

CMC  
Representative

# Capital Medical Corporation

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Hours of operation are M-F 8:00 AM to 5:00 PM EST. For after hours assistance or complaints, please call 850-386-1978.

RENTAL CONTRACT     PURCHASE CONTRACT    DOS: \_\_\_\_\_    PICK-UP DATE: \_\_\_\_\_  
 REVIEWED PATIENT ID     REVIEWED PATIENT INSURANCE CARD(S)

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ DATE OF SURGERY: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ UPIN #: \_\_\_\_\_

ICD-9 CODE: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

EQUIPMENT NEEDED: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

CO-INSURANCE CARRIER: \_\_\_\_\_ INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

NOTES: \_\_\_\_\_

For Medicare patients:

2015 MEDICARE ALLOWABLE: Knee CPM \$25.24/day; Walker with Wheels \$108.12; 3-in-1 Commode \$119.00; Cane \$23.39; TENS Rental \$41.30; TENS Purchase \$411.30; TENS Supplies \$31.98/monthly; Knee orthosis L1832 \$728.49; LSO L0627 \$395.59; LSO L0637 \$1,310.10, Muscle Stim \$99.36/month; conductive garment \$395.91; Pelvic Floor Stimulator G0740 \$58.05; Other: \_\_\_\_\_

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: dynamic and static progressive splints.

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 traction equipment.

I select the: Purchase Option \_\_\_\_\_ Rental Option \_\_\_\_\_

I certify all above information is correct. I understand the proper operation and function of this equipment and acknowledge receipt of written directions and that all items delivered are in good working order. I have received an Assessment Criteria for the Home detailing home safety issues. I have received verbal and written warranty information on all products purchased. I will return the equipment promptly and in good working order or I will be responsible for the replacement of the equipment and rental expenses incurred beyond coverage period.

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government/private insurance benefits either to myself or to the party who accepts assignment. I have received the information on the back of this form.

I authorize payment of medical benefits to the Capital Medical Corporation for services described above.

**However, I understand that I am personally responsible for any and all of the balance which is not paid by my insurance programs, including any cost of collections.**

By signing this form, I understand that Capital Medical Corporation (CMC) may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify CMC. I also understand that CMC will consider the requests for restriction on a case by case basis, but does not have to agree to requests for restrictions. I acknowledge that I have received a copy of the front and back of this form.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

# CMS MEDICARE SUPPLIER STATEMENT

The products and/or services provided to you by supplier legal business name or DBA are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained from the U.S. Government Printing Office website. Upon request we will furnish you a written copy of the standards.

Medicaid fraud means an intentional deception or misrepresentation made by a health care provider with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under federal or state law related to Medicaid. To report suspected Medicaid Fraud, please call the Attorney General toll-free at 1-866-966-7226. Find out if you are eligible for a reward. Callers may request to remain anonymous.

## PATIENTS' BILL OF RIGHTS

The Patients' Bill of Rights and Responsibilities has three goals: to strengthen consumer confidence that the health care system is fair and responsive to consumer needs; to reaffirm the importance of a strong relationship between patients and their health care providers; and to reaffirm the critical role consumers play in safeguarding their own health.

- **The Right to Information.** Patients have the right to receive accurate, easily understood information to assist them in making informed decisions about their health plans, facilities and professionals.
- **The Right to Choose.** Patients have the right to a choice of health care providers that is sufficient to assure access to appropriate high-quality health care including giving women access to qualified specialists such as obstetrician-gynecologists and giving patients with serious medical conditions and chronic illnesses access to specialists.
- **Access to Emergency Services.** Patients have the right to access emergency health services when and where the need arises. Health plans should provide payment when a patient presents himself/herself to any emergency department with acute symptoms of sufficient severity "including severe pain" that a "prudent layperson" could reasonably expect the absence of medical attention to result in placing that consumer's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
- **Being a Full Partner in Health Care Decisions.** Patients have the right to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators. Additionally, provider contracts should not contain any so-called "gag clauses" that restrict health professionals' ability to discuss and advise patients on medically necessary treatment options.
- **Care Without Discrimination.** Patients have the right to considerate, respectful care from all members of the health care industry at all times and under all circumstances. Patients must not be discriminated against in the marketing or enrollment

or in the provision of health care services, consistent with the benefits covered in their policy and/or as required by law, based on race, ethnicity, national origin, religion, sex, age, current or anticipated mental or physical disability, sexual orientation, genetic information, or source of payment.

- **The Right to Privacy.** Patients have the right to communicate with health care providers in confidence and to have the confidentiality of their individually-identifiable health care information protected. Patients also have the right to review and copy their own medical records and request amendments to their records.
- **The Right to Speedy Complaint Resolution.** Patients have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.
- **Patient Responsibilities.** In a health care system that affords patients rights and protections, patients must also take greater responsibility for maintaining good health. Further, we ask that you provide, to the best of your ability, accurate and complete information about your present condition, past illnesses, hospitalizations, medication, and other matters related to your health or your child's, including information about home and/or work that may impact your ability to follow the proposed treatment; follow the treatment plan developed with your provider. You should express any concerns about your ability to comply with a proposed course of treatment. You are responsible for the outcomes if you refuse treatment or do not follow your care provider's instructions; be considerate of other patients and staff and their property. Abusive, threatening, or inappropriate language or behavior will not be tolerated; keep appointments or call us when you are unable to do so; be honest about your financial needs so we may connect you to appropriate resources; give us any health care proxy or other legal document that may affect your decision-making ability or care, such as a power of attorney or court order; and notify us if you object to students or researchers participating in your care.

## NOTICE OF PATIENT INFORMATION PRACTICES

Effect Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

### CAPITAL MEDICAL CORPORATION (CMC) LEGAL DUTY

CMC is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

### USES AND DISCLOSURES OF HEALTH INFORMATION

CMC uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities and evaluating the quality of care that we provide. For example, CMC may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you. CMC may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law. In any other situation, CMC's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time. CMC may change its policy at any time.

### PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes. You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. CMC will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

### CONCERNS AND COMPLAINTS

If you are concerned that CMC may have violated your privacy rights, or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, or if you have a complaint, please contact our Practice Manager at CMC with above contact information. You may also send a written complaint to the US Department of Health and Human Services at 200 Independence Ave., S.W. Washington, D.C. 20201. To report abuse, neglect, or exploitation, please call toll-free 1-800-962-2873. To report complaints regarding equipment & service, contact the AHCA Information Center toll-free at 1-888-419-3456.

End of Notice of Patient Information Practices

## Assessment Criteria for the Home

Effective Date: January 1, 2007

Last Date Revised: December 5, 2008

### POLICY

When equipment is delivered and set up, the patient's/client's home will be assessed for potential hazards, and corrective measures will be suggested. Findings and recommendations will be documented in the patient/client record.

### PROCEDURES

Following are general home safety issues that may be communicated to the patient/client as needed.

### 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.