

CUSTOMER INFORMATION CHECKLIST

Customer: _____

Equipment: _____

(Please Check Appropriate Items)

() **Customer Information, Customer complaints, Customer Rights and Responsibilities** (See Separate Document)

() **HIPAA Privacy Notice and Medicare Supplier Standards** (See Separate Document)

() **Acceptance of Services**

I understand that by signing this agreement I authorize provision of products and/or services to me by **Juro's Medical**. I also understand that the products and services provided are prescribed by my physician and that it is necessary that I remain under the supervision of my attending physician during the course of my care.

() **Same or Similar Equipment** [] NO [] YES _____ Initial

If "NO" is checked, I acknowledge that I have not purchased or rented in the past 5 years the same or similar equipment, as listed above, from another home medical equipment provider. If I have selected "YES", then I understand that my insurance carrier may not cover the above named equipment and I may be asked to execute an Advanced Beneficiary Notice. When _____

Where _____ By Whom _____

Make/Model/Serial number _____

() **Release of Information**

I hereby authorize release to **Juro's Medical** any and all of my medical records pertaining to my medical history, services rendered, or treatments received from my physician(s) or hospital. In order to process insurance claims, I also hereby authorize **Juro's Medical** to furnish to my insurance carrier(s), any medical history, services rendered, or treatment needed.

() **Assignment of Benefits**

I authorize direct payment of insurance benefits by my insurance company to **Juro's Medical**. In the event that my insurance carrier does not accept assignment of benefits, I understand that payments may be sent directly to me and that I am obligated to endorse and directly send such payments to **Juro's Medical** for payment of my bill.

() **Financial Responsibility**

I understand that I am responsible to **Juro's Medical** for all charges not covered by my insurance. I recognize that in the event that my insurance company, employer, or any other third party payer refuses to pay the rental and/or purchase price(s) of the above items, or delays payment beyond 90 days of my receipt of items, or in the event that I have no insurance coverage or third party payer, that I will be responsible for said payments and will make prompt reimbursement within 30 days of notification by **Juro's Medical** for all charges.

() **Equipment Set-Up and Instruction** (will be covered at the time of equipment delivery)

- _____ Assemble and install equipment
- _____ Perform safety and operation checks
- _____ Environmental and safety checks
- _____ Assess risk of patient harm resulting from falls
- _____ Demonstrate equipment and give verbal instruction to patient and caregiver
- _____ Instruct alternate caregiver if appropriate
- _____ Review printed education material including printed safety precautions
- _____ Explain physician's Rx for equipment use
- _____ Explain customers responsibility for routine maintenance, cleaning and infection control
- _____ Give **Juro's Medical** address, phone number, and business hours
- _____ Explain delivery policy and follow-up policy
- _____ Explain need to contact **Juro's Medical** if change in medical status
- _____ Explain procedure for non-operating equipment

() **Return Demonstration of Equipment Use**

I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS DOCUMENT, INCLUDING THE SEPARATE DOCUMENTS WHERE NOTED.

Customer _____ Date: _____

Relation _____ Reason _____

Company Representative _____ Date _____