



ProTech

Customer Welcome Guide

Monday – Friday

8:30 am to 4:00 pm

Closed from 12:00 pm to 1:00 pm for Lunch

VISIT OUR WEBSITE:

www.protechdelivers.com

WELCOME

Thank you for choosing ProTech Medical 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 equipment needs.

SERVICES OFFERED

We currently provide the following equipment:

- Speech Generating Devices
- CPAP Machines
- BiPAP Machines
- BiPAP ASV
- BiPAP S/T
- Oxygen Concentrators
- Portable Oxygen Concentrators
- Oxygen Tanks
- Nebulizer Machines
- Nebulizer Supplies
- PAP Supplies

MEDICAL RECORDS

ProTech Medical, LLC does a very thorough job of collecting medical records from multiple sources in order to get your equipment approved. Thus, a lot of work and man hours goes into gathering these records. As a result, if you would like a copy of these records, they are readily available to send to you by mail or fax for a charge of \$30.00. You may contact our office to get these records at (800) 722-7313

BUSINESS LOCATIONS & PHONE NUMBERS

Please contact the location nearest you:

Nashville TN Location:

1811 Charlotte Avenue
Nashville TN 37203
p. (615) 912-0641

Hendersonville TN Location:

35 Executive Park Dr. Ste. A
Hendersonville, TN 37075
p. (615) 912-0641

Chattanooga TN Location:

7405 Shallowford Rd Ste 380B
Chattanooga TN 37421
p. (423) 777-8601

Corporate Office Location:

1100 Hatcher Lane
Columbia TN 38401
Toll Free: (800) 722-7313

MISSION STATEMENT

ProTech Medical'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 receive ongoing continuing education so that they are knowledgeable about home health care technology and can serve our clients/patients effectively.

MANUFACTURER'S LIMITED WARRANTY

ProTech Medical, LLC honors the manufacturer's warranty for new equipment and parts. All new purchase equipment comes with the manufacturer's warranty. ProTech Medical, LLC will exchange or repair defective or damaged equipment within the manufacturer's guidelines.

Rental equipment also comes with a warranty. For rental equipment, all warranties are effective from the first day of rental. If the manufacturer's warranty is no longer in effect, ProTech Medical, LLC 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 rental to purchase, ProTech Medical, LLC will repair the equipment at an hourly rate plus the cost of parts, in accordance with insurance company guidelines. ProTech Medical, LLC only provides service and/or repairs to wheelchairs that were provided by ProTech Medical, LLC. 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. 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.

ABUSE OF EQUIPMENT

Your equipment has been issued to you and is your responsibility to take care of. Please note that all manufacturer warranties do not cover items that have become damaged or failed because of abuse or neglect. Your insurance company will also not cover the item if it needs replacing prior to its useful lifetime. Thus, if any equipment fails because of abuse or neglect, you are responsible for the service call, any and all labor, and any and all parts required to make the equipment functional again. Thus, it is very important that you take care of your equipment and treat it kindly to avoid any other charges.

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. Disposable supplies cannot be accepted for return or credit, except for defective supplies which may be exchanged only. Insurance billable "purchase" items may only be returned in their original unused condition within 5 days of sale date. Original delivery tickets are required. Insurance will be billed for 1 rental cycle on any returned "purchase" medical equipment.

***Disposable supplies cannot be accepted for return or credit, except for 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). 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 delivery paperwork.

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

PATIENT/CLIENT CARE

Protech Medical LLC has policies and procedures in place to ensure that customer service and the 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.

GENERAL BILLING INFORMATION

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 copays and deductibles are due upon invoice receipt and a valid credit card will be collected at the time services are rendered.

The cost of medical equipment provided by ProTech Medical 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 a 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 \$226.00 annual deductible that must be met, and then pays 80% of the contracted price.

To bill for most types of equipment, your physician will need to sign off on an order. 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 931-388-3766 or toll-free 1-800-722-7313.

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

Rental (Medicare)	Purchase (Routinely)
Oxygen Equipment (36 months)	Speech Generating Devices
Nebulizers (13 months)	PAP Supplies
CPAP (13 months)	
BIPAP (13 months)	

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

Over Bed Tables	Gloves
Bathroom Aids (adults)	Water for Humidifiers
Reacher/Hip Kit	Replacement Bluetooth Speaker for SGD
Transfer Boards	Replacement SGD Carrying Bag and Straps

MEDICARE COVERAGE AND BILLING FOR SERVICE AND REPAIRS

If Medicare originally paid for your unit and your Medicare coverage has not changed, Medicare may cover the cost of service and repairs to your unit. Repairs to purchased equipment are covered when necessary for the correct operation of the unit. Extensive maintenance as recommended by the manufacturer and performed by authorized technicians is covered.

ProTech Medical, LLC, provides Medicare covered services and repairs to units originally purchased from us. We bill Medicare directly for the charges. If your claim is approved, Medicare pays us directly; however, you may owe a deductible and/or co-payment. All claims may be subject to review and appeal.

RENTAL PERIOD WHILE INPATIENT

If you are admitted to a hospital, nursing home, in-patient rehab center, skilled nursing care or hospice, Medicare may not provide service and repairs to your unit; you will be responsible for your durable medical equipment expenses. This coverage does NOT apply to cosmetic items, accessories, trim, malicious abuse, or intentional neglect. This coverage does not cover a technician trip charge to come to your home outside of our normal coverage territory. For that reason, you may bring your equipment to one of our locations to avoid this charge. Parts not covered by warranty will be billed to Medicare.

If the equipment provided to you is under rental contract, it is your responsibility to contact our office if you are admitted to the hospital or skilled nursing facility for any length of time, including just one night. Your insurance will NOT cover the equipment provided to you if you are in a hospital or skilled nursing facility. If you let us know, we will work on re-adjusting the claim so it can be covered. If you do not let us know, your claim will be denied, and you will be responsible for payment! Please contact our office at (800) 722-7313 to inform us of any inpatient stays.

MEDICARE CLAIMS QUESTIONS

ProTech Medical, LLC, is not an agent of Medicare and we are not physicians. We cannot guarantee that your claim will be accepted or paid. We have provided you with an estimate of your benefits coverage based upon the information given us. This is not a guarantee of payment by Medicare or other Insurance Carriers, and you may owe more or less than the estimated amount. If you have ANY questions about Medicare or the claims process, PLEASE refer to the CMS Medicare Supplier Standards included in this document for your Medicare contact phone number.

My signature in the Delivery Paperwork section of the Customer Signature Page certifies that I have read, and I understand the following rights:

1. I may revoke either or both authorizations at any time by notifying ProTech Medical, LLC, ATTN: Privacy Officer, 1100 Hatcher Lane, Columbia TN 38401. I understand that my revocation will not affect any actions ProTech Medical, LLC took before it received my revocation, including the use of printed materials, including pertinent medical documentation once the information has been sent to my government officials.
2. I may see and receive another copy of this authorization form if I ask for it.
3. I am not required to sign this form in order to be eligible for treatment or other services or benefits ProTech Medical, LLC's
4. I have been made aware of ProTech Medical, LLC's "Notice of Privacy Practices".
5. The name, photograph, testimonial and/or other materials used or disclosed under these authorizations may be re-disclosed by the recipient and may no longer be protected by federal privacy laws after re-disclosure.

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 purchase 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, PAP unit, 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. ProTech Medical is responsible for maintenance and service needed during the 13 months. Once the 13-month 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.

COLLECTIONS NOTICE

It is the policy of ProTech Medical, upon default, to send patient accounts to third parties for the purpose of collection. At that point the patient/responsible party is liable for all costs associated with the recovery of the defaulted account, including but not limited to attorney and all collection fees.

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.

QUALITY OF SERVICE PROCEDURE

If you have a question regarding the quality of service, you received contact us at:

1-800-722-7313

Or you may contact:

Accreditation Commission for Health Care (ACHC)

139 Weston Oaks Ct.

Cary, NC 27513

(919) 785-1214

CPAP/BiPAP SUPPLIES BILLING

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

- Headgear is replaceable every 6 months; however, typically most masks have the head gear 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 can receive replacement supplies the same day. This process can take 2-4 weeks depending on the response time of your insurance. Please check with your insurance carrier if you have any questions.

CPAP/BiPAP SUPPLIES REPLACEMENT

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 @ (931) 548-7580.

Description	Qty/Frequency
Mask (nasal, full face, or oral)	1 per 3 months for Medicare (some plans allow 1 per 6 months)
Cushions (full face, or oral)	1 per month (not billable same month as mask)
Cushions, each (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

NOTICE OF PRIVACY RIGHTS

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.

ProTech Medical, LLC is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. We are required by law to abide by the terms of this Notice.

We will use your medical information in supplying healthcare-related products. For example, your medical information may be used by our employees and your treating physician, by the business office to process your payment for the services rendered and by administrative personnel reviewing the quality of care you receive. Your medical information may also be used, as necessary, to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest of you. For example, your name and address may be used to send you a newsletter about health-related products offered by our company, new or alternative treatments, health resources, and other information related to your health. We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

Personal Representatives—If your personal representative has the authority by law to act on your behalf in making decisions related to your health care, we may disclose your medical information to him or her. We may require your personal representative to produce evidence of his or her authority to act on your behalf. In the event of your death, an executor, administrator, or other person authorized under the law to act on behalf of you or your estate will be treated as your personal representative.

Family and Friends—Unless you object, we may use and/or disclose your medical information to family members, other relatives or close personal friends when the medical information is directly relevant to that person's involvement with your care.

Notification—Unless you object, we may use and/or disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.

Public Health Activities—We may use and/or disclose your medical information for public health activities and safety, for purposes related to controlling disease, injury, or disability.

Disclosure to Department of Health and Human Services—We may use and/or disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Research—We may use and/or disclose your medical information for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, the review is preparatory to research or the research is on only decedent's information.

Health Oversight Activities—We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Abuse or Neglect—We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

Legal Proceedings—We may disclose your medical information in the course of certain judicial or administrative proceedings.

Law Enforcement—We may disclose your medical information for law enforcement purposes or other specialized government functions.

Coroners, Medical Examiners and Funeral Directors—We may disclose your medical information to a coroner, medical examiner or funeral director to carry out their duties.

Organ and Tissue Donation—If you are an organ donor, we may use and/or disclose medical information to organizations that handle organ procurement or organ, eye or tissue donation or transplantation.

Disaster Relief—We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief-efforts.

Public Safety—We may use and/or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Workers' Compensation—We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

Inmates—We may release medical information about inmates to correctional institution or law enforcement officials, as necessary to provide the inmate with health care, to protect the health and safety of the inmate or others, or for the health and safety of the correctional institution.

Military and Veterans—We may release medical information as required by military command authorities, and as applicable, to appropriate foreign military authorities.

Business Associates—We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our customers.

NON-DISCRIMINATION POLICY AND COMPLAINT PROCEDURE

ProTech Medical, LLC provides a process for patients/clients to lodge an oral, written, or telephone complaint about the products and services provided. ProTech Medical, LLC has a complaint resolution system for identifying, responding to, and resolving complaints in a timely manner. Patients or caregivers who wish to voice a complaint regarding our products or services should provide the following information:

- Name of patient/client or caregiver voicing the complaint.
- A summary of the complaint, including the date of service.

Upon receiving a complaint and/or grievance the company will:

- Notify the appropriate employee (s)
- Contact the patient/client or caregiver within 5 business days if unable to resolve when the complaint is received.
- The patient/client or caregiver who filed the complaint has the right to call the Medicare Hotline (1-800Medicare), 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, ProTech Medical, LLC 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, ProTech Medical, LLC provides written notification to the person making the complaint of the results of the investigation and response. ProTech Medical maintains documentation of all complaints that it receives, copies of the investigations, and responses provided to those making the complaint. Records may not be available after 3 years. If a patient is not satisfied with ProTech Medical, LLC they can contact the Medicare Hotline at 1-800-Medicare or 1-800-633-4227, they can also contact ACHC at 1-919-785-1214 (ask for the complaints department).

USE AND DISCLOSURE OF HEALTH INFORMATION AUTHORIZATION

I hereby authorize the use and/or disclosure of my name, photograph and/or written, audio-taped, or videotaped testimonials, by ProTech Medical, LLC, as described below:

- To government officials, for the purpose of providing information about ProTech Medicals' impact on its customers' lives to the government officials.
- To ProTech Medical, LLC for its own use for internal training purposes and internal company communications, which may include use in ProTech Medical, LLC's internal newsletter and training materials.
- To the public and employees at ProTech Medical, LLC's facilities for the purposes of communicating about ProTech Medical, LLC's products and/or services.

Neither I nor ProTech Medical, LLC will receive any financial or in-kind compensation in exchange for using or disclosing my name, photograph and/or testimonials. I understand that this authorization is voluntary, and that ProTech Medical, LLC will not condition treatment or payment for health care services on my completion and signing of this Authorization. This authorization will expire upon revocation by me.

CUSTOMER BILL OF RIGHTS

As an individual receiving home care services, you have the following rights:

1. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons who enter your residence to provide home care services for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference, or physical/mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the company who provides treatment or services for you and be free from neglect or abuse, be it physical or mental.
5. To have your property treated with respect by each and every individual representing the company who provides treatment or services for you.
6. To be fully informed concerning, and to assist in the development and planning of, your home care program so that it is designed to satisfy, as best as possible to your current needs.
7. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another home care provider, or the termination of service.
8. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
9. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, and risks of treatment.
10. To receive timely responses to request for home care equipment, treatment, and services within the scope of your home care plan, promptly and professionally, while being fully informed as to company policies, procedures, and charges, including those for which you are responsible and those for which our insurance is responsible.
11. To refuse treatment and services within the boundaries set by law, and to receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
12. To request and receive the opportunity to examine or review your medical records.
13. Participate in the consideration of ethical issues that may arise during your care.
14. To have the confidentiality of all of the information in your medical record maintained.
15. To receive an explanation of all forms you have signed that were presented by ProTech Medical, LLC
16. To be provided with the manufacturer's specifications and warranty information.

*Note: ProTech Medical, LLC, delivery personnel are not medically qualified to provide resuscitation in the event of a medical emergency, however we would utilize "911" services (EMS) for emergencies.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

- You have the right to ask us to restrict certain uses and disclosures of your medical information for treatment, payment or health care operations. We are not required to agree to your request.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you will be charged \$30.00 for copies of your records.
- You may ask us to amend your medical information.
- You may request a paper or electronic copy of this Notice of Privacy Practices for Protected Health Information.
- You have the right to receive an accounting of the disclosures of your medical information made to ProTech Medical, LLC, during the last seven years except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types.
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights.
- If you choose to file a complaint, you will not be retaliated against in any way.

If you would like to submit a complaint or request additional information

regarding your rights or regarding the uses and disclosures of your medical information, you may contact:

ProTech Medical, LLC
ATTN: Privacy Officer
1100 Hatcher Lane
Columbia, TN 38401
1-800-722-7313

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at ProTech Medical, LLC and will make paper copies of the revised Notice of Privacy Practices available upon request.

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time

CMS 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) <http://www.ecfr.gov>

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. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from 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 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 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. Suppliers are 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 use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of the 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 implementing 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 C.F.R. § 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 C.F.R. § 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. (warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>

PROTECH MEDICAL 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>

ProTech Medical 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

PROTECH MEDICAL 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.



**CPAP/BiPAP
and/or OXYGEN
DOCUMENTS**

What is Obstructive Sleep Apnea?

Sleep Apnea is a potentially serious sleep disorder in which breathing repeatedly stops and starts during sleep. Several types of sleep apnea exist, but the most common type is obstructive sleep apnea, which occurs when your throat muscles intermittently relax and block your airway during sleep. The most noticeable sign of obstructive sleep apnea is snoring, although not everyone who has obstructive sleep apnea snores. Common symptoms are excessive daytime sleepiness (hypersomnia), loud snoring, observed episodes of breathing cessation during sleep, abrupt awakenings accompanied by shortness of breath, awakenings with dry mouth or sore throat, morning headache, frequent urination at night, and difficulty staying asleep (insomnia). Your doctor felt that you may suffer from this condition, so you were sent to a Sleep Lab for further evaluation. A sleep study consists of 1 or 2 different studies: a PSG, which is the diagnostic portion and a titration which is the portion where your pressure was determined. During the PSG it was determined that you had sleep apnea. You could have had a split night study if your study was recognized as severe. A split night study is where they watched you for a couple of hours and then began your titration.

- Untreated apnea is associated with several medical conditions including but not limited to:
- High blood pressure
- Heart disease
- Heart attack
- Irregular heart beat
- Stroke
- Type 2 diabetes
- It is important to note the OSA may also contribute to driving and work-related accidents.
- PAP therapy will relieve the airway obstruction while you sleep. It acts as an air splint to keep the airway open so that you can sleep throughout the night without interruption. By wearing your machine all night every night, you may see these positive benefits from therapy:
- Increased energy level and attentiveness
- Reduced irritability
- Improved memory
- Less waking during the night to go to the bathroom
- Increased ability to exercise
- Increased effectiveness at home or work
- Fewer morning headaches

Most patients who start PAP therapy are on it long term. Things that may affect your pressures or need for PAP therapy include surgery and weight loss. You are to notify your physician if you have any of the above.

PAP EXPECTATION PLAN

Your physician has recently ordered you a PAP device used during sleep for the treatment of obstructive sleep apnea. According to insurance guidelines you qualify for this equipment and your doctor has asked us to set this up for you.

We have outlined the guidelines issued by your insurance company below. These are guidelines that you must follow in order for your insurance to pay for the equipment ordered by your physician. Please read them carefully. Failure to follow these requirements can result in payment denial from your insurer. In such a case, you will be responsible for payment of your bill.

- After you have used the device for at least 30 days, but no longer than 90 days, you will need to go in and see your doctor. Your doctor must re-evaluate you to see that you are benefiting from the use of the PAP therapy. In this re-evaluation, there must be documentation that your symptoms of obstructive sleep apnea have improved through use of this device.
- Your physician may or may not have downloading capabilities. If your physician does and you visit your physician between days 31-90, you are not required to see our therapist. However, you need to call our office and let us know.
- Due to the guidelines set forth by your insurance company, it is imperative that the above steps are followed. If after day 90 you are not meeting the requirements set by insurance (which is greater than 4 hours nightly 70% time over last 30 days), then you will be required to go back and have new sleep studies to keep the equipment. So, it is very important that you help us obtain the goals for payment that your insurance has set out.
- If you do not follow up with your physician and we are unable to get the information required by your insurance company, you will be responsible for the monthly rental of the equipment. This rental is as follows: \$200.00 monthly for the CPAP device and \$400 monthly for the BiPAP device. Please note that the insurance will not pay for supplies during this time if you are not compliant with the above steps to continue PAP therapy.
- When signing for receipt of this book you state that you understand that our monitoring activities as described above are solely for insurance qualification purposes. The monitoring services do not serve any clinical purposes, and we are not assuming responsibility for any clinical review or supervision.

When signing for receipt of this book you are further stating that you understand the insurance policy for continued coverage of PAP therapy, and you will comply with the set guidelines. If you do not follow the set guidelines, you understand that you will be responsible for the payment of the devices and any supplies requested. You are also stating that we will be able to reach you via the contact information you have supplied us with. You are responsible for providing us with the correct contact information.

Tips when using the PAP device:

Don't overtighten your headgear. To help relieve undue pressure on the bridge of your nose, try to correct the problem by tightening the bottom straps first. You may see the need to increase tightening your straps because your cushion is wearing out. If this is the case, contact us to see about replacing your cushion or your mask. This will help to prevent over tightening, which leaves red marks on your face.

If your mask is leaking, this may affect your pressure thus making the CPAP / BiPAP ineffective. Please let us know if you have any problems with your mask leaking.

If you experience nasal stuffiness, ear, nose sinus or eye pain, please contact us. If you have problems with your mask or the machine, please call us.

It is very important to the life of your CPAP that your filters are changed as recommended by the manufacturer's guidelines. If they are not changed properly, the machine will be affected. If you need a loaner machine and your supplies have not been maintained, there will be a fee of \$200.00 per month for the CPAP and \$400.00 for a BiPAP.

To make sure to keep respiratory infections down to a minimum, please wash your tubing, mask and water chamber as listed previously. Please change them when needed as directed by the attached insurance guideline.

It is important to replace your PAP equipment on a regular basis, especially your mask and tubing. Old masks, tubing and filters wear out and your equipment may not be as effective as possible.

You may awaken in the night with the tube full of water or hear a banging noise. This noise occurs when the air pressure is trying to blow over a puddle of water in the tube and usually indicates the need to turn down your humidifier setting. You'll also want to dry out your tube during the day by hanging it over a door so that the air can circulate throughout the tube. If moisture still resides inside, attach the tube to your CPAP and let it blow through for a few minutes. You may have been insulating the tube during the winter months in order to stop condensation. Remove the covering until the fall and enjoy the spring season!

Getting a rash or redness from your mask? It could be you are wearing it too tight, not cleaning it well enough or it may be wearing out.

Even the highest grade of mask will cause skin irritation when it's nearing the end of its life span. When you are wearing your mask nightly, it will eventually wear out over time. When the cushion of a mask's flexibility degrades, the risk of leaks also increases.

PAP Cleaning Instructions:

ProTech Medical therapy department primarily uses one of three manufacturer's machines. We use machines made by ResMed, Philips Respironics, and ReactHealth. All machines are at the top of the market. Your doctor may prefer one over another. We will set up the one that your physician has ordered, if possible. Please let us know if you have a preference of machine. The therapist has indicated below which machine you have received. Please follow the filter cleaning instructions for the machine indicated below:

Philips/Respironics:

Check your filter weekly. If your machine contains a white disposable filter change it when it appears discolored.

ResMed:

Check weekly. Change every 2 weeks if needed. Do Not Wash.

ReactHealth:

Check weekly. Change every 2 weeks if needed. Do Not Wash.

Mask: Wash the cushion of your mask daily with warm soapy water. Please be sure to use a mild soap with no moisturizers added or a face wash cloth with no oil. Make sure to wash your face before putting on the mask. Do not use moisturizers. The oils from the moisturizers and the natural oils from your skin will break the cushion down on the mask. Once per week wash the entire mask in warm soapy water using a mild detergent.

Headgear: Hand-wash your headgear as needed. Let it air dry. Do not put it in the dryer.

Tubing: Check your tubing daily for water condensation from your humidifier. Empty the tubing as needed. Once per week soak your tubing in warm soapy water using a mild detergent. Let it air dry. It is suggested to change your tubing at least every three months to prevent upper respiratory infections.

Humidifier Chamber: Use distilled water **ONLY** in your humidifier. Empty it daily. Once per week wash the unit in warm soapy water using a mild detergent.