

# *Welcome!*

Thank you for choosing Medical Necessities and Services as your provider for home medical equipment and supplies. We appreciate your business and any chance to service you. Our main goal is to provide a friendly, caring staff to assist in your home medical and oxygen needs.

## **Services**

We currently provide the following:

- Home Oxygen (gas and liquid)
- CPAP and BiPAP Machines and Supplies
- Nebulizer Machines
- Hospital Beds (semi and full electric)
- Wheelchairs (standard and custom)
- Power Mobility Products (motorized wheelchairs and scooters)
- Walking Aids
- Bathroom Aids
- Trapeze Bars and Patient Lifts
- Specialty Mattresses (low air loss, gel overlay and alternating pressure pads)
- Off-the-Shelf Orthoses (back braces)

Please feel free to contact us if you have any home medical need.

## **Business Locations and Hours**

*We have eight locations to conveniently serve you:*

### **Medical Necessities & Services**

907 West James M Campbell Blvd  
Columbia, TN 38401  
Phone 931-840-8694  
Fax 931-840-0166  
Hours: 8:00am to 5:00pm  
Monday – Friday  
(Closed daily from 12:00-1:00 for lunch)

### **Medical Necessities & Services**

3616 Netherland Inn Rd., Suite 6  
Kingsport, TN 37660  
Phone 423-390-8002  
Fax 423-530-7505  
Hours: 8:00am to 4:30pm  
Monday-Friday  
(Closed from 1:00-2:00 for lunch)

### **Medical Necessities & Services**

1410 N. Mount Juliet Rd., Suite 101  
Mount Juliet, TN 37122  
Phone 615-997-0861  
Fax 615-773-7051  
Hours: 8:00am-4:30pm  
Monday-Friday  
(Closed from 12:00-1:00 for lunch)

### **Medical Necessities & Services**

1811 Charlotte Ave.  
Nashville, TN 37203  
Phone 615-515-3669  
Fax 615-515-3649  
Hours: 8:00am to 5:00pm  
Monday-Friday  
(Closed from 12:00-1:00 for lunch)

### **Medical Necessities & Services**

9327 S Northshore Dr.  
Knoxville, TN 37922  
Phone: 1-865-347-2310  
Fax: 1-865-381-0435  
Hours: 8:30am-5:00pm  
Monday-Friday  
(Closed from 12:00-1:00 for lunch)

### **Medical Necessities & Services**

150 Uptown Square  
Memorial Blvd., Suite B  
Murfreesboro, TN 37129  
Phone 615-225-2180  
Fax 615-225-2184  
Hours: 8:00am to 4:30pm  
Monday-Friday  
(Closed from 12:00-1:00 for lunch)

### **Medical Necessities & Services**

111 Imperial Blvd.  
Suite B-200  
Hendersonville, TN 37075  
Phone 615-431-2429  
Fax 615-447-5094  
Hours: 8:00am to 4:30pm  
Monday-Friday  
(Closed from 12:00-1:00 for lunch)

### **Medical Necessities & Services**

7405 Shallowford Rd., Suite 190  
Chattanooga, TN 37421  
Phone 423 648 9856  
Fax 888 711 5775  
Hours: 8:00am to 5:00pm  
Monday-Friday  
(Closed from 12:30-1:30 for lunch)

In order to service you effectively, please call in advance for an appointment or supplies. We will be happy to assist you in any way we can. By calling ahead you may avoid a high wait time due to other scheduled appointments at one of our offices.

We have an after-hours call service for emergencies. You can contact them by calling any of the telephone numbers for any of the locations. The answering service will contact the technician on call and they will contact you. You can also leave a message for the office with the answering service.

If you are having medical problems, please call 911 or your physician.

We have a therapist on call to manage any emergencies. We consider emergencies with PAP therapy for patients who are on PAP therapy for respiratory failure. It is the patient's responsibility to let us know if you are a respiratory failure patient. Patients who have sleep apnea and require PAP therapy are urged to have extra supplies on hand in case of a need for supplies outside of our regular business hours.

## Billing

Medicare, along with most insurance companies, rent certain pieces of equipment yet usually purchase other pieces of equipment. You will find the most common below:

### **Rental (Medicare)**

**Oxygen Equipment** (36 months)  
**Suction Equipment** (13 months)  
**Nebulizers** (13 months)  
**CPAP** (13 months)  
**BIPAP** (13 months)  
**Manual Wheelchair** (13 months)  
**Beds** (13 months)  
**Trapeze Bars and Patient Lifts** (13 months)  
**Feeding Pumps and IV Poles**  
**Powered Specialty Mattresses** (support surfaces)

### **Purchase (Routinely)**

**Power Mobility Devices**  
**Walkers**  
**Canes**  
**Crutches**  
**Bedside Commodes**  
**Specialty Mattresses** (non-powered)  
**Diabetic Supplies**  
**Wheelchair Cushions**  
**Transfer Board**  
**Back Braces** (Off-the-Shelf)

**Below are some items that are generally not covered by insurance companies:**

Over Bed Tables	Gloves
Bathroom Aids	Water for Humidifiers
Conserving Devices	Breast Pumps
Reacher / Hip Kit	Transfer Board

### **INEXPENSIVE OR ROUTINELY PURCHASED MEDICAL EQUIPMENT**

Medicare requires us to inform you that you have an option to either rent or purchase inexpensive or routinely purchased medical equipment. These items have a purchase price of less than \$150. Medicare has classified walkers, quad canes, crutches, wheelchair cushions and commode chairs as inexpensive or routinely purchased medical equipment.

### **EXPLANATION OF CAPPED RENTAL BENEFITS**

Some equipment (wheelchair, hospital bed, nebulizer, etc.) is paid under a capped rental format. Medicare and some other insurances will pay for rental for 13 months and then the equipment becomes yours. This means that during the 13 months you or your secondary insurance will be responsible for the 20% co-pay monthly until the cap has been reached. Medical Necessities is responsible for maintenance and service needed during the 13 months. Once the 13 months payment is completed it will then become **your** responsibility for all maintenance, service, repair or replacement parts. You will be informed before delivery if the equipment ordered by your physician is rental under this format.

## Billing Procedures

The cost of medical equipment provided by Medical Necessities and Services, LLC is ultimately the customer's responsibility. However, as a courtesy to you, we will file claims with your insurance. If you have a change in insurance carrier, please notify our billing department immediately. **If we receive a denial due to change in insurance, we will bill the patient directly.**

**It is the patient's responsibility to know his or her health insurance benefits. Patients will be charged for any deductible or co-pay that their health plan does not cover.**

Medical billing is confusing because there is a list price that we would charge if you did not have insurance and a contract price that varies depending on if you have Medicare, TennCare, or private insurance.

**Very rarely does insurance pay 100% of the cost of medical treatment. Most insurance plans have an annual deductible that is an out of pocket expense to you and they usually pay 80%-90% of the contracted price after the deductible has been met. Even Medicare has a \$147.00 annual deductible that has to be met, and then pays 80% of the contracted price.**

In order to bill for most types of equipment, your physician has to fill out a form called a Certificate of Medical Necessity. It frequently takes 30 days or longer to get this form back from the physician before we can bill your insurance. Our normal billing procedure is to bill your primary insurance first. Once they process the claim, we will bill your secondary insurance, if you have one. This procedure can take several months.

If you have any questions about our billing, please call and ask to speak to someone in our Billing Department. Columbia's local number is 931-840-8694 or toll-free 1-800-680-8008.

## Collections Notice:

It is the policy of Medical Necessities, upon default, to send patient accounts to third parties for purpose of collection. At that point, the patient/responsible party is liable for all costs associated with the recovery of the defaulted account.

Care Centrix is the national clearinghouse for some insurance. We submit our claims to Care Centrix. Care Centrix will then collect from you any coinsurance or deductibles that are due, according to your specific insurance plan. If you have questions regarding your benefits, you should call the member services number on the back of your insurance card.

## Regarding Insurance

Insurance is billed as a courtesy to our patients. All balances are your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered and not considered reasonable and necessary under the Medicare Program and/or other medical insurance. All copay's and deductibles are due and will be collected at the time services are rendered.

## Usual and Customary Rates

Our company is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We are an in-network provider for the majority of insurance companies and work out fee schedules with them in accordance with what is usual and customary for them.

## CPAP Supply Billing

Below is an outlined description of the billing procedures to assist you in better understanding a statement from our company:

You are able to exchange the mask within the first 30 days after set-up with another mask at no expense to the customer. However, if you wait until day 31-90 from the time you received the mask, you will be responsible for the charge of the mask as a private pay item. Headgear is replaceable every 6 months; however, typically most masks have the headgear attached. Therefore, you may see a bill statement where headgear has been charged but on the next bill statement you will not see that charge.

Some insurances require authorization or predetermination before you are able to receive replacement supplies the same day. This process can take 2-4 weeks depending on the response time of your insurance. These insurances could include Amerigroup, Healthspring, Northwood, Windsor, Humana, some Blue Cross Blue Shield, Cigna and Homelink plans. Please check with your insurance carrier if you have any questions.

## CPAP SUPPLIES REPLACEMENT GUIDELINES

The following is a general guideline for replacement supplies that are typically covered by insurance. However, every insurance is different so if you have questions please be sure to contact your insurance company or our supply department @ 1-877-218-9725.

Description	Qty. / Frequency
Mask (nasal, full face, or oral)	1 per 3 months (some plans 1 per 6 months)
Cushions (full face, or oral)	1 per month (not billable same month as mask)
Cushions (nasal)	2 per month (not billable same month as mask)
Pillows per pair (nasal)	2 per month (not billable same month as mask)
Headgear	1 per 6 months for Medicare (some plans allow 1 per 3 months)
Chinstrap	1 per 6 months for Medicare (some plans allow 1 per 3 months)
Tubing, any type or size	1 per 3 months
Filter, non-disposable	1 per 6 months for Medicare (some plans allow 1 per 3 months)
Filter, disposable	2 per 1 month for Medicare (some plans allow 1 per 3 months)
Chamber for PAP humidifier device	1 per 6 months

We offer several methods of contact to remind you of your replacement supplies. These are:

- Automated call
- Email notification
- Postcard

You will be contacted regarding these supplies when you are due.

## Billing Process for Oxygen Tanks & Services

In order for you to better understand Medical Necessities & Services LLC billing process for receiving oxygen tanks, the following information should assist in that explanation.

Most insurance carriers do not look at the amount of tanks that any customer receives. Whether you need 0 or 5 tanks a month, you are not billed for the number of tanks that you receive, more for the service and the availability in your home.

Most insurance carriers bill by either gas oxygen (tanks as E0431) or liquid portable (tanks as E0434), this should be reflected on your bill (EOB). Most insurance carriers allow providers to bill by a "monthly service". This will include our company's service of the equipment, tubing, filters, cannula, and any delivery of tanks as needed. This allows a company to also cover the rental charge of the tank, as well as, to provide our customers with afterhour services in case your equipment malfunctions. This is a standard monthly allowable fee. The E0431 and E0434 are examples of tank codes.

You will also be billed for E1390 (this is a concentrator that generates its own oxygen) or E0439 (this is a large stationary liquid vessel). These charges are billed monthly and will be reflected on your EOB.

***It is your responsibility to use your oxygen as prescribed by your physician. If you are not, you must notify us immediately, so we can contact your physician for new orders.***

If you have further questions, please do not hesitate to contact us.

## Travel Oxygen

Please contact us at 1-800-680-8008 when you will be traveling with oxygen. It is best if you can contact us at least 2 weeks prior to traveling. We will assist you in making arrangements. If there is any expense with providing travel oxygen, the patient will be responsible for the charge.

Medical Necessities & Services LLC is privileged to provide our patients with oxygen therapy via concentrators and back-up tanks. In the event that you require oxygen for travel purposes the following rates and billing practices will apply:

**Daily Rate of \$20      Monthly Rate of \$400**

A deposit of \$200 dollars will be initially charged to your credit card. If the rental period is less than 10 days then the patient will be refunded the remaining balance or if the rental period extends greater than 10 days, then your credit card will be charged the additional amount.

If equipment is not returned in the same condition as received, you will also be charged for any repairs of the equipment up to replacement cost of \$4,000.00.

## **Medical Necessities and Services, LLC Code of Ethics Statement**

- We always strive to provide the highest quality services to our clients/patients while meeting the highest professional and ethical standards possible.
- We provide home medical equipment and services in a prompt and reliable manner, ensuring that the equipment and services are safe and meet the client/patient's health care needs.
- We do not discriminate, either regarding clients/patients or employees, on the basis of any characteristic prohibited by law.
- We conduct our business professionally and ethically, and set up mechanisms to prevent fraud.
- We apply the highest standards of integrity in our advertising, marketing, and billing practices.
- We treat our clients/patients with respect, support their freedom of choice, and ensure that they are aware of their rights and responsibilities.
- We instruct each patient/client and/or caregiver in the correct operation of the equipment and service provided.
- We protect the confidential nature of client/patient health care records.
- We provide the appropriate insurance liability coverage for employees and clients/patients. We also provide Worker's Compensation.
- We screen staff via several means, including professional reference checks, before offering employment, and ensure that all staff members continue to improve their knowledge and skills so that the Company is able to provide home medical products and services competently.
- We provide employee orientation and continuing education opportunities to ensure that staff skills are current.
- We comply with all relevant federal, state, and local laws and regulations, as well as the requirements of federal, state, and private-payer health care programs and Accreditation Commission for Health Care.

### **MISSION STATEMENT**

**Medical Necessities and Services, LLC's mission is to meet home medical equipment needs of our clients/patients in our service area by providing the highest quality medical equipment supplies and services. We respect the rights of our clients/patients, and are dedicated to providing responsive, timely customer service. We ensure that members of our team received ongoing continuing education so that they are knowledgeable about home health care technology and are able to serve our clients/patients effectively.**

## Medical Necessities and Services, LLC

### Scope of Services

**Policy/Goal:** To provide durable medical equipment and respiratory homecare equipment to patient/client in a timely manner and with the highest quality of service.

#### **Equipment and Services:**

1. Provide oxygen concentrators and portable oxygen units.
2. Home fill units and liquid oxygen
3. Provide emergency backup cylinder tanks of oxygen (based on patient's liter flow). Provide written and oral instructions on home safety and the safe use of home medical and respiratory homecare equipment.
4. Provide hospital beds (semi-electric), patient lifts, wheelchairs, power mobility products, walkers, canes, bedside commodes, alternating pressure pads and other medical equipment.
5. Provide Cpap and Bipap equipment
6. Portable concentrators
7. Custom made wheel chairs
8. Positioning / seating products
9. Provide Off-The-Shelf Orthoses (L0637, Robey Medical Associates Back Braces)
10. We do not provide any type of clinical services.

Medicare requires written orders before delivery for alternating pressure pads, gel overlays, power mobility devices, wheelchair cushions and backs.

Services are provided to all patients, regardless of race, sex, religion, social status, political belief, age or handicap.

Services are provided by:

1. Respiratory therapists
2. Delivery technicians
3. Staff RNs
4. ATPs
5. RTSs

Medical Necessities and Services, LLC will receive referrals from any outside referral source.

Medical Necessities and Services, LLC provides services from 8:00 a.m. to 5:00 p.m., Monday through Friday with staff on call 7 days a week, 24 hours per day. Our office can be contacted anytime by calling 931-840-8694 or 1-800-680-8008.

## Procedure for filing a complaint or grievance concerning Medical Necessities and Services LLC:

1. Notify the person logging the complaint of action taken within 24 hours.
2. Record information about the complaint on the phone log (if one is used) and/or complete an incident report (if indicated). This information should include the following:
  - Date
  - Time
  - Description of complaint
  - Name of persons involved, or description of product involved (along with any serial or control numbers)
3. Determine what actions the caller thinks should be taken to resolve the complaint.
4. If the complaint involves equipment or a product, arrange for evaluation, repair, or replacement of defective items if applicable.
5. Speak with employees involved as appropriate.
6. Attempt to resolve the complaint to the patient's/client's satisfaction.
7. If the complaint is not resolved within 24 hours, report status of activities to the patient/client within two (2) days after the complaint is received and weekly thereafter until the complaint is resolved.
8. Submit written follow-up letter as appropriate.
9. When a complaint cannot be resolved as described above, forward the information to the supervisor.
10. When a complaint has been resolved, the completed report (including a description of the steps taken to achieve resolution) is forwarded to the supervisor.
11. The supervisor reviews the complaint and collects additional data as required to resolve the complaint, and responds to the complaint within 24 hours after receipt. If the supervisor cannot resolve the complaint to the patient's/client's satisfaction, the supervisor documents the grievance and action taken to date, and submits it to upper management. Upper management makes every effort to resolve the complaint to the patient's/client's satisfaction, and notifies the patient/client and appropriate management personnel of all actions taken on the customer's behalf within 10 days.
12. The person filing the complaint has the right to call the Medicare Hotline (1-800-Medicare), Tennessee Department of Health Division of Health Care Facilities Centralized Complaint Intake Unit (1-877-287-0010) or ACHC (our accrediting organization) (1-919-785-1214) if they are not satisfied with our response.

### **Medicare providers:**

Within five (5) calendar days of receiving a patient/client complaint, Medical Necessities notifies the patient/client, using either oral, telephone, e-mail, fax, or letter format, that it has received the complaint and that it is investigating. Within 14 calendar days, Medical Necessities provides written notification to the beneficiary of the results of its investigation and response. At Homes maintains documentation of all complaints that it receives, copies of the investigations, and responses to beneficiaries.

# **Basic Home Safety**

## ***Equipment operation***

- Follow the provided instructions for operating the equipment.
- Never reset, bypass, or cover alarms, and be sure alarms are not covered up when the device is carried in a bag.

## ***Fire safety***

- Install smoke detectors in the home. Test them monthly and change the batteries twice a year.
- Identify doors, windows, or alternative exits that may be used in a fire.
- Post the fire department's phone number by each phone.
- Purchase a fire extinguisher and ensure that family members know how to use it.
- Be careful with smoking materials.
- Never use oxygen in the presence of smoking materials or open flames.

## ***Electric***

- Use approved surge protectors rather than extension cords when possible.
- Do not stretch electrical cords across walkways where they may present a tripping hazard.
- Arrange furniture so that outlets may be used without an extension cord.
- Do not set furniture on top of electrical cords. The cord could become damaged and create potential fire and shock hazards.
- Do not run electrical cords under carpeting as it may cause a fire.
- Do not overload outlets.
- Use a light bulb of the correct type and wattage to avoid overheating and potential fire hazards.
- Keep heaters away from passageways and flammable items (e.g., curtains).

## ***Lighting***

- Make sure stairways are clearly lit from top to bottom so that each step is visible.
- Install light switches at the top and bottom of the stairs.
- Keep a flashlight close at hand.
- Motion sensors that activate lighting in outdoor environments may offer safety and security.

## ***Floors***

- Remove loose carpeting or throw rugs that slide.
- Secure rugs and runners by attaching double-faced carpet tape or rubber matting to the underside.
- Be sure that handrails run from the top to the bottom of a flight of stairs.
- Make sure there are no bulges in floor coverings.

## ***Telephones***

- A telephone with lighted keypads and large numbers may be recommended.
- Place a phone where it would be accessible in case of an accident where the client/patient is unable to stand.
- Post emergency numbers and the residence address near each phone.

## ***Kitchens***

- Do not store non-cooking equipment (e.g., towels, plastic utensils) near the stovetop as it may present a fire or burn hazard.
- Do not let loose-fitting clothing drape over burners when cooking.
- Use rear burners when possible.
- Turn handles on pots and pans in towards the back wall to avoid accidents.

## ***Bathrooms***

- Install a nightlight in the bathroom.
- Apply non-slip strips on shower and bathtub floors.
- Avoid water temperatures higher than 120 degrees to avoid scalding
- Install grab bars to help patients/clients get in and out of the tub and shower

## Emergency Preparedness

It is important to prepare for possible disasters and other emergencies. The following information is provided to you as a guide to help you be prepared should a natural or human-caused disaster strike your area.

**The following items should be kept in an easy-to-carry kit that you can use at home or take with you should you be forced to evacuate your home:**

- Water – one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
- Food – non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
- Flashlight
- Battery-powered or hand-crank radio (NOAA Weather Radio is suggested)
- Extra batteries
- First aid kit
- Medications (7-day supply) and medical items
- Multi-purpose tool
- Sanitation and personal hygiene items
- Copies of personal documents
  - Medication list and pertinent medical information
  - Proof of address
  - Deed/lease to home
  - Passports, birth certificates, insurance policies
- Cell phone with chargers
- Family and emergency contact info
- Extra cash
- Emergency blanket
- Map(s) of the area
- Additional items may be needed to accommodate your family's needs

**Make a plan with your family or household members**

- Plan what to do in case you are separated during an emergency
- Plan what to do if you have to evacuate

**Be informed**

- Be aware of how local authorities will notify you during a disaster
- Make sure that at least one member of your household is trained in First Aid and CPR
- The American Red Cross is an excellent resource to help you be prepared for emergencies. Their website address is: [www.RedCross.org](http://www.RedCross.org)

## Patient/Client care

Medical Necessities has policies and procedures in place to ensure that customer service and care of our patients are not interrupted in the event of an emergency or disaster. All employees are educated about the process to meet client/patient needs in a disaster or crisis situation.

# RIGHTS AND RESPONSIBILITIES

## **Information Disclosure:**

You have the right to accurate and easily understand information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don't understand something, assistance will be provided so you can make informed health care decisions.

## **Choice of Providers and Plans:**

You have the right to a choice of health care providers that is sufficient to provide you with access to appropriate high-quality health care.

## **Access to Emergency Services:**

If you have severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization or financial penalty.

## **Participation in Treatment Decisions:**

You have the right to know your treatment options and to participate in decisions about your care. Parents, guardians, family members or other individuals that you designate can represent you if you cannot make your own decisions.

## **Respect and Non-discrimination:**

You have the right to considerate, respectful and non-discriminatory care from your doctors, health plan representatives and other health care providers.

## **Confidentiality of Health Information:**

You have the right to talk in confidence with health care providers, and to have your health care information protected. You also have the right to review and copy your own medical record, and request that your physician change your record if it is not accurate, relevant, or complete.

## **Complaints and Appeals:**

You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals or other health care providers/personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities.

## **Consumer Responsibilities:**

It is reasonable to expect and encourage consumers to assume reasonable responsibilities. Greater individual involvement by consumers in their care increases the likelihood of achieving the best outcomes, and helps to support a quality improvement, cost-conscious environment.

Persons who receive home care services have these rights:

1. The right to receive written information about their rights in advance of receiving care/services, or during the initial evaluation visit, before the initiation of treatment and what to do if rights are violated.
2. The right to receive care and services according to a suitable and up- to-date plan, and subject to accepted medical or nursing standards. The provider must advise the recipient in advance of the right to participate in planning the care or treatment.
3. The right to be told in advance of services, what services will be provided, who will provide the services, the frequency of visits, other choices that are available, and the consequences of these choices, including the consequences of refusing services.
4. The right to refuse services and/or treatment.
5. The right to know the limits to the services and the provider's grounds for termination of services.
6. The Provider must advise the recipient of home care services, both orally and in writing, of any changes in coverage and the recipient's liability for charges as soon as possible, but no later than thirty (30) calendar days after the provider becomes aware of a change.

7. The rights to choose freely among available providers and to change providers after services have begun.
8. The right to know what the charges are for services, no matter who will be paying for them.
9. The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
10. The right to be served by people who are properly trained and competent to perform their duties.
11. The right to be treated with respect and courtesy, as well as the patient's property.
12. The right to have access to records and written information from the records in accordance with State Statutes.
13. The right to voice grievances/complaints regarding treatment or care that is, or fails to be, finished.
14. The right to know how to contact an individual with the provider who is responsible for handling problems and/or complaints/grievances. The provider shall document in writing all complaints, as well as document, in writing, any resolution/corrective action resulting from the complaint.
15. The right to assert these rights personally, or by a family member, or designated guardian when the patient has been judged incompetent, without retaliation.
16. The right to be informed of the name and address of the State or county agency to contact for additional information or assistance.
17. It is the patient's responsibility to report any changes in insurance, address change or other important information. **Failure to do this will result in patient's responsibility for cost of equipment.**
18. Patients and caregivers have the responsibility to take care of equipment. **If damaged or infested you will be charged the cost for repair or replacement.**
19. Providers have the right to be free from threats of violence and actual violence.
20. Providers have the right to provide services in patients' homes that are structurally sound.
21. Providers have the right to be free from threatening behavior and/or physical injuries from animals.
22. Providers have the right to be treated with dignity and respect by patients and their families at all times.
23. Providers have the right to be free from unwanted remarks, either positive or negative, regarding their personal appearance.
24. Providers have the right to be free from discrimination on the basis of race, religion, and ethnic origin by patients and their families.
25. Providers have the right to work in patients' homes without being subjected to sexual remarks, advances, and/or harassment.
26. Providers have the right to pick up equipment in the home if the patient or patient's insurance is no longer covering the cost of the equipment.

A home care provider may not require a person to surrender these rights as a condition to receive services. The provider must acknowledge, protect and promote these rights.

If you need assistance, have questions or a complaint, Please contact:

**Medical Necessities and Services, LLC**  
**907 W. James M Campbell Blvd.**  
**Columbia, TN 38401**  
**931-840-8694**

## **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.
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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 and must maintain a visible sign with posted hours of operation. The location must be 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.
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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
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 cost either directly, or through a service contract with another company, any 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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose 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 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 for those specific products and services (except for certain exempt pharmaceuticals).
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. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
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 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.



Medical Necessities and Services  
"We specialize in caring"

## NOTICE OF PRIVACY PRACTICES

This Notice is effective September 23, 2013

**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**

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. Please contact our Privacy Officer at **931-375-1725** to obtain a copy of our current Notice.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at **931-375-1725**.

### **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at **931-375-1725**.

**1. Treatment:** We may use and disclose medical information about you to provide treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

**Example:** *Information obtained by a therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or subsequent healthcare provider with copies of various reports that should assist him or her in treating you.*

**2. Payment:** We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that we may *use* medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

**Example:** *A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.*

**3. Healthcare Operations:** We may use and disclose medical information about you in performing a variety of business activities that we call “healthcare operations.” These “healthcare operations” activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization’s future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

**Example:** *Members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.*

**4. Persons Involved in Your Care:** We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors’ information, contact our Privacy Officer at **931-375-1725**.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

**5. Required by Law:** We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report known or suspected abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

**6. National Priority Uses and Disclosures:** When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at **931-375-1725**.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** We may disclose medical information about you in order to comply with workers’ compensation laws.

- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

**7. Authorizations:** Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

## YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at **931-375-1725**.

**1. Right to a Copy of This Notice:** You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at **931-375-1725**.

**2. Right of Access to Inspect and Copy:** You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an **Access Request Form**. Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

**3. Right to Have Medical Information Amended:** You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

**4. Right to an Accounting of Disclosures We Have Made:** You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an **Accounting Request Form**, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

**5. Right to Request Restrictions on Uses and Disclosures:** You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

**6. Right to Request an Alternative Method of Contact:** You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

**7. Right to Notification if a Breach of Your Medical Information Occurs:** You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

**8. Right to Opt-Out of Fundraising Communications:** If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

**YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

**We will not take any action against you or change our treatment of you in any way if you file a complaint.**

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

**Attn: Privacy Officer  
Medical Necessities & Services LLC  
907 W James Campbell Blvd.  
Columbia, TN 38401**

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

## Return Policy

\*Private Purchase items may be returned within 5 days with the original receipt and in original unused condition. Special order items have a 25% restocking fee. Bathroom equipment is non-returnable. **Disposable supplies cannot be accepted for return or credit, with the exception of defective supplies which may be exchanged only.**

\*Insurance billable "purchase" items may only be returned in original unused condition within 5 days of sale date\*\*. Original delivery slips are required. Insurance will be billed for 1 rental cycle on any returned "purchase" medical equipment. \*\**Bedside commodes, bath benches, etc. cannot be accepted for return. Disposable supplies cannot be accepted for return or credit, with the exception of defective supplies which may be exchanged only.*

\*Oxygen and CPAP equipment (insurance billable "rental" medical equipment) may ONLY be returned with a written MD prescription to discontinue use of said equipment or by signing an AMA (Against Medical Advice).

\*However, other insurance billable "rental" items like wheelchairs and hospital beds may be returned at any time they are not being used. It is the patient's responsibility to let us know monthly if these items are being used. If the items are not being used, you can call and request pickup and state the reason why the equipment is no longer needed. At the time of pick up, you will be required to sign a pick up ticket and a discharge summary stating the reason for pick up. If you disagree with the reasoning, you will need to notify the technician immediately and not sign the paperwork.

\*If exchanging CPAP mask, this must be done within 30 days of set-up with no refund/credit. Starting on day 31-90 days you will be responsible for cost of mask.

## Warranty Policy

Medical Necessities honors the manufacturer's warranty for new equipment and parts. All new purchase equipment comes with the manufacturer warranty. These warranties are typically one year, but some items have a two-year manufacturer warranty. Medical Necessities will exchange or repair defective or damaged equipment within the manufacturer's guidelines. Equipment without a specified manufacturer's warranty will be warranted by Medical Necessities for 30 days against manufacturer defect.

Rental equipment also comes with a warranty. For rental equipment, all warranties are effective from the first day of rental. If the manufacturer warranty is no longer in effect, Medical Necessities offers repair or replacement service for the equipment as long as it is in a rental state, without a service charge. If the equipment converts from a rental to purchase, Medical Necessities will repair the equipment at an hourly rate plus the cost of parts, in accordance with insurance company guidelines. Medical Necessities only provides service and/or repairs to wheelchairs that were provided by Medical Necessities or Independence on Wheels.

Warranties do not cover equipment that was modified by the client, or when damaged due to negligence or abuse while not operating or caring for the equipment in a manner consistent with the use or care for which it was designed. (Power mobility equipment exposed to rain or dampness will cause the equipment to malfunction electronically and mechanically, and will be considered abuse of the equipment.) Misuse of the equipment includes patient use of equipment outside of the manufacturer specifications of height and or weight limits. Misuse also includes using the equipment outside of the home.

**Labor and travel time are not covered under the warranty.**

## **Medical Necessities & Services, LLC**

### **Advance Directives Policy**

Advance Directives are instructions to let family, caregivers, physicians and healthcare providers know your decisions for health care if you become unable to decide for yourself. They include written instructions regarding resuscitation and withholding or withdrawing treatment. These directives may include, but are not limited to, designating another person to make medical decisions for you should you become unable to make these decisions. Care will not be withheld if an Advanced Directive is not present.

You or your caregiver(s) should discuss the Rights and Responsibilities of Advance Directives with your physicians and obtain a specific form signed by all responsible parties involved.

The Tennessee Department of Health provides resources for Advance Directives on their website: <https://health.state.tn.us/AdvanceDirectives>

Medical Necessities and Services, LLC employees are instructed not to perform CPR and therefore no training is required.

Our employees are instructed to follow these steps in the event of an emergency:

- Call 911 if indicated
- Notify the appropriate Company supervisors.
- Provide support and help to the patient/client family.
- Document actions in the patient/client record.
- Complete an incident report.

# EQUIPMENT ORIENTATION CHECKLIST/PLAN OF CARE

## DME

### TRAPEZE

- ┆ Putting head of bed in upright position before attempting transfer.
- ┆ Putting siderails down before attempting transfer.
- ┆ Keeping hand triangle out of way of head when not in use
- ┆ Adjusting height of trapeze and placement of triangle to patient, this feature and its purpose.

### PATIENT LIFT/SLING

#### Safety Information and Precautions:

- ┆ For maximum stability, operate this lift with the base legs in maximum open position and locked in place when lifting and transferring a patient.
- ┆ BE SURE THAT SLING IS SECURE to insure that it is properly attached before the patient is completely removed from the bed or chair.

#### Operating Instructions:

- ┆ Explain how to operate the equipment.
- ┆ Hydraulic pump handle.
- ┆ Care and maintenance.

### WALKER

- ┆ Fitting: Have the customer grip the handgrips; the wrist should be straight and the elbows slightly bent.
- ┆ Safety: Prior to each use, check the spring buttons or levers to verify the walker is in the locked (will not fold) position.

### CANE/CRUTCHES

- ┆ Fitting: The cane should be adjusted to the height of the break of the wrist and held in the hand of the uninjured side.

### BACK BRACES

- ┆ Fitting: Proper fit in use of brace.
- ┆ Adjustments: How to properly adjust brace for comfort.

### BATH PRODUCTS/BENCH

- ┆ Discuss safety concerns + placement.

### BEDSIDE COMMODE

- ┆ The bedside commode can be elevated to the desired height by depressing the buttons on each leg and moving the leg to the desired height.

Wear gloves when emptying or cleaning the bucket to avoid infection.

### CATHETERS

- ┆ Catheters are to be used as directed by your MD.
- ┆ The patient has received training from a medical professional on the proper technique for the use of catheters and can perform the task for themselves:      Yes      No

### PLAN/ACTIONS

1. Set-up equipment/supplies in home and/or facility. Evaluate suitability and assure safe placement of equipment/supplies.
2. Instruct patient/caregiver in the safe use of equipment/supplies. Written and verbal instructions will be provided.
3. Instruct patient/caregiver in cleaning, troubleshooting and treatment guidelines. Reinforce each follow-up.

Technician: \_\_\_\_\_

### BEDS

#### BED RAIL ENTRAPMENT RISK NOTIFICATION (explained to patient/caregiver):

- ┆ Patient/caregiver has received a copy of the written notification which was explained to them and understands the possible consequences of using a hospital bed and/or mattress.

#### Safety Information and Precautions:

- ┆ Keep hands and feet clear of all moving parts.
- ┆ Do not allow small children to operate this device or be on or near bed during operation.

#### Operating Instructions:

- ┆ Power supply cord, plug and grounding all intact and does not interfere with any moving parts.
- ┆ Casters on wheels turn freely.
- ┆ Brakes are operating.
- ┆ Routine inspection and care required.
- ┆ Troubleshooting.
- ┆ Operation—raising/lowering bed, head up/down, foot up/down.
- ┆ Side rail function/operation.
- ┆ MNS to be notified if bed malfunctions.
- ┆ Demonstrate manual operation in case of power failure.
- ┆ Pt/family demonstrate ability to operate bed and have no questions/problems at present.

### WHEELCHAIR

#### Safety Information and Precautions:

- ┆ Do not place fingers between seat rail and side panel.
- ┆ Secure wheel locks when transferring in/out of wheelchair.
- ┆ Do not shift your weight in the direction you are reaching.
- ┆ Do not lean over the top of the back upholstery.
- ┆ Do not, without an attendant, attempt to go up inclines steeper than 10% (1 ft. of elevation for each 10 ft. of ramp).

#### Operating Instructions:

- ┆ Opening and folding the wheelchair
- ┆ Removing arms, foot rests and leg rests.
- ┆ Elevating/lowering leg rests.

### ENTERAL SERVICES

- ┆ Storage at room temperature. Do not expose to extreme heat.

### LOW AIR LOSS/APP MATTRESS

- ┆ Type:

- ┆ Identifying patient's weight so proper pressure can be set:  
Patient weight: \_\_\_\_\_ Setting: \_\_\_\_\_
- ┆ Understanding of all of the following:
  - ┆ Use of Comfort Range
  - ┆ Bottoming out negates therapy.
  - ┆ Need for good body alignment and no body-to-body pressure points.
  - ┆ Not to raise head of bed more than 30 degrees.
  - ┆ If no Turn Q function patient must be turned every 2 hrs.
  - ┆ How to deflate mattress to transfer to wheelchair.
  - ┆ How to reinflate with auto firm when patient returns to bed.
  - ┆ To notify us if mattress deflates.
  - ┆ Safety Precautions:
    - \_\_\_\_ No smoking by patient or visitors
    - \_\_\_\_ No oxygen tent in use
    - \_\_\_\_ No animals on mattress
- ┆ Caregiver performed successful return demonstration.

## EQUIPMENT ORIENTATION CHECKLIST/PLAN OF CARE RESPIRATORY

### OXYGEN SAFETY / PRECAUTIONS

- ┌ Substances that do not normally burn or that burn slowly can ignite explosively in the presence of oxygen. Keep all sparks or flame sources away from the area where oxygen is being used.
- ┌ Oxygen is non-flammable, but does greatly accelerate combustion
- ┌ Smoking is prohibited in areas where oxygen is in use.
- ┌ Electrical appliances are not approved for use with oxygen and must be kept at least 6 feet away.
- ┌ All combustible materials should be removed from the site.
- ┌ Never permit oil, grease or any other readily combustible substance to come in contact with oxygen cylinders or valves.

### PORTABLE OXYGEN CYLINDER / CONSERVER

#### OPERATING INSTRUCTIONS (Explain):

- ┌ Cylinder:
  - a. Turning cylinder ON/OFF.
  - b. Use cylinder at prescribed flow.
  - c. Approximate supply time of tank.
- ┌ Regulator/Conserving Device Function:
  - a. One gauge—shows amount of oxygen in cylinder.
  - b. One gauge/flow meter—shows flow rate.
  - c. How to turn ON/OFF and regulate flow.

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#### HANDLING AND STORAGE:

- ┌ Patient and family are instructed in the proper handling and storage of cylinders (*secure while in storage, do not store empty/full cylinders together*).
- ┌ Keep cylinders protected from excessive temperature by storing them away from radiators and other sources of heat. Do not store in closet, under bed or in trunk of car.

### OXYGEN CONCENTRATOR

#### ELECTRICAL PRECAUTIONS:

- ┌ DO NOT use the concentrator if either the power cord or plug is damaged.
- ┌ To use while bathing: the concentrator must be located in another room, at least 7 feet away from the bath. Dry off before handling.
- ┌ Oxygen supplied by the concentrator is supplemental and is not to be considered life supporting.

- |                         |                        |
|-------------------------|------------------------|
| ┌ Safety precautions    | ┌ Humidifier operation |
| ┌ Location of equipment | ┌ Oxygen tubing        |
| ┌ Power cord safety     | ┌ Flow rate            |

#### OPERATING INSTRUCTIONS (Explain):

Panel descriptions:

- ┌ Routine maintenance:
  - a. Cabinet inlet filter/sponge (Wash at least weekly, or as often as needed, with warm soapy water. Rinse well and dry with towel—may be replaced damp).
  - b. Cabinet cleaning (as needed).
  - c. Cannula/Nose Piece (change as needed).
- ┌ d. Extension tubing (every 6 months) - DO NOT EXCEED 50 FEET, PLUS CANNULA).
- ┌ e. Humidifier bottle, if applicable (change monthly & disinfect as recommended).
- ┌ Power failure alarm.
- ┌ Patient/family return demonstration and have no questions/problems at present. Technician Signature \_\_\_\_\_

4. Patient Signature: \_\_\_\_\_

### LIQUID OXYGEN SYSTEM

#### SAFETY INFORMATION / PRECAUTIONS (Explain):

- ┌ Ventilation is required to prevent oxygen accumulation.
- ┌ The effect of cold gas, liquid and parts on skin and eyes.
- ┌ Other warnings in operating instructions.
- ┌ The slow escape of gas through the relief device is normal.
- ┌ The reason for moisture accumulation and the method of management
- ┌ Usage time expected before refill.
- ┌ Method of determining contents.

#### Demonstrate:

- ┌ Attachment and explain purpose of humidifier (if applicable).
- ┌ Use of oxygen flow rate selector.

### LIQUID PORTABLE UNIT

#### SAFETY INFORMATION / PRECAUTIONS (Explain):

- ┌ Unit empty and full weight.
- ┌ Use time of portable at prescribed flow.
- ┌ Partial refill capability.
- ┌ Handling procedure including tipover conditions.

#### Demonstrate:

- ┌ Filling procedure
- ┌ Oxygen tube attachment.
- ┌ Oxygen flow rate selection.
- ┌ Have patient demonstrate operation of unit.

### NEBULIZER

- ┌ Patient/family verbalizes understanding of equipment.
- ┌ Do not lubricate equipment.
- ┌ Keep air opening free from clutter.
- ┌ Do not use when aerosol spray products are being used in an unvented closed environment.
- ┌ Check filters weekly. Replace filter every 6 months or when visibly dirty.
- ┌ Cleaning procedures & disinfecting disposable kits (cabinet cleaning as needed).
- ┌ Replace Neb kits every 2 weeks if disposable; non-disposable every 6 months.

### PLAN/ACTIONS

1. Set-up equipment/supplies in home and/or facility. Evaluate suitability and assure safe placement of equipment/supplies.
2. Instruct patient/caregiver in the safe use of equipment/supplies. Written and verbal instructions will be provided.
3. Instruct patient/caregiver in cleaning, troubleshooting and treatment guidelines. Reinforce each follow-up.

### ADVANCE DIRECTIVE

\_\_\_\_\_Yes \_\_\_\_\_No

Concentrator Meter Hours: \_\_\_\_\_

Portable Concentrator Meter Hours: \_\_\_\_\_

This letter is to inform you that the person listed below has been instructed by a physician to use the following medical equipment. In case of a power outage, please put this patient on a priority list to get their power turned on as quickly as possible.

---

Type of Medical Equipment in the home

---

Backup type and length of time

---

Name of person using the equipment

Billing information is as follows:

Name: \_\_\_\_\_

Service

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please contact us if you have any questions at 1-800-680-8008  
Medical Necessities & Services, LLC

**EQUIPMENT ORIENTATION CHECKLIST/PLAN OF CARE RESPIRATORY**

**OXYGEN SAFETY / PRECAUTIONS**

- ┌ Substances that do not normally burn or that burn slowly can ignite explosively in the presence of oxygen. Keep all sparks or flame sources away from the area where oxygen is being used.
- ┌ Oxygen is non-flammable, but does greatly accelerate combustion
- ┌ Smoking is prohibited in areas where oxygen is in use.
- ┌ Electrical appliances are not approved for use with oxygen and must be kept at least 6 feet away.
- ┌ All combustible materials should be removed from the site.
- ┌ Never permit oil, grease or any other readily combustible substance to come in contact with oxygen cylinders or valves.

**PORTABLE OXYGEN CYLINDER / CONSERVER**

**OPERATING INSTRUCTIONS (Explain):**

- ┌ Cylinder:
  - d. Turning cylinder ON/OFF.
  - e. Use cylinder at prescribed flow.
  - f. Approximate supply time of tank.
- ┌ Regulator/Conserving Device Function:
  - d. One gauge—shows amount of oxygen in cylinder.
  - e. One gauge/flow meter—shows flow rate.
- HAN** f. How to turn ON/OFF and regulate flow.

**HANDLING AND STORAGE:**

- ┌ Patient and family are instructed in the proper handling and storage of cylinders (*secure while in storage, do not store empty/full cylinders together*).
- ┌ Keep cylinders protected from excessive temperature by storing them away from radiators and other sources of heat. Do not store in closet, under bed or in trunk of car.

**OXYGEN CONCENTRATOR**

**ELECTRICAL PRECAUTIONS:**

- ┌ DO NOT use the concentrator if either the power cord or plug is damaged.
- ┌ To use while bathing: the concentrator must be located in another room, at least 7 feet away from the bath. Dry off before handling.
- ┌ Oxygen supplied by the concentrator is supplemental and is not to be considered life supporting.

┌ Safety precautions	┌ Humidifier operation
┌ Location of equipment	┌ Oxygen tubing
┌ Power cord safety	┌ Flow rate

**OPERATING INSTRUCTIONS (Explain):**

Panel descriptions:

- ┌ Routine maintenance:
  - f. Cabinet inlet filter/sponge (Wash at least weekly, or as often as needed, with warm soapy water. Rinse well and dry with towel—may be replaced damp).
  - g. Cabinet cleaning (as needed).
  - h. Cannula/Nose Piece (change as needed).
- ┌ i. Extension tubing (every 6 months) - DO NOT EXCEED 50 FEET, PLUS CANNULA).
- ┌ j. Humidifier bottle, if applicable (change monthly & disinfect as recommended).
- ┌ Power failure alarm.
- ┌ Patient/family return demonstration and have no questions/problems at present. **Technician Signature** \_\_\_\_\_

**LIQUID OXYGEN SYSTEM**

**SAFETY INFORMATION / PRECAUTIONS (Explain):**

- ┌ Ventilation is required to prevent oxygen accumulation.
- ┌ The effect of cold gas, liquid and parts on skin and eyes.
- ┌ Other warnings in operating instructions.
- ┌ The slow escape of gas through the relief device is normal.
- ┌ The reason for moisture accumulation and the method of management
- ┌ Usage time expected before refill.
- ┌ Method of determining contents.

**Demonstrate:**

- ┌ Attachment and explain purpose of humidifier (if applicable).
- ┌ Use of oxygen flow rate selector.

**LIQUID PORTABLE UNIT**

**SAFETY INFORMATION / PRECAUTIONS (Explain):**

- ┌ Unit empty and full weight.
- ┌ Use time of portable at prescribed flow.
- ┌ Partial refill capability.
- ┌ Handling procedure including tipover conditions.

**Demonstrate:**

- ┌ Filling procedure
- ┌ Oxygen tube attachment.
- ┌ Oxygen flow rate selection.
- ┌ Have patient demonstrate operation of unit.

**NEBULIZER**

- ┌ Patient/family verbalizes understanding of equipment.
- ┌ Do not lubricate equipment.
- ┌ Keep air opening free from clutter.
- ┌ Do not use when aerosol spray products are being used in an unvented closed environment.
- ┌ Check filters weekly. Replace filter every 6 months or when visibly dirty.
- ┌ Cleaning procedures & disinfecting disposable kits (cabinet cleaning as needed).
- ┌ Replace Neb kits every 2 weeks if disposable; non-disposable every 6 months.

**PLAN/ACTIONS**

5. Set-up equipment/supplies in home and/or facility. Evaluate suitability and assure safe placement of equipment/supplies.
6. Instruct patient/caregiver in the safe use of equipment/supplies. Written and verbal instructions will be provided.
7. Instruct patient/caregiver in cleaning, troubleshooting and treatment guidelines. Reinforce each follow-up.

**ADVANCE DIRECTIVE**

\_\_\_\_\_Yes                      \_\_\_\_\_No

**Concentrator Meter Hours:** \_\_\_\_\_

**Portable Concentrator Meter Hours:** \_\_\_\_\_

8. **Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# EQUIPMENT ORIENTATION CHECKLIST/PLAN OF CARE

## DME

### TRAPEZE

- ┆ Putting head of bed in upright position before attempting transfer.
- ┆ Putting siderails down before attempting transfer.
- ┆ Keeping hand triangle out of way of head when not in use
- ┆ Adjusting height of trapeze and placement of triangle to patient, this feature and its purpose.

### PATIENT LIFT/SLING

#### Safety Information and Precautions:

- ┆ For maximum stability, operate this lift with the base legs in maximum open position and locked in place when lifting and transferring a patient.
- ┆ BE SURE THAT SLING IS SECURE to insure that it is properly attached before the patient is completely removed from the bed or chair.

#### Operating Instructions:

- ┆ Explain how to operate the equipment.
- ┆ Hydraulic pump handle.
- ┆ Care and maintenance.

### WALKER

- ┆ Fitting: Have the customer grip the handgrips; the wrist should be straight and the elbows slightly bent.
- ┆ Safety: Prior to each use, check the spring buttons or levers to verify the walker is in the locked (will not fold) position.

### CANE/CRUTCHES

- ┆ Fitting: The cane should be adjusted to the height of the break of the wrist and held in the hand of the uninjured side.

### BACK BRACES

- ┆ Fitting: Proper fit in use of brace.
- ┆ Adjustments: How to properly adjust brace for comfort.

### BATH PRODUCTS/BENCH

- ┆ Discuss safety concerns + placement.

### BEDSIDE COMMODE

- ┆ The bedside commode can be elevated to the desired height by depressing the buttons on each leg and moving the leg to the desired height.

Wear gloves when emptying or cleaning the bucket to avoid infection.

### CATHETERS

- ┆ Catheters are to be used as directed by your MD.
- ┆ The patient has received training from a medical professional on the proper technique for the use of catheters and can perform the task for themselves:      Yes      No

### PLAN/ACTIONS

4. Set-up equipment/supplies in home and/or facility. Evaluate suitability and assure safe placement of equipment/supplies.
5. Instruct patient/caregiver in the safe use of equipment/supplies. Written and verbal instructions will be provided.
6. Instruct patient/caregiver in cleaning, troubleshooting and treatment guidelines. Reinforce each follow-up.

Technician: \_\_\_\_\_

### BEDS

#### BED RAIL ENTRAPMENT RISK NOTIFICATION (explained to patient/caregiver):

- ┆ Patient/caregiver has received a copy of the written notification which was explained to them and understands the possible consequences of using a hospital bed and/or mattress.

#### Safety Information and Precautions:

- ┆ Keep hands and feet clear of all moving parts.
- ┆ Do not allow small children to operate this device or be on or near bed during operation.

#### Operating Instructions:

- ┆ Power supply cord, plug and grounding all intact and does not interfere with any moving parts.
- ┆ Casters on wheels turn freely.
- ┆ Brakes are operating.
- ┆ Routine inspection and care required.
- ┆ Troubleshooting.
- ┆ Operation—raising/lowering bed, head up/down, foot up/down.
- ┆ Side rail function/operation.
- ┆ MNS to be notified if bed malfunctions.
- ┆ Demonstrate manual operation in case of power failure.
- ┆ Pt/family demonstrate ability to operate bed and have no questions/problems at present.

### WHEELCHAIR

#### Safety Information and Precautions:

- ┆ Do not place fingers between seat rail and side panel.
- ┆ Secure wheel locks when transferring in/out of wheelchair.
- ┆ Do not shift your weight in the direction you are reaching.
- ┆ Do not lean over the top of the back upholstery.
- ┆ Do not, without an attendant, attempt to go up inclines steeper than 10% (1 ft. of elevation for each 10 ft. of ramp).

#### Operating Instructions:

- ┆ Opening and folding the wheelchair
- ┆ Removing arms, foot rests and leg rests.
- ┆ Elevating/lowering leg rests.

### ENTERAL SERVICES

- ┆ Storage at room temperature. Do not expose to extreme heat.

### LOW AIR LOSS/APP MATTRESS

- ┆ Type:

- ┆ Identifying patient's weight so proper pressure can be set:  
Patient weight: \_\_\_\_\_ Setting: \_\_\_\_\_
- ┆ Understanding of all of the following:  
Use of Comfort Range  
Bottoming out negates therapy.  
Need for good body alignment and no body-to-body pressure points.  
Not to raise head of bed more than 30 degrees.  
If no Turn Q function patient must be turned every 2 hrs.  
How to deflate mattress to transfer to wheelchair.  
How to reinflate with auto firm when patient returns to bed.  
To notify us if mattress deflates.  
Safety Precautions:  
\_\_\_\_ No smoking by patient or visitors  
\_\_\_\_ No oxygen tent in use  
\_\_\_\_ No animals on mattress
- ┆ Caregiver performed successful return demonstration.

**MEDICAL NECESSITIES AND SERVICES, LLC**

- 1. Medicare or my insurance has not purchased or rented same or similar items stated above. \_\_\_\_\_ (initials)
- 2. I received instructions and understand that Medicare defines the \_\_\_\_\_ that I received as being either a capped rental or an inexpensive or routinely purchased item.

\_\_\_\_ FOR CAPPED RENTAL ITEMS:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include:  
Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

\_\_\_\_ FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include:  
Canes, walkers, crutches, commode chairs, and bed side rails.
- I select the:

Purchase Option \_\_\_\_\_ Rental Option \_\_\_\_\_

Every product sold or rented by our company carries a 1-year manufacturer's warranty. Medical Necessities & Services will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. Medical Necessities & Services LLC 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 where this manual is available.

I have been instructed and understand the warranty coverage on the product I have received \_\_\_\_\_ (initials)

I authorize the following individuals to receive equipment and /or supplies on my behalf. The following people can be contacted on my behalf:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

May we leave a message? \_\_\_\_ Yes \_\_\_\_ No

If yes, where? \_\_\_\_ Voice Mail \_\_\_\_ Family Member \_\_\_\_ Work

Email: \_\_\_\_\_ DL # \_\_\_\_\_ Photo ID verified \_\_\_\_ PCP: \_\_\_\_\_

**AUTHORIZATION TO ASSIGN BENEFITS TO PROVIDER & RELEASE OF MEDICAL INFORMATION:**

I request that payment of authorized Medicare and other benefits be made on my behalf to the above company for products and services that they have provided for me. I further authorize a copy of this agreement to be used in place of the original and authorize any holder of medical information about me to release to Medical Necessities & Services, to aid in payment and/or precertification of equipment.

By signing this form, I am stating that I have received a copy of the following and that I have been fully instructed and understand how to operate equipment prescribed for me and that I have been instructed on the plan of care.

**\*Notice of Privacy Policies**

(as required by the Health Information Portability and Accountabil Act of 1996-HIPAA).

**\*Medicare Supplier Standards**

**\*Patient Rights and Responsibilities**

**\*Customer Information Booklet pgs. 1-21**

**\*Business Hours**

**\*Return Policy**

**\*Scope of Services**

**\*Equipment Cleaning Instructions**

**\*Equipment Orientation Checklists**

**\*O2 Safety**

**\*Billing Procedures**

**\*Basic Home Safety**

**\*Emergency Preparedness**

**\*Warranty Policy**

**\*Complaint and Grievances**

\_\_\_\_\_  
Patient name Cell phone: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Patient signature MNS Representative Date: \_\_\_\_\_

## Medical Necessities & Services, LLC

### Basic Home Safety Checklist

Patient: \_\_\_\_\_ HICN#: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Are lamp, extension, and telephone cords placed out of the flow of traffic?	Yes	No
2. Are cords out from beneath furniture and rugs?	Yes	No
3. Are electrical cords in good condition, not frayed or cracked?	Yes	No
4. Are all small rugs and runners slip-resistant?	Yes	No
5. Are emergency numbers posted near the telephone?	Yes	No
6. Are smoke detectors properly located and working properly?	Yes	No
7. Do all outlets and switches have cover plates, so that no wiring is exposed?	Yes	No
8. Are hallway and other heavy traffic areas well lit and free from obstruction?	Yes	No
9. Is there enough room for the patient/caregiver to maneuver around the equipment?	Yes	No
10. What is the condition of the home?		

Are you making any recommendations to the patient/caregiver? \_\_\_\_\_ If so, please make a note of what concern you informed the patient/caregiver about.

Type of Equipment delivered:     Bed Side Commode     Cane     Home Oxygen  
 Hospital Bed     Hoyer Lift     Nebulizer     Walker     Wheel Chair

Other: \_\_\_\_\_

Type of Home:     Single Story     Multi-Story     Apt./Condo     Mobile Home

Handicap Accessible:                      Yes                      No

Smallest Doorway Measurements: \_\_\_\_\_ Hallway Measurement: \_\_\_\_\_

Does the patient's home provide adequate access between rooms, maneuvering space and surfaces for the placement of the equipment provided?    Yes    No

**Supplier Attestation:**

I have completed an assessment of the patient's home and conclude based upon this information the patient's home will accommodate the equipment delivered.

Delivery Tech Signature: \_\_\_\_\_ Date: \_\_\_\_\_

