Signature (Provide relationship if not the patient)	Date

# DMEPOS SETUP and PROOF OF DELIVERY

## Messages and Notes for Patient and /or Caregiver

### PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

To ensure the finest care possible, as a Patient receiving Durable Medical Equipment (DME) and our Facility services, you should understand your role, rights and responsibilities involved in your own plan of care.

#### Patient Rights

- To select those who provide you with DME and Facility services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be treated with friendliness, courtesy and respect by each and every individual representing our Facility, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- To express concerns, grievances, or recommend modifications to your DME and Facility services, without fear of discrimination or reprisal
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Facility's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law

#### Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of Facility personnel
- To notify your Physician and the Facility with any potential side effects and/or complications

## Pharmacare LTD

ED'S PHARMACY  
1511 MAIN STREET  
BLOOMER, WI 54724

### PHARMACY STANDARDS OF BENEFICIARY SERVICE

#### PHARMACY HOURS OF OPERATION

Monday	9AM-12:30PM & 1:00PM-5:30PM
Tuesday	9AM-12:30PM & 1:00PM-5:30PM
Wednesday	9AM-12:30PM & 1:00PM-5:30PM
Thursday	9AM-12:30PM & 1:00PM-5:30PM
Friday	9AM-12:30PM & 1:00PM-5:30PM
Saturday	9AM-12PM
Sunday	CLOSED
Holidays	CLOSED

#### PHARMACY PHONE NUMBERS

During Regular Business Hours      715-568-2190

#### DMEPOS PRODUCT REPAIR OR REPLACEMENT INFORMATION:

Ed's Pharmacy honors all manufacturer's warranties on all items sold at Ed's Pharmacy. All warranty issues requiring repair or replacement will include a suitable pre-approved loaner (at no cost to the beneficiary). Beneficiary or Caregiver should return the product to Ed's Pharmacy. Ed's Pharmacy will accept the defective, broken, or otherwise non-functioning product back at our location to be sent in to the manufacturer for repair or replacement. The repair or replacement will be handled by the manufacturer.

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All non-warranty repairs will be completed by the manufacturer, during which time a suitable pre-approved loaner or replacement will be available to rent or purchase. Beneficiary or Caregiver should return the product to Ed's Pharmacy. Ed's Pharmacy will accept the defective, broken or otherwise non-functioning product back at our location to be sent in to the manufacturer for repair.

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In all cases of repair or replacement the action taken will be documented and tracked on a Product maintenance and repair form.

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General product maintenance will be illustrated in depth to the beneficiary and/or caregiver, utilizing any and all manufacturer's instructions and guides on recommended maintenance.

# Eds Pharmacy

## BENEFICIARY SATISFACTION SURVEY (DMEPOS Products/Services)

In an effort to continuously monitor and maintain the highest degree of customer satisfaction and service you receive from our Pharmacy, please complete this survey and return to the address listed below. We highly value your opinion!

\_\_\_\_\_

Date

\_\_\_\_\_

Beneficiary Name *(optional)*

DMEPOS Product/Service Received \_\_\_\_\_

Please rate your degree of satisfaction on a scale of 1 – 5.  
1 indicating Complete Dissatisfaction and 5 indicating Complete Satisfaction  
(Circle your Score; If Not Applicable, Circle "NA")

1. Customer Service:

Pharmacist	1	2	3	4	5	NA
Pharmacy Personnel	1	2	3	4	5	NA
DMEPOS Product Trainer	1	2	3	4	5	NA
Delivery Driver	1	2	3	4	5	NA
2. Time Frame for Delivery of Product/Service	1	2	3	4	5	NA
3. Quality of Product/Service Received	1	2	3	4	5	NA
4. Product Ease of Use	1	2	3	4	5	NA
5. Product Set Up	1	2	3	4	5	NA
6. Training Received on Product Use	1	2	3	4	5	NA
7. Training Received on Product Care and Maintenance	1	2	3	4	5	NA
8. Product Safety	1	2	3	4	5	NA

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Return Completed Survey to:  
Ed's Pharmacy  
1511 Main Street  
Bloomer, WI 54724

## 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.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly; or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

## **MEDICARE DMEPOS SUPPLIER STANDARDS**

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by ( supplier legal business name or DBA) 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://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

## NOTICE OF PRIVACY PRACTICES

09/23/2013

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

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the Practice has created this Notice of Privacy Practices (Notice). This Notice describes the Practice's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the Practice protect the privacy of your PHI that the Practice has received or created.

This Practice will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (Including Psychotherapy Notes, Marketing and Selling of PHI), the Practice will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **The Practice reserves the right to change the Practice's privacy practices and this Notice.**

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### **HOW THE PRACTICE MAY USE AND DISCLOSE YOUR PHI**

The following is an accounting of the ways that the Practice is permitted, by law, to use and disclose your PHI.

**Uses and disclosures of PHI for Treatment:** We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

**Uses and disclosures of PHI for Payment:** The Practice will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

**Uses and disclosures of PHI for Health Care Operations:** The Practice may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate the Practice workforce.

The following is an accounting of additional ways in which the Practice is permitted or required to use or disclose PHI about you without your written authorization.

**Uses and disclosures as required by law:** The Practice is required to use or disclose PHI about you as required and as limited by law.

**Uses and disclosure for Public Health Activities:** The Practice may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

**Uses and disclosure about victims of abuse, neglect or domestic violence:** The Practice may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

**Uses and disclosures for health oversight activities:** The Practice may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

**Disclosures to Individuals Involved in your Care:** The Practice may disclose PHI about you to individuals involved in your care.

**Disclosures for judicial and administrative proceedings:** The Practice may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the Practice.

**Disclosures for law enforcement purposes:** The Practice may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

**Uses and disclosures about the deceased:** The Practice may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

**Uses and disclosures for cadaveric organ, eye or tissue donation purposes:** The Practice may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

**Uses and disclosures for research purposes:** The Practice may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the Practice will request a signed authorization by the individual for all other research purposes.

**Uses and disclosures to avert a serious threat to health or safety:** The Practice may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

**Uses and disclosures for specialized government functions:** The Practice may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

**Disclosure for workers' compensation:** The Practice may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

**Disclosures for disaster relief purposes:** The Practice may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

**Disclosures to business associates:** The Practice may disclose PHI about you to the Practice's business associates for services that they may provide to or for the Practice to assist the Practice to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

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#### **OTHER USES AND DISCLOSURES**

The Practice may contact you for the following purposes:

**Information about treatment alternatives:** The Practice may contact you to notify you of alternative treatments and/or products.

**Health related benefits or services:** The Practice may use your PHI to notify you of benefits and services the Practice provides.

**Fundraising:** If the Practice participates in a fundraising activity, the Practice may use demographic PHI to send you a fundraising packet, or the Practice may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt-out of all future fundraising activities.

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#### **FOR ALL OTHER USES AND DISCLOSURES**

The Practice will obtain a written authorization from you for all other uses and disclosures of PHI, and the Practice will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Diana Odagard to obtain a *Request for Restriction of Uses and Disclosures*.

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#### **YOUR HEALTH INFORMATION RIGHTS**

The following are a list of your rights in respect to your PHI. Please contact Diana Odagard for more information about the below.

**Request restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions of the Practice's uses and disclosures of your PHI. The Practice is not required to accommodate a request, except that the Practice is required to agree to a request to restrict disclosures to health insurance plans related to products and services you pay out-of-pocket for.

**The right to have your PHI communicated to you by alternate means or locations:** You have the right to request that the Practice communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the Practice to have an accurate address and home phone number in case of emergencies. The Practice will consider all reasonable requests.

**The right to inspect and/or obtain a copy your PHI:** You have the right to request access and/or obtain a copy (Paper or Electronic) of your PHI that is contained in the Practice for the duration the Practice maintains PHI about you. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

**The right to amend your PHI:** You have the right to request an amendment of the PHI the Practice maintains about you, if you feel that the PHI the Practice has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services ("HHS"), or their appropriate designee, to review such a denial.

**The right to receive an accounting of disclosures of your PHI:** You have the right to receive an accounting of certain disclosures of your PHI made by the Practice.

**The right to receive additional copies of the Practice's Notice of Privacy Practices:** You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically

**Notification of Breaches:** You will be notified of any breaches that have compromised the privacy of your PHI.

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#### **REVISIONS TO THE NOTICE OF PRIVACY PRACTICES**



The Practice reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The Practice will also post the revised version of the Notice in the Practice.

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**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Practice and/or to the Secretary of HHS, or their designee. If you wish to file a complaint with the Practice, please contact Diana Odagard.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

The Practice will not take any adverse action against you as a result of your filing of a complaint.

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**CONTACT INFORMATION**

If you have any questions on the Practice's privacy practices or for clarification on anything contained within the Notice, please contact:

Ed's Pharmacy  
Katie Wollum  
1511 Main Street  
Bloomer, WI 54724  
(715) 568-2190