



**Consumer Driven Healthcare**



Dear Valued Consumer,

Thank you for choosing Method HCS for your medical product and services. We continue to be a conscientious partner with/advocate for the consumer. Our knowledgeable staff provides the highest standard of care in an atmosphere of trust, confidence, and confidentiality. We work with medical facilities, physicians, and medical product manufacturers to develop methodologies that provide the consumer price reductions, and greater control of their health care goals. Your membership includes the following:

- Secure HIPAA compliant data storage
- Easy access to medical records
- Access to medical billing specialist
- Access to medically validated products
- Access to specialist that will help file your insurance claim
- Direct compensation rebate, discounts, and referral opportunities

We will help you through the process and, as a courtesy, provide you with a personal copy of your medical records.

Method HCS is providing you this membership packet that will aid in making your selection of product and services seamless and worry free.

In some cases, we submit request for medical payment to your insurance carrier on your behalf. Insurance carriers have strict guidelines for paying your claim, and we will assist you with meeting all of the necessary requirements.

Your membership entitles you to access to various rebate and referral offers. These direct compensation offers require your authorization. We have included in this membership packet an authorization form for you to sign. To avoid delay, attached is a self-addressed, stamped envelope. Simply sign the authorization form and send it back so we may begin the compensation rebate process.

Thank you for your membership choices and the opportunity to serve you.

Sincerely,

Method HCS  
Customer Service

## Consumer Driven Healthcare

Consumer driven healthcare is about transitioning the healthcare benefit plan into one that puts economic purchasing power and decision making into the hands of the participating member.

Consumers continue to struggle to deal with rising healthcare cost, lack of control, and the ever-changing medical environment. As politicians debate over healthcare without a solution, we believe the answer is in consumer driven healthcare.

We invite you to participate in consumer driven healthcare.

Welcome to:





## Innovative Methodologies

Method HCS continues to be a conscientious partner with/advocate for the consumer. Our knowledgeable staff provides the highest standard of care in an atmosphere of trust, confidence, and confidentiality. We work with the consumer, physicians, and product manufacturers to develop methodologies that enable the consumer greater control of their personal healthcare goals.

## Secure Data Storage

The current healthcare treatment demands require many tests, x-rays, and physician required dictation by each treating facility. Many of these reports are repeated as the consumer changes location or physician. Method HCS furnishes the consumer easy access to their own medical records, eliminating medical facility redundancy, and lowering medical cost, while speeding up the physician-to-patient care.



## Medical Billing Specialist

Method HCS work to assist the consumer in understanding their individual medical bills. Many consumers are seeking answers to billing questions. We remove the arduous process of pressing buttons and waiting on hold for answers. Method HCS supports the consumer with professional, timely, and courteous service to help answer consumer questions.

## Access to Medical Products

Method HCS works for the consumer to offer clinically tested, medically validated products. We negotiate with the wholesale manufacturers for discounts that are passed on to the consumer.

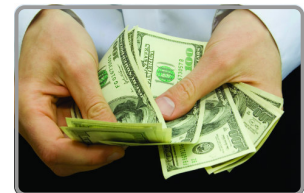


## Claim Filing Specialist

Many consumers prefer to work directly with their insurance carrier, bypassing the risk or added cost from medical product providers. Method HCS assists the consumer with form submission and the necessary required paperwork.

## Direct Compensation

Method HCS offers membership discounts, compensation for referrals, and rebates. Method HCS gives the consumer various options in reducing their healthcare expenses. Research, development, and consumer satisfaction are extremely important to Method HCS. We continue to work with consumers and physicians to improve care, products, and lower healthcare cost. Consumers are invited to participate with direct compensation given for their time.





## Consumer Control

As a wholesale manufacture supplier, Method HCS puts healthcare decision making into the hands of the consumer. Method HCS applied programs give the consumer control of their healthcare goals.

## Consumer Solutions

Method HCS is in the business of developing solutions for the consumer in an ever-changing medical marketplace. We provide participation methodologies that reduce health care cost, assist with medical care inquires, and offer products that enhance quality of life. Additionally, we give access to research information and data that will continuously improve the quality of service, products, and care.



## Consumer Care

Method HCS promotes non-invasive medically validated products, and services to consumers who need care prescribed by their physician.

## Consumer Driven

Method HCS believes healthcare begins with the consumer and should end with the consumer as well.

Consumer  
Control



Consumer  
Solutions



Consumer  
Care





## WHO WE ARE

With 25 years of experience in orthopedic and orthotic care, we understand the needs of the consumer. Our **scope of service** is focused on serving the physician and the consumer by offering superior products, services, and compensation offers that allows the consumer more control of their healthcare goals. Our experience has allowed us to develop long-standing relationships across the country with many orthopedic surgeons, orthotists, product manufacturers, and sales associates. We hold multiple patents for products currently in the marketplace in orthopedic care. We have provided services and product in every facet of orthopedic care, from acute clinic care to the surgical operative environment and post-operative care. Our relationships in the medical community, along with an understanding of the current healthcare market trends has allowed us to develop methodologies that benefit the consumer. We feel our membership offers, discounts, and compensation make it a pleasure to buy from us as well as be served by the professional staff we employ for the consumer. Consumer driven healthcare is about giving the consumer economic purchasing power and decision-making opportunities. We do this by listening first, promoting strategies that produce empirical research data that can be translated into a better quality of life, and healthcare price reductions for the consumer. We understand we do not have all the answers for the consumer. We are developing and working with various companies on how we can provide more effective services and care to the physician and consumer. In an ever challenging marketplace, we are committed to building a recognized name in the consumer driven healthcare market. Our success is dependent upon the consumer being able to be part of the decision making process. We continue to offer a secure environment where consumers can participate. Consumer input is vital to making effective solutions to reduced healthcare cost and increase consumer medical care. Our **code of ethics** is simple- we will consistently strive to provide quality services to the consumer and to the community in accordance with the highest professional and ethical standards possible. We will abide by federal, state and local laws, statutes, rules, regulations and ordinances. We will conduct business professionally and properly. We will work proactively to prevent fraud or abuse of federal, state and private health care programs. We will not discriminate against any individual. We will fulfill our obligation to screen, test, manage, and continually evaluate personnel. We will fulfill our obligation to familiarize and educate employees concerning their roles and responsibilities. We will maintain standards of integrity in our advertising, marketing, consumer driven services, and products we offer. We will meet consumer admittance, planning, and discharge needs in a complete and ethical manner. We will not knowingly misrepresent the relationship of the organization with other health care providers, institutions, or payers. We will take necessary precautions to ensure the safety of all employees and clients. We will protect our employees and clients by maintaining appropriate insurance coverage. We will treat our clients with respect and dignity. What **we don't provide** - we do not provide financial, medical, or any type of legal advice. We do not take part in or provide advice on claim appeals. We suggest you seek professional advice from the field of interest. Method HCS is committed to providing the consumer solutions to the ever changing medical marketplace in an atmosphere of trust, confidence, and confidentiality.

## OUR PRIVACY PROMISE TO YOU

Method HCS understands that your medical and health information is personal. Protecting your health information is important to us. We follow strict federal and state laws that require us to maintain the confidentiality of your health information. **How we use your health information-** When you request secure storage, products, and services from Method HCS, we may use your health information for claim submission and conducting normal business. We keep the records of the care and services provided to you. We keep records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance carrier, or other third party provider. We may contact your insurance carrier to assist you with coverage, care, and/or notify them of upcoming services that may need prior notice or approval. We use health information to improve the quality of care, train staff, provide customer service, manage cost, conduct required business duties, and make plans to better serve our customers. We may use your health information to recommend treatment or DME alternatives, and may tell you about health services to products that may benefit you. We may share information with family or friends involved in your care or payment for your care, when appropriate. We may also share information with third parties who assist us with treatment, payment, and health care operations. Our business associates protect your information by following our strict privacy practices. We keep your records electronically onsite as well as off site on EBridge, a secure, HIPAA compliant data storage facility. **Our privacy responsibilities-** 1. We are required by law to maintain the privacy of your health information. 2. Provide this notice that describes the ways we may use and share your health information. 3. Follow the terms of the notice currently in effect. **Your individual rights-** You may request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restrictions. You may request that we use a specific telephone number or address to communicate with you. You may request to inspect and request a copy of your health information, including medical and billing records, fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial. You may request corrections or additions to your health information and request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, health care operations, and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to August 1, 2016.

**More Information-** If you would like more information about your privacy rights, notice of privacy practices, client bill of rights, or CMS supplier standards, please visit our website: [www.methodhcs.com](http://www.methodhcs.com). If you are concerned that your privacy rights have been violated or disagree with a decision that we made about access to your health information, you may contact our Privacy Officer at the following: 888-387-7164. **Notice-** If you have any problems fitting or damaged product, or questions regarding the programs and services please contact us at: 888-387-7164, so we may provide you the best service available. It is our goal to serve each person fairly, and provide them with the highest standard of care and confidentiality. Method HCS is open Monday-Friday from 9am to 4pm Mountain Daylight Time. We are closed Saturday, Sunday, and holidays. For emergency service after hours, call 888-380-9396. In case of a medical emergency dial 911.

*Please note: Method HCS is not a provider. For your convenience, we are providing a copy of the Assignment of Benefits (AOB), all other documents can be found on our website: [www.methodhcs.com](http://www.methodhcs.com). We reserve the right to make changes to this notice at any time and make new privacy practices effective for all information we maintain. You may also request a copy of any notice at any time from our office.*



## Assignment of Benefits Agreement and Consent Form (AOB)

<b>Patient Name:</b>	_____
<b>Identification Number:</b>	_____
<b>Patient Address:</b>	_____ _____
<b>Patient Phone Number:</b>	_____

**REQUEST FOR PROVISION OF SERVICES:** I understand that by signing this agreement, I indicate my desire to purchase product(s) and services from Method HCS. I understand that product(s) and services received are not from or part of any hospital service, and that I will be billed separately by Method HCS.

**ASSIGNMENT OF INSURANCE BENEFITS:** I authorize Method HCS to request payment on my behalf for insurance or other medical benefits payable for any and all current or future items or services provided to me by Method HCS and hereby assign and transfer to Method HCS any and all rights to receive any insurance or other medical benefits otherwise payable to me, on my behalf, for those same items and services, including the following products or services listed or any other products or services provided by Method HCS: LSO, Knee, Shoulder, Wrist, Ankle and Foot Orthoses. I authorize my insurance company(ies) or other payors of medical benefits, to furnish Method HCS and /or its agents any and all information pertaining to my insurance benefits and/or the status of any claims submitted by Method HCS.

In the event that my insurance carrier or other payor does not accept an "assignment of benefits," I understand that all correspondence and payments for Method HCS may be sent directly to me. I agree that when such payments are received, I will promptly submit them to Method HCS for payment of my bill. I understand that I can make payments for services either by personal check or by endorsing the insurance payment to Method HCS by writing "pay to the order of Method HCS" and placing my signature under that endorsement.

**ACCEPTANCE OF FINANCIAL RESPONSIBILITY:** Notwithstanding anything set forth above, I agree that I am responsible for and will promptly pay on demand any and all obligations to Method HCS including all self-pay balances as well as those charges for services not covered or disallowed by my insurance carrier.

**The undersigned certifies that he/she has read the foregoing and retained a copy. The undersigned also certifies that he/she is the patient or is duly authorized by the patient to execute the above and accept its terms. I authorize any holder of medical or other information about me to release to the Social Security Administration and Centers for Medicare and Medicaid Services or its intermediaries and/or insurance carriers any information needed for this or a related Medicare/Insurance claim. I permit a copy of this authorization to be used in place of the original and request payment of the medical insurance benefit to me.**

**NOTE:** A duplicate copy of this Assignment of Benefits Agreement and Consent shall be considered the same as an original. This Assignment of Benefits Agreement and Consent shall remain valid and binding until revoked in writing by the undersigned.

<input checked="" type="checkbox"/> _____ Signature (Patient)	_____ Date	_____ Patient Agent or Representative (if applicable)
<input checked="" type="checkbox"/> _____ Witness	_____ Date	_____ Relationship to Patient (if applicable)

**\*\*Office purposes only\*\***  
Method HCS Employee # \_\_\_\_\_ Date \_\_\_\_\_  
Method HCS Instructions: Complete one form for each consumer enrolled and SCAN FORM into EBridge.  
Do NOT scan form without a valid signature.

## GENERAL AGREEMENT

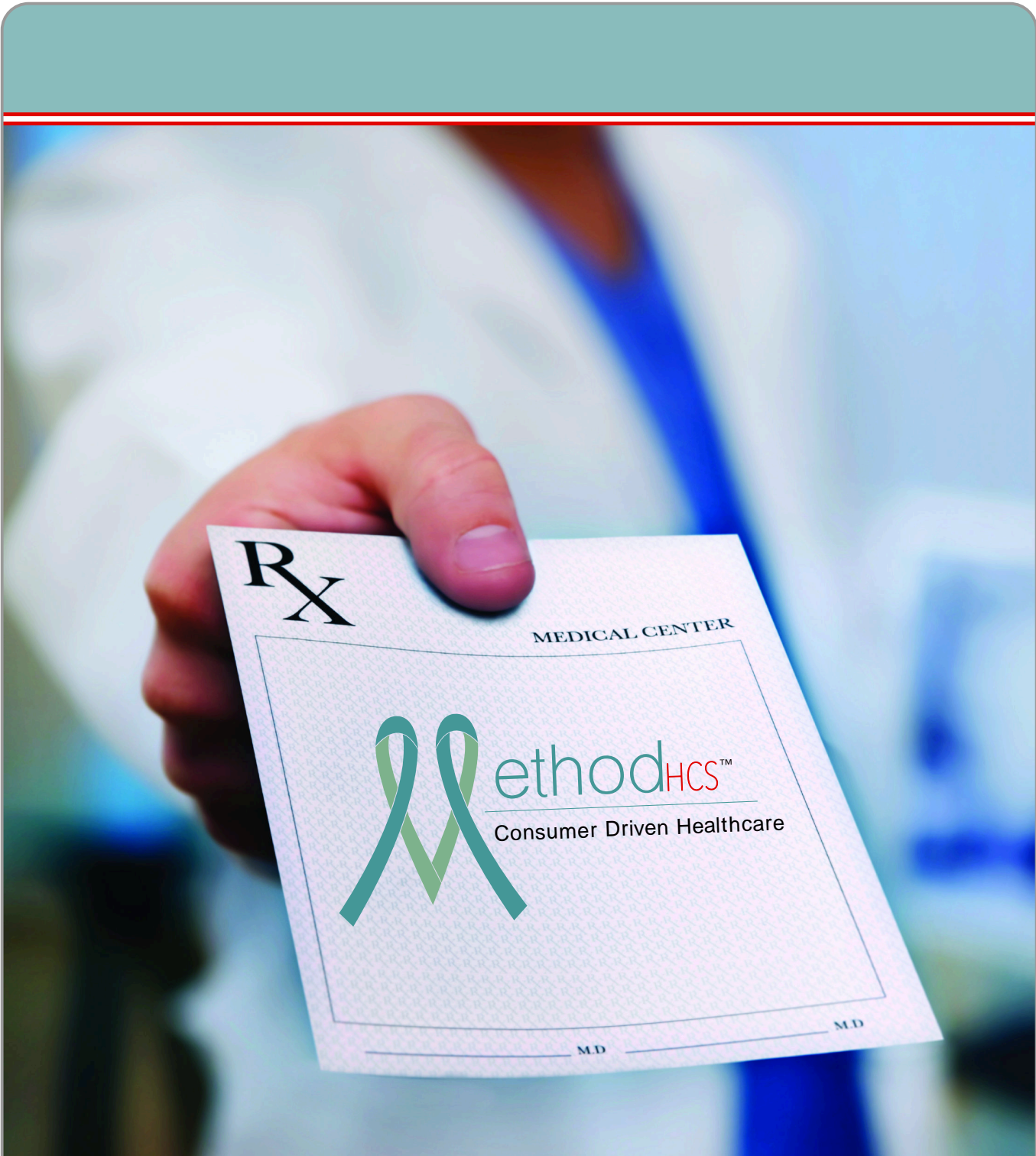
I authorize METHOD HCS to assist me and perform the duties as a holder of medical or other information about me to release to the Social Security Administration and the Centers for Medicare and Medicaid Services or its intermediaries or carriers any information needed for this or any related Medicare and/or insurance carrier claim. I permit a copy of this authorization to be used in place of the original, and I request payment of medical insurance benefits be made to METHOD HCS. Assignment of Benefits: In consideration of healthcare services provided to me by METHOD HCS for this and all subsequent services, I hereby assign to METHOD HCS any and all rights for benefits and claims I may have under any policy of insurance (Medicare, Medicare Supplement, Private Insurance, Major Medical etc.) and the proceeds from any claim. I permit a copy of this authorization and assignment to be used in place of the original. Such assignment hereby authorizes direct payment to METHOD HCS. I agree to transfer immediately to METHOD HCS any payment made directly to me for services by METHOD HCS on an assigned basis. Method HCS will not be held financially responsible for any denials of payment for lack of notification of any insurance coverage or eligibility requirements and/or any other reason. **Proof of Delivery:** I acknowledge receipt of the above equipment in clean and good working order I have received instructions in the safe and proper use of the equipment, including cleaning and maintenance requirements. **Rights and Responsibilities:** I have received and reviewed a copy of my Customer Bill of Rights and Customer Responsibilities. Furthermore, I agree to the terms and conditions. **Consumer Responsibilities:** Consumer is responsible to notify METHOD HCS, within ten (10) days of any changes in mailing address, insurance coverage and/or eligibility, or transport and/or relocation of any rental equipment. I understand that if payment of medical insurance benefits is paid to me I agree to transfer payments immediately to METHOD HCS. I understand if I do not forward payments to Method HCS I will be held financially responsible for all collections and legal remedies including fees. **Warranty:** Every product sold or rented by our company carries a 1-year manufacturer's warranty. METHOD HCS, will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. METHOD HCS, will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment. If no manual is included, please contact us immediately so a manual can be mailed to you. **Sales & Rentals:** Returns on sale items are acceptable if the item provided is unsuitable or inappropriate, all returns must comply with the return policy. No refunds issued if a rental item is returned earlier.

## AUTHORIZATION AND ACKNOWLEDGEMENT

METHOD HCS is pleased to provide you with services and medically validated products. We are concerned with your care and want you to know how to obtain services if your product breaks or malfunctions. You may call our office number 888-387-7164, Monday through Friday 9:00 am to 4:00 pm MTN. For emergencies, please call 911. In some cases, METHOD HCS may assist you and perform the duties as a holder of medical or other information, and bill your insurance company for your medical equipment and services. If payment of medical insurance benefits is paid to you directly you agree to forward the payment(s) to Method HCS. You may contact us at any time concerning our services, complaints or requests for information regarding your equipment. If we cannot assist you, we will try to refer you to another organization. We care about your medical care needs, and we want you to remain a satisfied customer. Keep this letter for future reference, and we thank you for allowing us to serve you. **Information Release:** I authorize METHOD HCS to request a copy of my medical information including p r o g r e s s notes from my PHYSICIAN in order to determine my medical necessities for the item(s) listed below. **Assignment of Benefits:** I request that payment of authorized Medicare, Medicaid, or private insurance benefits be made payable to METHOD HCS or any covered services furnished to me by METHOD HCS. I authorize any holder of medical information about me to be released to the Center for Medicare and Medicaid Services and its agents, TRICARE and its agents, or to any private insurance company or information needed to determine these benefits or the benefits payable to related services. **Payment Agreement:** I understand that by my signature I requested that payment be made, and I authorize release of information necessary to pay the claim for covered services. In Medicare and Medicaid assigned cases, METHOD HCS agrees to accept the charge determination of the insurance carrier as the full charge for covered services; I agree to transfer immediately to METHOD HCS any payment made directly to me for services by METHOD HCS on an assigned basis. In addition, if payment is made to me, and if I do not transfer payments to Method HCS, I agree to be responsible for the full amount of the charges and all collections and legal remedies including fees. **Operational Instruction Policy:** I understand I will receive instruction in the proper use and care of any and all items delivered by METHOD HCS and METHOD HCS is available by phone to answer any questions I may have from time to time after receiving my items and I will be required to make written acknowledgement of receiving operational instructions at the time of delivery. **HIPAA Consent:** I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights regarding my protected health information. I understand that my health information can and will be used to (1) directly and indirectly conduct, plan or prescribe my treatment, and follow-up among multiple healthcare providers; (2) obtain payment from Medicare, my supplemental insurance, and other third party payers; and (3) conduct normal healthcare operations such as quality assessments and physician certifications. **Return Policy:** I understand any item delivered by METHOD HCS may be returned for a full refund within 7 days if the item is in re-salable condition and in the original packaging and I will be required to make written acknowledgement of receiving return policy information at the time of delivery. **Complaint Procedure Policy:** I understand if I have a complaint about any item delivered by METHOD HCS or any representative of METHOD HCS, I may call the owner or store manager of METHOD HCS at 801-800-8375, and I will be required to make written acknowledgement of receiving complaint procedure information at the time of delivery. **Equipment Warranty Information:** Every product sold or rented by METHOD HCS generally carries a 1-year manufacturer's warranty. METHOD HCS will honor all warranties under applicable law. METHOD HCS will facilitate the repair or replacement, free of charge, of Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment. If no manual is included, please contact us immediately so that a manual can be mailed to you. **However if the item is not working or functioning, as it should, upon the receipt of the equipment please notify us immediately.** This warranty does not cover normal maintenance such as cleaning, adjusting, or lubrication and updating of equipment or parts thereof. This warranty shall be voided and not apply if the equipment, including any of its parts, is modified without our written authorization. THE WARRANTY STATED ABOVE (INCLUDING ITS LIMITATIONS), IS THE ONLY WARRANTY MADE BY METHOD HCS AND IS IN LIEU OF OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. METHOD HCS SHALL NOT BE LIABLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. **Home Safety: General Home Safety:** Have working smoke detectors on each level of your home; check them regularly. Keep stairs, halls, and exit areas free of clutter. Stairways and halls should be well lit. Emergency phone numbers should be posted by the phone. Store all chemicals and cleaners in areas that children cannot reach. All chemicals should be clearly labeled. **Bathroom Safety:** Do not use electrical appliances in the bathtub or shower. Use rubber mats or non-skid strips on the floor of the bathtub or shower. Keep medicines clearly labeled. Throw away prescriptions that have expired. **Fire Safety:** Have a planned fire exit route. Do not smoke when using oxygen; do not smoke in the same room oxygen is stored. Do not smoke in bed. Have fire extinguishers available in all cooking areas. Turn pot handles toward the back of the stove. When heaters are in use, make sure that the room is well ventilated. **Electrical Safety:** Plugs and sockets should fit firmly and require some force to insert and remove. Do not overload outlets or circuits. Always grasp the plug to remove it from the outlet. Never pull on the cord. Avoid using extension cords and never overload them. Check cords for fraying, bare wires, or other defects, especially at the point where the cord attaches to the equipment. Never run a cord across the sink, over a wet floor or under the rug. Disconnect equipment that sparks, stalls, blows a fuse, or gives the slightest shock. Report equipment malfunctions to **METHOD HCS**. **Emergency Preparedness:** In case of an emergency involving fire or natural disaster call your local emergency number at 911. I have been instructed and understand the warranty coverage on the product I have received.



105 S. State Street #602, Orem, UT 84058  
O. (801) 800-8375 | F. (888) 209-4417



Rx

MEDICAL CENTER



ethodHCS™

Consumer Driven Healthcare

MD

MD



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