



FOR ANY PRODUCT QUESTIONS OR CONCERNS PLEASE CALL PRO MEDICAL EAST AT (732) 657-9600

Pro Medical East and affiliates* are nationwide providers of Diabetic shoes and inserts as well as a wide range of Orthopedic bracing and supports. Our services include clinical assessment, product selection and product delivery. Pro Medical East is compliant in all federal, state and local laws including Medicare and Medicaid guidelines. Pro Medical East is open 9-5 Monday through Friday. Should there be any questions regarding products and services you have received, or for any other inquiries, please call our main office anytime at 800-661-5143 or 732-657-9600. If assistance is not immediately available, a company representative will return your phone call as soon as possible.

In a continuing effort to provide excellent service to customers, all complaints or grievances are taken seriously. Should immediate resolution not be possible, every effort will be made to complete resolution within 14 days. Grievance will be documented, discussed with Management, and company policy will be adjusted if necessary. If the issue has not been resolved to your satisfaction or to report any abusive, neglectful or exploitative practices, you have the right to contact: Medicare Hotline Number: 800-633-4227 ACHC: 855-937-2242 MA Attorney General 888-830-6277 PA Attorney General 877-888-4877 NJ Division of Consumer Affairs 973-504-6200

Equipment will only be supplied with the knowledge and consent of the customer. Infection Control Guidelines will be adhered to at all times by staff. New equipment is subject to the manufacturer warranty. Please review all information given at time of delivery for additional instructions regarding use and care of your product. Please call the main office number to schedule any service/repairs.

Dial 911 for all emergencies. Please call the Pro Medical East main number at 800-661-5143 for equipment failures. In the event of emergency disrupting daily business, Pro Medical East will notify customers and make arrangements with another HME company to provide items to customers for whom immediate delivery would pose a risk of health or safety. All other deliveries will be rescheduled once safety has been established.

CLIENT/PATIENT RIGHTS AND RESPONSIBILITIES:

YOU HAVE THE RIGHT TO BE FULLY INFORMED REGARDING: What services we can provide to you and to be involved in the process of creating and implementing a plan of care. Be informed before initiation of care what service is to be provided and what financial responsibility you may ultimately have. You have the right to refuse care even after the plan of care has been discussed. You may choose your own healthcare provider. You will be advised of how the service provider keeps your Protected Health Information confidential and private. Be notified should breach of privacy or security occur. Be able to identify service personnel by proper identification. Be free from any form of abuse including physical, mental or misappropriation of your property. Voice any grievances regarding service and have grievances investigated if necessary. Be treated without discrimination. Be aware of any financial benefits when referred to another organization. Be fully informed of your responsibilities. In the event you want to be informed of these rights, please call 732-657-9600.

YOU HAVE THE RESPONSIBILITY TO: Give accurate and complete demographic, health and financial information and inform us of any such changes immediately. Participate and adhere to your plan of care. Call our office if you need assistance understanding the product(s) given or if service/repair is necessary. Review all materials given by this supplier including manufacturer guide regarding use, safety, infection control and warranty of products. Do not repair equipment by yourself. Assist in developing and maintaining a safe home environment. Use equipment (rental or purchase) as intended by physician (normal wear and tear expected.) Sign an Assignment of Benefit Form for Medicare, Medicaid and other insurance payment and accept whatever financial responsibility may ultimately be yours.

SUPPLIER AGREEMENT: Pro Medical East, LLC agrees to be the client's supplier for home medical equipment and supplies and to receive payment from Medicare and other insurance companies on an assignment-related basis. It is also agreed provider will bill insurance carriers for supplies and equipment furnished to client by Pro Medical East, LLC or its affiliates **SUPPLIER STANDARDS:** The products and/or services provided to you by: Pro Medical East LLC, E&D Holdings LLC, DBA Garden State Medical Supply, Rivas Medical Supplies or Simon Medical Services, Inc. are subject to the supplier standards contained in the Federal regulations shown at 42 code of Federal Regulations Section 424.57(c) . These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Financial Policy: We do not guarantee coverage of insurance claims or a time frame for claims processing and subsequent private billing if necessary. The customer is responsible for payment in full of all claims not covered by insurance. You will be informed if we know that an item is not covered and assignment will not be accepted. Any arrangements or agreement for payment other than those described above must have approval from the location manager. Special terms and approval signature must be documented on original paperwork. Medicare Part B will cover 80% of their allowable for Durable Medical Equipment (when item is deemed medically necessary). Should payment by Medicare/Medicaid or other insurances be denied, you will be notified. Should you wish to keep the equipment, it will be billed directly to you. In most cases, if you have supplemental insurance, the deductible amount and the 20% are paid by other insurance. We will follow through with the appeal process on Medicare claims that are denied. However, this will only be done on non-assigned claims at the customer's request. The customer is also advised that some Inexpensive, routinely purchased durable medical equipment may be purchased. All claims, assigned or non-assigned, will be filed on behalf of the patient. Customers are responsible for payment in accordance with our company's terms. We offer Electronic Claims Transmission for billing non-assigned orders. Presentation of your Health Insurance Card is necessary. We may provide equipment to Medicaid and other insurance recipients upon verification and approval of coverage status and medical justification. You are also responsible for notifying of us any insurance or other pertinent demographic changes. Remember, billing a third party insurance **does not** guarantee payment. Financial responsibility remains with you, the patient.

Pro Medical East

1950 Rutgers University Blvd Lakewood NJ 08701 Phone (732)657-9600 Fax (732)657-9400



Notice of Privacy Practices:

You have the following rights regarding medical information we maintain about you. Any requests to exercise those rights, should be made in writing to 1950 Rutgers University Boulevard, Lakewood, NJ 08701 Attn: Medical Records Department. Should you request copies of records, a nominal fee may be charged. These rights include: **Right to Inspect and Copy:** Medical records can be sent to you in paper or electronic format.

Amendment of records: You may request an amendment of any information you deem incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for us. Request for amendment must contain a reason that supports your request. Denial may occur when reason given does not support request, or request is for information not part of the medical information kept by us; or we are not allowed to disclose or amend such information. **Accounting of Disclosure:** This accounting is a list of the disclosures we made of medical information about you. Request must include: A time period, (no longer than six years), what form list should take, (paper or electronic). **Right to Request Restrictions:** You may request limitations on the medical information disclosed for treatment, payment or health care operations. You may also limit disclosure made to one involved in care or payment of care. Written request should include what information to limit, to whom these limits apply and whether you want to limit our use, disclosure or both. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide your emergency treatment. **Right to Request Confidential Communications.** To limit how medical matters are communicated to you, requests must specify how or where you wish to be contacted. Reasonable requests will not be denied. Please write to our corporate office to request a paper copy of this notice even if you have already received an electronic one.

Use and Disclosure of Medical Information: **We are allowed to use and disclose medical information about you for the purposes of:** **Treatment:** Use and disclosure to health care professionals or other individuals involved in your treatment and plan of care. For example, your physician or personal representatives like a family member. **Payment:** Medical information may need to be shared with Medicare, Medicaid, insurance or other payer sources in order to secure payment of services. **For Health Care Operations:** Disclosure within the company may be necessary to run our company, make sure you get the best quality care, and contact you. (Identifiable markers will be removed unless necessary.) **Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. **Research:** Your information may be used for research purposes. We will almost always ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care. **As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law, including the Department of Health and Human Services which may wish to verify compliance by this service provider with federal privacy law. **To Avert a Serious Threat to Public Health or Safety:** Disclosure may be made to prevent or control disease, injury or disability. These activities generally include the following. To prevent or control disease, injury or disability. To report reaction to medications or problems with products. To notify people of recalls of products they may be using. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law. **Workers Compensation:** Your information may be used and disclosed to process workers compensation claims. **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. **Law Enforcement:** Information will be released in response to a court order, subpoena, warrant, summons or similar process. **Coroners, Medical Examiners and Funeral Directors:** We may release medical information about our patients as necessary to carry out their duties. **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials including military, national security and presidential protective services. **Inmates:** Information will be sent to correctional institution or applicable law enforcement official for you to be provided with health care, to protect your health and safety, and for the safety and security of others. **Sale of Business Assets:** We reserve the right to transfer medical information about you to a third party in conjunction with the sale of our company or certain assets belonging to our company. **Changes to This Notice:** We reserve the right to change this notice at any time. We reserve the right to make the revised or change notice effective for medical information we already have about you as well as any information we receive in the future. **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, write to the following locations: **1950 Rutgers University Blvd Lakewood, NJ 08701.** All complaints must be submitted in writing. You will not be penalized for filing a complaint. **Other Uses of Medical Information:** Other uses of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization that may be amended at any time.