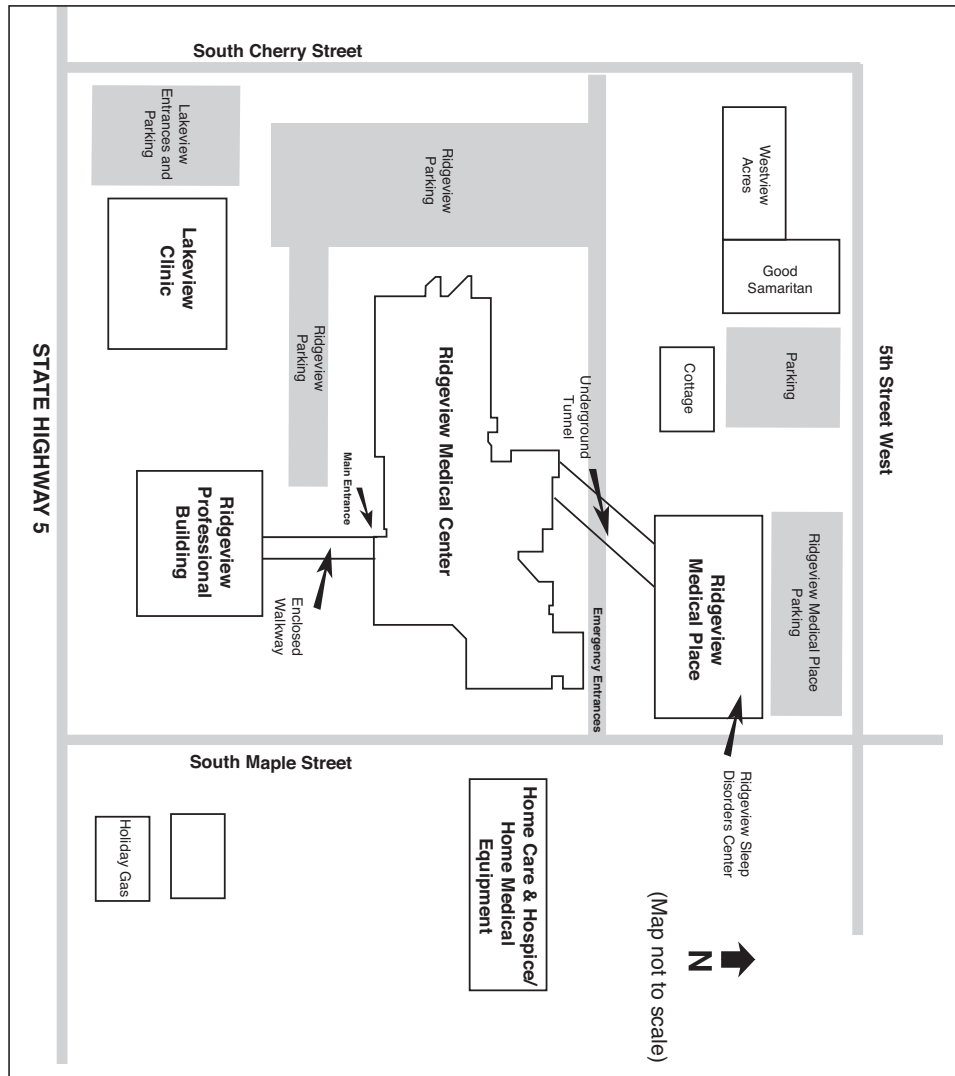


501 S. Maple Street ▪ Suite 2
Waconia, MN 55387
952-442-2283
www.ridgeviewmedical.org/hme



YOUR LOCAL HOME MEDICAL SUPPLIER

Equipment Service Guide

Monday - Friday 8:30 am - 5:00 pm
2nd & 4th Saturdays 8:00 am - 12:00 pm
24 Hour Emergency

501 S. Maple Street ▪ Suite 2
Waconia, MN 55387
952-442-2283

Please feel free to contact us at any time with concerns regarding your experience at Ridgeview Home Medical Equipment.

VALUES

Patient Centered

The physical, spiritual, intellectual and emotional needs and wants of the patient direct the care we provide.

Quality

We deliver high-quality health care services to patients, families and our communities. Quality permeates all of our systems and we constantly strive for excellence. We use data and evidence to drive decisions.

Caring/Respect

We respect the dignity and rights of everyone we serve. We demonstrate caring, compassion and sensitivity through personal service.

Community

We are strongly committed to our community relationships and design services and education based on community need.

Teamwork

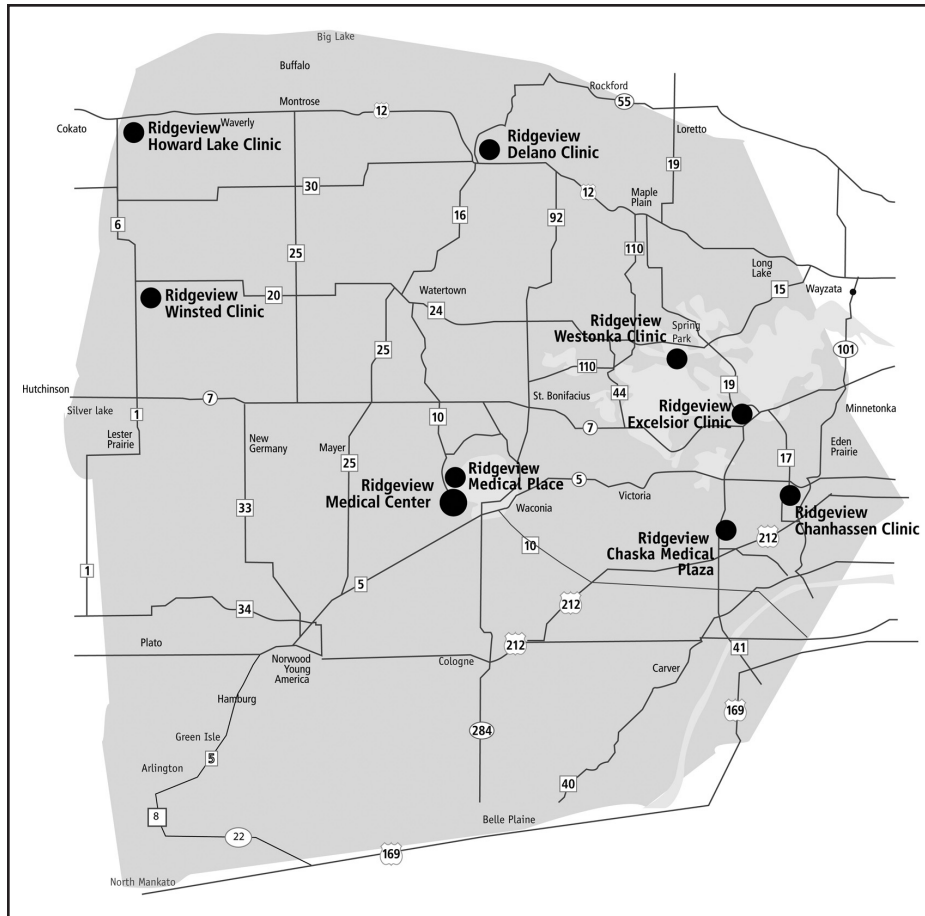
We work together to provide quality care and continuously improve our services. Effective teams are built on honesty and respect. We cooperate for the purpose of serving patients' health needs.

Environment

We create a warm, friendly atmosphere that is safe, supportive and healing for all who interact with us.

Efficiency

We use resources effectively and are innovative in providing progressive health care services. We strive to eliminate all forms of waste.



SERVICE AREA

LATEST IN HOME PRODUCTS

For rent or sale

Products include, but are not limited to:

Walking Aids

- walkers, standard and deluxe
- canes
- crutches

Mobility Equipment

- wheelchairs, power and manual
- scooters
- knee walkers

Oxygen Services

- concentrators
- portable concentrators
- compressed gas

Respiratory/Sleep Equipment

- nebulizers
- CPAP, BiPAP

Medical Equipment

- CPM
- hospital bed
- seat lift chair
- breast pumps
- phototherapy
- SAD lights

ADLs/Bathroom Safety Aids

Compression Stockings

Medical Supplies

Incontinent Products

Enteral Supplies

LifeLine

Lactation Supplies

- **Right to Request Restrictions:** You have the right to ask that we limit the information we use or disclose about you for treatment, payment or health care operations. You also have the right to ask for a limit on the medical information we provide about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will complete your request unless the information is needed to provide emergency treatment.

To request restrictions, you must submit your request in writing to Ridgeview's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Ask for Private Communications:** You have the right to ask that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must submit your request in writing to Ridgeview's Privacy Officer. We will not ask you the reason for your request, and we will agree with all reasonable requests. Your request must say how or where you wish to be contacted.

- **Right to a Paper Copy of the Complete Notice:** You have the right to a paper copy of Ridgeview's complete privacy notice. You may ask us to give you a copy of the privacy notice at any time by requesting a copy from any member of our hospital staff.

What You Should Do if You Believe Your Privacy Rights Have Been Violated

If you feel your privacy rights have been violated, you may file a complaint with Ridgeview Medical Center and/or the Secretary of the U.S. Department of Health & Human Services. You will not be retaliated against for filing a complaint. To file a complaint with Ridgeview, please contact the Ridgeview Medical Center Privacy Officer at (952) 442-2191, ext. 5130. To file a complaint with the Secretary, write to the U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in our facilities and on our Web site. The notice will contain the effective date. Copies of the notice will be available at our service locations.

This Notice Will Be Updated

This notice is in effect April 14, 2003, and Ridgeview Medical Center will abide by the terms of the privacy notice currently in effect. We may periodically modify our privacy practices and will post a revised notice in writing, electronically or by other legally acceptable means.



YOUR LOCAL HOME MEDICAL SUPPLIER

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

If you give us the right to use medical information about you, you may revoke that permission, in writing, at any time. You understand that we cannot take back any information that we have already released with your permission, and that we are required to retain our records of care that we provided to you.

Your Rights Regarding Your Medical Information

The health and billing records we maintain are the physical property of Ridgeview Medical Center. You have the following rights regarding your medical information:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. (Usually, this includes medical and billing records but does not include psychotherapy notes.)

To inspect and/or copy medical information about you, contact Ridgeview's Privacy Officer at (952) 442-2191, ext. 5130. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other expenses associated with your request.

- **Right to Amend:** If you feel that medical information Ridgeview Medical Center has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Ridgeview Medical Center.

To request a change, you must submit it in writing to Ridgeview's Privacy Officer. You must also provide a reason that supports your request.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to change information, if the information:

- was not created by us, unless the person or company that created the information is no longer available to make the amendment.
- is not part of the medical information kept by or for us
- is not part of the information which you would be permitted to inspect and copy under the law
- is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to ask for an accounting of disclosures. This is a list of the disclosures we made of medical information about you to others, except for the purposes of treatment, payment and operations identified earlier.

To request an accounting of disclosures list, you must submit your request in writing to Ridgeview's Privacy Officer. The first list of disclosures you ask for within a 12-month period will be free. We may charge for the costs of providing additional lists. We will notify you of the cost and you may choose to remove or change your request before any costs are incurred.



YOUR LOCAL HOME MEDICAL SUPPLIER

RETURN POLICY

A returnable item must be refunded or exchanged within **14 DAYS** of purchase with receipt, no receipt - no return approved.

Non Returnable items include:

- Personal care items
- Bathroom equipment
- Compression stockings
- Damaged or used items
- Items that have been billed to insurance
- Food products
- Opened supplies are not returnable

Special orders will require payment up front and will be subject to a 25% restocking fee if returned.

For defective/non-working items, please reference manufacturer warranty.

If a refund is requested, the refund will be issued by Ridgeview Medical Center. No cash refunds will be given.

Returns are accepted during routine business hours.

Ridgeview Home Medical Equipment is a department of RIDGEVIEW MEDICAL CENTER.

Special Situations

- **Organ Donation:** If you are an organ donor, we may provide medical information to organizations that handle organs for organ, eye or tissue transplantation or to an organ donation bank.
- **Military:** If you are a member of the armed forces or a veteran, we may release medical information about you as required.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs.
- **Public Health Activities:** As required by law, we may provide medical information about you to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities allowed by law, such as audits, investigations, inspections and licensure.
- **Lawsuits and Disputes:** We may disclose medical information about you in response to a court order or other lawful process by someone else involved in the dispute.
- **Law Enforcement:** We may disclose your medical information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury. We may also disclose medical information in an emergency situation to alert law enforcement of a criminal act, or to identify a crime victim or perpetrator.
- **Victims of Abuse:** We may provide information about victims of abuse, neglect or domestic violence to authorities, social services or protective agencies when authorized by law.
- **Avert Serious Threat:** We may release information to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Coroners, Medical Examiners and Funeral Directors:** We may release information to coroners or medical examiners as necessary to carry out their duties.
- **Specialized Government Functions:** We may release information for national security and intelligence activities.
- **Inmate:** We may release medical information about you to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

- **Health Care Operations:** We may use and disclose medical information about you for general health care operations. These uses and disclosures are necessary to run Ridgeview Medical Center and make sure that all of our patients receive quality care. For example, we may disclose information to doctors, nurses, technicians, health care students and other hospital personnel for quality review and learning purposes.

Other Uses and Disclosures

Ridgeview Medical Center may also use and disclose medical information about you for the following purposes:

- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment with us.
- **Treatment Alternatives:** We may use and disclose medical information to tell you about possible treatment options or other items of interest.
- **Health-Related Benefits and Services:** We may use medical information to tell you about health-related benefits, services or medical education classes of interest.
- **Fund-Raising Activities:** We may disclose information to our hospital-based foundation so it may contact you in raising funds for the hospital.
- **Hospital/Facility Director:** We may include limited information such as your name and location in the hospital while you are a patient. The directory information may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. You may choose to "opt out" of this facility directory by indicating your preference upon admission. If you choose this option, no information about you will be listed or accessed in directories. Ridgeview will not provide any indication that you are here, including to family, friends, caregivers or the media.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a caregiver who may be a friend or family member, or to someone who helps pay for your care.
- **Research:** We may use medical information about you for research purposes. For example, a research project may involve comparing the health of all patients who received one medication to those who took another for the same condition. However, we will ask for your permission if the researcher will have access to your name, address or other information that reveals who you are, or if the researcher will be involved in your care at the hospital.
- **As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.

Equipment Services

Services

- Delivery and In-Home Instruction by Qualified Staff
- Staff In-Services
- Service Referral
- Process Most Insurance
- Medicare/MN Medicaid Provider
- Physician Contact to Assist with Coverage Issues
- Service Department
- 24-Hour Emergency Services
- Serving Pediatrics and Adults

Rented Equipment

If you are renting equipment, all of the services and repairs are included in the rental fee. The equipment rental charge is for a minimum of one month commencing on same day each month until returned. Refunds will not be made for any early returns.

Purchased Equipment

Warranty Information: All warranties are extended by the manufacturer and NOT by Ridgeview Home Medical Equipment. However, we will assist you in resolving any concerns. In most cases labor charges are not covered under the manufacturers warranty.

Service/Repairs: You may bring equipment for service or repair to our office during normal business hours: 8:30 a.m. to 5:00 p.m., Monday through Friday.

All repair charges are due upon receipt, unless arrangements have been made prior to repair services.

Shipping & Delivery

Routine, ongoing supplies may be shipped via parcel delivery, Monday through Friday. Please allow two to three business days to receive your order. **Same day delivery may be available for a courier fee.** Larger items and durable medical equipment are delivered by one of our Technicians directly to your home. You will need to be home or have an authorized person at home to sign for the delivery.

Private pay items will incur shipping charges.

Equipment - Customer Responsibility

You will be instructed on safe and proper use of your equipment by an RHME staff member. If you have any questions about the use of your equipment, be sure to ask the staff member or call Customer Service at any time.

Your responsibility for using the equipment are to:

- Follow the instructions given for using your equipment in a safe manner. For example, never smoke near oxygen equipment because it is a fire hazard.
- Store equipment safely as directed by the Technician. For example, oxygen equipment must have adequate clearance from other items to prevent fire hazards.
- Keep your equipment and accessories clean. Follow the cleaning instructions and schedule given by the Technician.
- Call us if you need help with moving equipment to a different location. Moving heavy or dangerous items on your own could cause harm to you and damage the equipment.



YOUR LOCAL HOME MEDICAL SUPPLIER

NOTICE OF PRIVACY PRACTICES

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.

This notice applies to Ridgeview Medical Center, its Clinics, departments, services and programs which operate under the direction of Ridgeview Medical Center.

"Protected Health Information" is information that identifies you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the provision of payment for health care furnished to you. In this notice, we call Protected Health Information "medical information."

Ridgeview's Privacy Commitment

We understand that medical information about you and your health is personal. Protecting your privacy and the confidentiality of your personal information is very important to Ridgeview Medical Center, and is required by law, as is this notice of our legal duties and privacy practices.

We create a record of the care and services you receive at Ridgeview to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways our staff may use and disclose medical information about you. It also describes your rights and certain obligations Ridgeview has regarding the use of medical information.

How We May Use and Disclose Medical Information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services. Different departments also may share medical information about you in order to coordinate the different care you need. For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. The doctor may then need to tell the dietitian so you will receive appropriate meals while in our care.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about your surgery so your plan will pay us or reimburse you for the surgery.



YOUR LOCAL HOME MEDICAL SUPPLIER

QUESTIONS OR CONCERNS

If you have any questions about your equipment, your bills or services from RHME please call 952-442-2283. If you have a complaint about the agency or person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Ombudsman for Older Minnesotans.

OFFICE OF HEALTH FACILITY COMPLAINTS

Minnesota Department of Health
85 E 7th Place, Suite 300
PO Box 64970
St. Paul, MN 55164-0970
Consumers may call Mon-Fri 8 am-4:30pm
(651) 215-8702 or
Toll Free Hotline 1-800-369-7994

HOME CARE OMBUDSMAN

Office of Ombudsman for Older Minnesotans
121 East 7th Place, Suite 410
St. Paul, MN 55101
Consumers may call -
(651) 296-0382 or 1-800-657-3591

DURABLE MEDICAL EQUIPMENT REGIONAL CARRIER

Provider Services
P.O. Box 7078
Indianapolis, IN 46207-7078
Consumers may call (877) 7900

THE COMPLIANCE TEAM

905 Sheble Lane, Suite 102
Spring House, PA 19477
Consumers may call 1-888-291-5353

The patient has the right to freely voice grievances and recommend changes in care or services without fear or reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Medicare Beneficiaries Complaint Log, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

The patient will be informed of this complaint resolution protocol at the time of set-up of service.

In the event your complaint remains unresolved with Ridgeview Home Medical Equipment, you may file a complaint with our Accreditor, The Compliance Team via their website or by phone at: www.thecomplianceteam.org or 1-888-291-5353.

- Tell us about any new instructions or prescription changes you have received from your doctor about the use of your equipment. Tell the Technician or call Customer Service.
- Rental equipment should be returned in good working order and in the same condition as when delivered, with some ordinary wear expected. In the event that the equipment is damaged or not in good working order, the cost of the repairs will be your responsibility.
- If equipment is lost or damaged beyond repair, you will be charged for replacement at the current retail rate.
- Equipment should remain at delivery address. Please notify the supplier immediately of an address change or if equipment is moved to another address.



YOUR LOCAL HOME MEDICAL SUPPLIER

A home health care provider may not require a person to surrender these rights as a condition of receiving services. A guardian or conservator or, when there is no guardian or conservator, a designated person may seek to enforce these rights. A provider must protect and promote these rights. As your home care provider, **WE STRIVE TO PROVIDE QUALITY SERVICES. If you need assistance, have questions, or a complaint, please contact us at:**

RIDGEVIEW HOME MEDICAL EQUIPMENT

501 S. Maple Street
Waconia, Minnesota 55387
952-442-2283
1-800-666-6497

STATEMENT OF RESPONSIBILITIES:

The staff at Ridgeview Home Medical Equipment (RHME) strive to provide the best care possible to the patient their families. To assist us in that care, we have identified several areas of responsibility for the patient and their families to enable the staff to effectively manage each patient's plan of care. Together, we can accomplish the goals for effective home health care services. All patient's of in-home health care services, or their families, possess responsibilities. These include the responsibility to:

1. Remain under a doctor's care while receiving services, report any unexpected changes in health status to doctor, and keep agency informed of physician visits and/or changes in prescribed care.
2. Provide the agency with all requested insurance and financial information and notification of additions or changes in insurance coverage. Sign the required consents and releases for insurance billing or have a designated authorized representative sign for the patient.
3. The patient and/or family is responsible for participating in the development of the plan of care and subsequent changes, including participation in your care by asking questions and expressing concerns.
4. The patient and/or family is responsible for assisting in the provision of a safe environment in which care can be given in so much as he/she is able. This includes a safe environment for the patient's care as well as RHME staff during this provision of care.
5. The patient and/or family has the responsibility to notify the agency when scheduled visits cannot be kept.
6. The patient and/or family has the responsibility to properly care for and follow instructions in regard to equipment. Notify the agency if there are questions or problems with the equipment.
7. The patient and/or family has the responsibility for supplying accurate and complete information regarding past illness, hospitalizations, medications, documentation of Health Care Directive, and other matters relating to his/her health in so much as is possible.
8. Follow instructions given by the health care team, according to the plan of care. The patient and/or family is responsible for his/her actions if the plan of care is not observed, including responsibility for any refusal of treatment.
9. The patient and/or family is responsible to express concerns about the course of treatment or ability to comply if not understood or cannot be followed.
10. Abide by agency policies that restrict duties our staff may perform.
11. Advise agency administration of any dissatisfaction or problems with your care.

BILL OF RIGHTS: Patient Rights & Responsibilities

STATEMENT OF RIGHTS:

A person who receives home health care services has these rights:

1. The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
2. The provider must advise the recipient of the right to participate in planning the care and treatment.
3. The right to be told in advance of receiving care about the services that will be provided, the frequency of visits, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
4. The right to be told in advance of any change in the plan of care and to take an active part in any change and planning before any change is made.
5. The right to refuse treatment or service.
6. The right to formulate a health care directive.
7. The right to know in advance any limits to the services available from a provider, and the provider's ground for termination of services.
8. The right to know what the charges are for services, no matter who is paying the bill.
9. The right to know that there may be other services available in the community, including other home care services and providers, and to know where to go for information about these services.
10. The right to choose freely among available providers after services have begun, within the limits of health insurance, medical assistance, or other health programs.
11. The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
12. The right to be allowed to access records and written information from records in accordance with section 144.335.
13. The right to be served by people who are properly trained and competent to perform their duties. The right to ask and be shown proper identification from any health care member entering your home.
14. The right to be treated with courtesy and respect, and to have your property treated with respect.
15. The right to be free from physical and verbal abuse.
16. The right to reasonable, advance notice of changes in services or charges.
17. The right to a coordinate transfer when there will be a change in the provider of services.
18. The right to voice grievances regarding the treatment or care that is, or fails to be, furnished or regarding the lack of courtesy or respect to the patient or the patient's property.
19. The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint. The provider shall document in writing all complaints, as well as document in writing any resolution of the complaint against any furnishing services on behalf of the provider.
20. The right to know the name and address of the state or county agency or contact for additional information or assistance.
21. The right to assert these rights personally, or have them asserted by the patient's family or guardian when the patient has been judged incompetent without retaliation.
22. The right to be involved in discussing and/or resolving conflicts or ethical issues in regard to your care.

INSURANCE PROVIDERS

(This is only a sample list of providers)

- Aetna
- America's PPO
- Blue Cross Blue Shield
- Blue Plus
- Cigna
- Champus
- HealthPartners
- Hospice Contracts
- Humana
- Medica
- Medical Assistance
- Medicare
- MHP
- Minnesota Senior Federation
- Patient's Choice
- PreferredOne
- PrimeWest
- SelectCare
- South Country Alliance
- Triwest
- UCare
- UMR
- Unicare
- United Health Care

INSURANCE RESPONSIBILITY

Medicare, Medical Assistance, HMOs and other commercial insurance claims are filed for you by our office. Your portion after insurance coverage is due upon receipt of invoice. For detailed billing, payment and/or insurance information, please ask your customer service representative.

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.

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. 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. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
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.

Billing Services/Payment Options

Customer Responsibility

OPTIONS:

1. Pay in full by check, money order or cash
2. Pay by major credit or check card, except American Express

PRIVATE PAY portions will be submitted to you on an invoice or statement, which will be mailed to you. This payment is due upon receipt. If your insurance denies payment, you are responsible for all outstanding charges. If your physician does not complete and forward to Ridgeview Home Medical Equipment all necessary documentation supporting medical necessity as defined by your insurance, you will be responsible for all outstanding charges.

Insurance Responsibility

Insurance claims are filed at no charge. Your portion is due upon receipt of invoice. If your insurance carrier does not remit payment within 60 days of our billing date, the balance will be due from you. If we do not have a contract with your insurance, we will bill them as a courtesy to you; however, our office does not accept responsibility for collecting on these claims.

As a service to our **MEDICARE** customers, our office accepts **ASSIGNMENT** of most Medicare claims. If Medicare denies your claim, we will bill you, and you can choose one of the above credit options. In some instances, claims will be billed **NON-ASSIGNED**. Non-assigned means we will bill the retail amount directly to you, which is due upon receipt. Our office will process the claim with Medicare on your behalf, and Medicare will reimburse you directly (the allowable amount).

If you are covered by **MEDICAL ASSISTANCE**, we will bill Medical Assistance for all eligible dates of service.

Please notify our office immediately of any changes to your medical insurance. If we are not notified of a change to your medical insurance, we will bill the retail amount directly to you.

Equipment rental agreements are between Ridgeview Home Medical Equipment and the customer. If your insurance covers the rental item, we will bill your insurance company on your behalf; however, the rental agreement remains with you, not the insurance carrier.

It is your responsibility to understand your insurance coverage and its effects on the rental agreement, especially when you consider changing insurance plans. Before you change insurance, we advise you to call your new insurance carrier and inquire about coverage for the equipment you are renting. In some instances, the rental period and number of rental payments applied towards purchase (if available) may change or start over when changing insurance plans.



Things You Should Know

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

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, nebulizer, suction pumps, continuous positive 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.
- It's Ridgeview Home Medical Equipment's discretion to establish some products as purchase only.
- 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.