Medequip, Inc.

Date of Birth: 

Patient's Name: 

Patient's Address: 

Diagnosis Codes: 

Product Description and Serial number:  

Sticker:  

L-Codes/E-Codes:  

Sticker:  

L-Codes/E-Codes:  

Sticker:  

L-Codes/E-Codes:  

Letter of Medical Necessity: This patient has an absolute medical necessity for the item(s) listed above.

I certify the above-prescribed item is medically indicated and, in my opinion, is reasonable and necessary with reference to the standards of medical practice and treatment of this patient's condition.

Physician's Name: 

Physician's Signature:  

Date:  

Medicare Pts.  Purchase Price $ 

Est. Co-Pay $  

**MEDICARE NON-COVERED ITEMS**: Arm Slings, Post-Op/Cast Shoes, Heel Wedges/Cups/Lifts, Bunion Splints, Neoprene Sleeves, Tennis Elbow Braces, Lumbar Supports, OTS Orthotics, Shoulder Pulleys, Cold Therapy Units or other Elastic-type Garments.

Home Safety Assessment: CPM machines are powered by electricity and must be used as specified and in a safe environment to prevent risk of shock.

Fire Safety:  

Electric Safety:  

Environmental Safety:  

1) Terms and conditions: Medequip, Inc. is the provider of the medical supplies I have received today.

I have been instructed in its proper fitting and usage. Warranty information: Medequip, Inc., will honor all warranties extended by the manufacturer of the product. I agree to pay all amounts that are not covered by my insurer(s) including applicable co-payments and/or deductibles for which I am responsible.

I request that payment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits be made on my behalf to Medequip, Inc. for any medical supplies furnished to me by Medequip, Inc. I authorize any holder of medical information about me to release to Medequip, Inc., my physician(s), caregiver, CMS, its agents and to my primary and/or other medical insurer any information needed to determine or secure eligibility information and/or reimbursement for covered services. I agree to pay all amounts that are not covered by my insurer(s) and for which I am responsible.

2) Consent to Privacy Practices of Medequip, Inc.

Effective Date: January 01, 2009

You have been provided with a copy of Medequip, Inc.'s "Notice of Privacy Practices" that describes how we will use health information concerning our service to you. The notice details how we will use this information to provide treatment care for you, to gain reimbursement for our services and to improve our operations to better serve you and other patients.

We are required to document that:

- We have given you our Notice of Privacy Practices and that you have had the opportunity to review it;
- Medequip, Inc. will notify you of changes in our Notice of Privacy Practices prior to implementing those changes;
- You may request restrictions as to how your health information may be used although Medequip, Inc. is not required to agree to those restrictions;
- Any restrictions to which Medequip, Inc. agrees to will be respected.

You may revoke this consent in writing at any time, although Medequip, Inc. can proceed with uses and disclosures that pertain to treatment, payment, or healthcare issues that take place before the consent was revoked.

3) This Assignment of Benefits permits Medequip Inc. to do the following on your behalf.

- Assignment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits to Medequip, Inc. for medical supplies furnished to me by Medequip, Inc.
- Direct billing to Medicare, Medicaid, Medicare Supplemental or other insurers.
- Release of my medical information to Medicare, Medicaid, Medicare Supplemental or other insurers and their agents.
- Medequip, Inc. to obtain medical or other information necessary in order to process my claim(s), including determining eligibility and seeking reimbursement for medical supplies provided.
- Medequip, Inc. to contact me by telephone or mail regarding my medical supplies order.

By signing below I acknowledge that I understand and consent for use of health information, AOB, and the Terms & Conditions of Medequip, Inc. My signature on this form indicates I received the prescribed product, undamaged and the Medequip, Inc. Notice of Privacy Practices. Also, I received and was informed of the Medicare Supplier Standards, Cleaning/Maintenance Info., Infection Control Tips, Complaint Process, Follow-up Instructions, written Product Instructions, Warranty Info, and Patient Rights & Responsibilities.

Patient or Guardian's Signature  

Date  

Relationship to Patient, if other than self  

Rev. 1/14
Proof of Delivery/Prescription

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Physician’s Name: ____________________________    Physician’s Signature: ____________________________    Date: ______________

Medicare Pts. Purchase Price $ ___________    Est. Co-Pay $ ___________

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Scope of Services

Medeqip is a Durable Medical Equipment company with a mission to build life-long partnerships with our patients, their families and physicians by offering cutting edge orthotic services and support.

Patient care is provided by Certified Athletic Trainers, Orthotic Fitters and Orthopedic Technicians and the like that have received the appropriate training in their field of expertise. We want to provide Exemplary Service to our customers.

Products we provide include:
- Post injury and acute care bracing and immobilizers
- Post operative bracing and supports; Knee, Shoulder, Ankle, Spine
- Pain management products; TENS, Traction, Cold Therapy
- Mobility aids; Manual Wheelchairs, Walkers, Crutches, Canes
- Rehabilitation products; Elastic Bands, Sport Cords

If you are in need of products or services not listed. Please contact your physician.

If you’re in need of a product for rental or purchase, please call us at (800) 944-3422 and we’ll see if we can assist you in getting the item you’re looking for. We’re available Monday thru Friday 8am to 5pm Pacific Time.

Patient Rights & Responsibilities

Consent to Privacy Practices

Patient Rights:
1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient’s care may not have access to the information without the patient’s written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:
1. The patient should promptly notify Medeqip, Inc. of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Medeqip, Inc. in such instances.
3. The patient should promptly notify Medeqip, Inc. of any changes to their address or telephone.
4. The patient should promptly notify Medeqip, Inc. of any changes concerning their physician or health insurance.
5. The patient should notify Medeqip, Inc. of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient’s insurance company/companies does not pay.
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.
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.
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.