



Welcome

Monday-Friday 10:00 am–6 pm • Saturday 10:00 am–4 pm
4473 NW 183rd St Miami, FL 33055 [e-mail: info@orthogravity.com](mailto:info@orthogravity.com)

Phone: (305) 627-3824 • Fax (954) 252-3863

NPI 1932800331 PTAN 8294180001

Patient Information Packet Contents

- Hours of Operation and Company Information
- Rights and Responsibilities
- Patient Complaint/Grievances Procedure Policy
- Emergency Preparedness
- How to Make Your Home Safe for Medical Care
- Patient Privacy Information (HIPAA)
- Item Warranty Info
- Medicare DMEPOS Supplier Standards (Medicare Only)
- Client/Patient Service Agreement
- Client/Patient Satisfaction Survey

Checklist of Paperwork Provided

Supplies provided are listed on the delivery receipt

Rights and Responsibilities

As our customer, you are hereby provided this Bill of Rights. You have the right to be notified in writing of your rights and obligations before treatment has begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. We fulfill our obligation to protect and promote the rights of our patients, including the following:

Customer Rights

As the patient/caregiver, you have the RIGHT to:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her cultural and personal values, beliefs, preferences, individual dignity, and with protection of his or her right to and need for privacy.
- A patient has a right to religious and spiritual accommodation.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has a right to access available protective and advocacy services.
- A patient has a right to effective communication in a manner tailored to his or her age, language, and ability to understand, taking into account any vision, speech, hearing, or cognitive impairments.
- A patient has the right to bring any person or receive visitors of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety, rights, or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider, as well as the right to withdraw or deny this consent to access at any time.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to send and receive mail promptly.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, side effects, benefits, alternatives, risks, prognosis, outcomes of care necessary to participate in health care decisions, and any unanticipated outcomes of the patient's care, treatment, and services.
- A patient has the right to pain management.
- A patient has the right to be fully informed regarding his or her health status, participate in the development and implementation of his or her plan of care, make informed decisions regarding care, and be informed in advance of changes to his or her plan of care.
- A patient has the right to request or refuse any treatment, including life-prolonging procedures, except as otherwise provided by law.
- A patient has the right to refuse treatment and life-prolonging procedures.
- A patient has the right to be free from neglect, harassment, exploitation, verbal, physical, mental, and sexual abuse, and corporal punishment.
- A patient has the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff and to be subjected to restraint or seclusion only by trained staff to ensure the immediate physical safety of the patient, a staff member, or others and to have it discontinued at the earliest possible time.
- A patient has the right to have his or her allegations, observations, and suspected cases of neglect, exploitation, and abuse reported to appropriate authorities based on the hospital's evaluation of the suspected events or as required by law.
- A patient has the right to written information concerning the health care facility's policies respecting advance directives, including a copy of "Health Care Advance Directives – The Patient's Right to Decide."
- A patient has the right to formulate, review, or revise advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- A patient has the right, upon request, to be referred to resources for assistance in formulating advance directives.
- A patient has the right to not have treatment or admission conditioned upon whether or not the individual has executed or waived an advance directive.
- A patient has the right to have his or her advanced directive documented in his or her medical record.
- A patient has a right to have, upon request, his or her wishes concerning organ donation documented and to have hospital staff and practitioners who provide care in the hospital comply with those wishes within the limits of its capability, policy, and law and regulation.

- A patient has the right to designate a surrogate to make health care decisions on behalf of the patient in accordance with state law.
- A patient has the right to personal privacy, to receive care in a safe setting, and to be free from all forms of abuse or harassment.
- A patient has the right to participate in the consideration of ethical issues that arise in his or her care.
- A patient has the right to have a family member or representative of his or her choice and his or her physician notified promptly of his or her admission to the hospital.
- A patient has the right to involve his or her family in making decisions regarding his or her care, treatment, and services decisions, in accordance with law and regulation.
- A patient has the right to confidentiality of his or her clinical records and to access, request amendment to, and obtain information on disclosures of his or her health information contained in his or her clinical records as permitted by law as quickly as the record keeping system permits.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to receive notice of non-coverage and a right to appeal premature discharge.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of age, sex, race, color, national origin, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, gender identity or expression, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to receive information on alternative care, treatment, and services available.
- A patient has the right to know if medical treatment is for purposes of experimental research, receive an explanation of the nature, purpose, expected duration, procedures to be followed, and possible consequences, benefits, risks, discomforts, and side effects before the research or experiment is conducted, and to give his or her consent or refusal to participate in such experimental research without any impact on his or her access to care, treatment, and services unrelated to the research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient has the right to information about procedures for initiating, reviewing and resolving patient complaints.

CUSTOMER RESPONSIBILITIES

As the patient/caregiver, you are RESPONSIBLE for:

- Notifying the company of change of address, phone number, or insurance status.
- Notifying the company when service or equipment is no longer needed.
- Notifying the company in a timely manner if extra equipment or services will be needed.
- Participating as in the plan of care/treatment.
- Notifying the company of any change in condition, physician orders, or physician.
- Notifying the company of an incident involving equipment.
- Meeting the financial obligations of your health care as promptly as possible.
- Providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertinent to your health.
- Your actions if you do not follow the plan of care/treatment.

OUR RIGHTS

As your provider of choice, we have the right to:

- Terminate services to anyone who knowingly furnishes incorrect information to our company to secure durable medical equipment.
- To refuse services to anyone who during direct care is threatening, intoxicated by alcohol, drugs and/or chemical substances, and could potentially endanger our staff and patients.

PATIENT COMPLAINT/GRIVEANCES PROCEDURE POLICY

Patients/clients and caregivers have the right to have all complaints heard, investigated and whenever possible, resolved. Ortho Gravity Medical LLC promotes open communication between patients/ guardians and staff. The Company respects both the patients' rights and the need for effective communication.

Patients/clients are free to voice complaints or grievances regarding policies or services and recommend changes without coercion, discrimination, reprisal or unreasonable interruption of services. The complaint process includes intake, investigation, corrective action as applicable, complaint resolution, and follow-up.

Ortho Gravity Medical LLC receives, investigates and responds to complaints and recommendations received from patients/clients. Upon admission, Ortho Gravity Medical LLC provides oral and/or written notification of its complaint-resolution process and other resources for registering complaints. The patient's/customer's record must document all communication, signed and dated by a staff member.

A patient/client may file a complaint or grievance by calling customer service at 305-627-3824. The complaint may also be submitted in writing to the Company President at the physical location.

The complainant will be notified within 3 business days of receipt that the complaint has been received and is being investigated. The Company will initiate an investigation by interviewing staff involved and reviewing all necessary documentations. If necessary, the patient and/or caregiver will be contacted for more information. If collateral sources are to be contacted for information, the patient will be notified, and information release forms will be obtained.

Within 14 business days, a written response of the outcome of such investigation for the complaint resolution will be sent to the patient and reported.

A complete report of the initial complaint and subsequent investigation and resolution is to be kept by the Compliance Manager in a secure file, and a summary is documented in the patient's file.

All employees are trained in how to handle complaints. Copies of all complaints and investigations are kept on-file for at least three years. All complaints are summarized and presented to Executive Management quarterly.

If you have a complaint, please contact us at (305) 627-3824. Additionally, you may contact Centers for Medicare and Medicaid Services (CMS) at 1(800) MEDICARE, if needed. You may also contact our accreditation provider if needed. Our accreditation provider is ACHC and can be reached at (919) 785-1214.

EMERGENCY PREPAREDNESS

Ortho Gravity Medical LLC has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your health care needs. It is your responsibility to contact us regarding any supplies you may require when there is a threat of disaster or inclement weather so that you have enough supplies to sustain a disaster occurs, follow instructions from the civil authorities in your area. We will utilize every resource available to continue to service you. However, there may be circumstances where we cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. We will work closely with authorities to ensure your safety.

HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

At Ortho Gravity Medical LLC, we want to make sure that your home medical treatment is done conveniently and safely. Many of our client/patients are limited in strength, or unsteady on their feet. Some are wheelchair- or bed-bound. These pages are written to give our client/patients some easy and helpful tips on how to make the home safe for home care.

Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

Safety in the Bedroom

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.

- Install night-lights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:

- Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
 - Basic electric can openers
 - Bottle and jar openers
 - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

Getting Around Safely

If you are now using assistive devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

What To Do If You Get Hurt ... In case of emergency, contact: Fire, Police, Ambulance: **911**

Nearest Hospital: Jackson North Medical Center

Phone: (305) 651-1100

Ortho Gravity Medical LLC

Phone: 305-627-3824

If you have any questions about safety that aren't in this booklet, please call us and we will be happy to give you recommendations for your individual needs.

Equipment Warranty Information

Shoes can be returned if unworn for exchange for 7 days. Defective items can be returned up to 6 months for replacement. Custom, special-order items and items worn on skin are not returnable. Hygienic items such as shower equipment is non non-returnable. Any items that are abused or worn past adjustable conditions will need to be replaced at patient's expense.

Patient Privacy (HIPAA) Information

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 of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment.

We may use or disclose your protected health information in the following situations without your authorization: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.

You may have the right to have our organization amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information, if you have any questions concerning or objections to this form, please ask to speak with our President in person or by phone at 305-627-3824.

Associated companies with whom we may do business, such as an answering service or delivery service, are given only enough information to provide the necessary service to you. No medical information is provided.

We welcome your comments: Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

This notice was published and becomes effective on/or before April 14, 2003

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet 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.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
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.

Ortho Gravity Medical LLC

CLIENT/PATIENT SERVICE AGREEMENT

Client/Patient Name: _____ ID _____

Authorization/Consent for Care/Service: I have been informed of the home care options available to me and of the selection of providers from which I may choose. I authorize Ortho Gravity Medical LLC under the direction of the prescribing physician, to provide home medical equipment, supplies and services as prescribed by my physician.

Assignment of Benefits/Authorization for Payment: I hereby assign all benefits and payments to be made directly Ortho Gravity Medical LLC, Inc for any home medical equipment, supplies and services furnished to me in conjunction with my home care. I authorize Ortho Gravity Medical LLC to seek such benefits and payments on my behalf. It is understood that, as a courtesy, Ortho Gravity Medical LLC will bill Medicare/Medicaid or other federally funded sources and other payors and insurer(s) providing coverage, with a copy to Ortho Gravity Medical LLC I understand that I am responsible for providing all necessary information and for making sure all certification and enrollment requirements are fulfilled. Any changes in the policy must be reported to Ortho Gravity Medical LLC within 30 days of the event. I have been informed by Ortho Gravity Medical LLC of the medical necessity for the services prescribed by my physician. I understand that in the event services are deemed not reasonable and necessary, payment may be denied and that I will be fully responsible for payment.

Release of Information: I hereby request and authorize Ortho Gravity Medical LLC, the prescribing physician, hospital, and any other holder of information relevant to service, to release information upon request, to Ortho Gravity Medical LLC, any payor source, physician, or any other medical personnel or agency involved with service. I also authorize Ortho Gravity Medical LLC to review medical history and payor information for the purpose of providing home health care.

Financial Responsibility: I understand and agree that I am responsible for the payment of any and all sums that may become due for the services provided. These sums include, but are not limited to, all deductibles, co-payments, out-of-pocket requirements, and non-covered services. If for any reason and to any extent, Ortho Gravity Medical LLC does not receive payment from my payor source, I hereby agree to pay Ortho Gravity Medical LLC for the balance in full, within 30 days of receipt of invoice. All charges not paid within 45 days of billing date shall be assessed late charges. I am liable for all charges, including collection costs and all attorneys cost. I am responsible for all charges regardless of my payor unless my agreement with my health plan holds me harmless.

Returned Goods: I understand that, due to Federal and State Pharmacy Regulations ancillary items prescribed for home health care cannot be re-dispensed. Therefore, ancillary items cannot be returned for credit. Home Medical Equipment that is rented will be returned after the physician has discontinued service. Sale items cannot be returned. Ortho Gravity Medical LLC must be notified within 24 hours of the set-up if any equipment is defective. In the case of defective equipment, an exchange will be made for the defective item.

Client/Patient Handouts: I acknowledge that I have received a copy of the Client/patient Handouts which contains Client/patient Rights and Responsibilities, Supplier Standards, Home Safety Information, HIPPA Privacy Standards, Emergency Preparedness education, and Advance Directive Information. I acknowledge that the information in the Client/patient Handouts has been explained to me and that I understand the information. I understand my right to formulate and to issue Advance Directives to be followed should I become incapacitated. I will furnish Ortho Gravity Medical LLC with a copy of such document.

Grievance Reporting: I acknowledge that I have been informed of the procedure to report a grievance should I become dissatisfied with any portion of my home care experience. I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 305-627-3824 and speak to the Customer Services Supervisor. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body. You can expect a written response within 7 working days or receipt.

Home Health Hotline: You may also make inquiries or complaints about this company by calling your local Social Services Department and/or ACHC (919) 785-1214.

Client/Patient: _____ Date: _____

Witness: _____ Date: _____

Ortho Gravity Medical LLC

CLIENT/PATIENT SATISFACTION SURVEY

Client/patient Name (Optional): _____

City, State: _____ Date: _____

It is our desire to provide you with the best quality home care services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and note the response that most closely matches your experience.

REGARDING Ortho Gravity Medical LLC	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
Services/Equipment were provided in a timely manner				
My home care needs were met through the services/equipment provided				
The staff discussed my rights and responsibilities and financial obligations				
The staff informed me how to contact the office during and after hours				
I would utilize/recommend Ortho Gravity Medical LLC to my friends or family				
REGARDING THE STAFF OF Ortho Gravity Medical LLC	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
The representatives were courteous and professional				
Explanations and instructions offered by representatives were adequate				
All procedures/services were explained prior to performing them				
Equipment was delivered clean and in good working order				
My personal property was treated with respect				

Comments:

Please return the survey to Ortho Gravity Medical LLC in the envelope provided.

Thank you for choosing Ortho Gravity Medical LLC.

Checklist of Paperwork Provided

I have received the following information:

- Hours of Operation and Company Information
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For All Medicare Customers:

- 30 CMS Supplier Standards

I understand that I must contact Ortho Gravity Medical LLC of any changes in my condition or if I am hospitalized I certify that I have received all of the equipment and supplies listed on the delivery receipt in excellent condition. I have been properly instructed on how to use and properly take care of the equipment and supplies. I also understand that in the event that payment of my co-insurance or deductible amounts are not made by my insurance carrier(s), I will be responsible for reimbursing Ortho Gravity Medical LLC any balance owed up to the allowed amount.

I authorize any employee of Ortho Gravity Medical LLC to contact me by telephone regarding the equipment and supplies I have received, additional items or supplies that I may need and to discuss any billing and/or accounts receivable information.

Patient Signature or Signature of Caregiver

If Caregiver, Relationship to Patient

Witness Signature Date