

## **PATIENT BILL OF RIGHTS**

As an individual receiving healthcare services, let it be known and understood that you have the following rights:

- Be treated with dignity, courtesy, friendliness and to have their property respected.
- Receive reasonable continuity of services upon request for medical equipment/supplies received.
- Receive a timely response from the company when additional equipment, supplies or information is requested.
- Receive medical equipment and services regardless of age, ethnicity, race, and gender, religious or cultural beliefs, sexual preference, or cause(s) and nature of illness.
- Receive proper identification of name and title from personnel providing services.
- Be fully informed of the company's policies, procedures and charges for services and equipment, including criteria for third party reimbursement and receive an explanation of all forms that are requested to be signed.
- Participate in decisions concerning medical equipment including the development, implementation and revision of relevant plan of service.
- Have all records (except as otherwise provided for by law or third party payer contract) and all communications, written or oral, between customers and health care providers treated confidentially and we keep your records for seven years.
- Access all health records pertaining to the customer and the right to challenge and have the records corrected for accuracy.
- Express dissatisfaction and suggest changes in any services without fear of coercion, discrimination, reprisal or unreasonable interruption of service.
- Receive information on company's mechanism for receiving, reviewing, and resolving complaints or concerns.
- Be assured that all rights shall be honored by the company's staff.
- Be informed of all responsibilities regarding medical equipment usage.
- Refuse all services, for whatever reason, at any time, to the extent permitted by law and receive accurate information relative to the potential consequences that could result from such a decision.
- Be assured that company personnel will be sensitive to their privacy and personal security needs at all times.
- Assume that all formulated advance directives, living wills, ethical considerations and cultural preference will be respected and honored by all company personnel.

## **PATIENT RESPONSIBILITIES INCLUDE THE FOLLOWING:**

- Provide our company with accurate information regarding insurance, physician, prior use of medical equipment and other pertinent information.
- Contact our company to arrange to have rental equipment picked up or returned when you no longer need equipment. Rentals shall repeat monthly anniversary date. One-month minimum rental on all.
- Pay the patient portion of the allowed amount not covered by insurance or the total amount if your insurance company does not pay.
- Contact your insurance company directly if you are concerned about whether your individual policy will cover (DME).
- Contact your Health Maintenance Organization to verify approved DME supplier.
- Inform representative of our company if you are going to a skilled nursing facility. Your insurance will not pay for DME until you are discharged to a Home setting.
- Maintain any purchased equipment paid for by you or your insurance company at your own expense after the warranty expired. We do not provide any additional warranty other than the manufacturer's warranty on purchased equipment.
- Develop and maintain a safe environment for equipment and notify our company if there is an equipment problem. Participate in your equipment plan of care and notify your physician if there is a change in your condition.
- Prepare designated area prior to delivery of equipment. Our representatives are prohibited from moving furniture/miscellaneous items within your home.
- Inform our office when you will not be able to accept delivery or pick up of merchandise.
- Whenever possible, all rental equipment should be cleaned with soap and water before equipment is returned.
- Request further information concerning anything you do not understand.