

Client Name _____

Client Address _____



King of Prussia
Pharmacy Services

20 UNION HILL ROAD • SUITE 100 • WEST CONSHOHOCKEN, PA 19428

(610) 825-1333
1-(800) 935-9153
Fax (610) 825-2238

CUSTOMER INFORMATION CHECKLIST

- Mission Statement, Customer Information, Customer Complaint, Customer Rights and Responsibilities, Medicare Supplier Standards (SEE REVERSE SIDE)

ADVANCE NOTICE FINANCIAL RESPONSIBILITY STATEMENT

As part of our service we have agreed to bill your Insurance Co. , HMO, Medicare directly for products we are providing to you. For Medicare beneficiaries your responsibility is an annual deductible and a 20% co-payment for all services approved by the Medicare Program. For Private Insurance your responsibility is to make payment for any and all deductible, co-payment and non-covered services.

After payment notification is received from your Insurance *Carrier / Medicare* we will bill you for any uncollected portions for which you are responsible. Payment is due immediately upon receipt of our invoice. King of Prussia Pharmacy Services must be notified immediately in the event you receive Insurance payment checks **in error** when King of Prussia Pharmacy Services has accepted assignment. Your monthly copayment will be _____ (this figure may vary and is based on the insurance allowable payment).

If you have any questions about your financial responsibilities please contact the Accounts Receivable Department at (610) 825-1333. If you understand your responsibilities please sign this Financial Responsibility Statement.

I understand my financial responsibilities. _____ (PATIENT SIGNATURE)

COLLECTION / DOCUMENTATION TRACKING

CASH / CHECK COLLECTED YES; NO COD AMOUNT _____ CHECK # _____ CASH _____

PRESCRIPTION YES; NO

OTHER DOCUMENTATION YES; NO

The above documentation is necessary, if not provided do not leave the equipment (or call customer service for instruction)

The above documentation is requested but NOT necessary to complete the order .

EQUIPMENT SETUP & INSTRUCTION

- HOME EVALUATION PERFORMED
- ASSEMBLE & INSTALL EQUIPMENT
- PERFORM SAFETY & OPERATING CHECKS
- DEMONSTRATE EQUIPMENT & GIVE VERBAL INSTRUCTIONS TO PATIENT / CAREGIVER
- PRESENT & REVIEW PRINTED PATIENT / CAREGIVER EDUCATIONAL MATERIALS
- EXPLAIN DELIVERY & AFTER HOURS POLICY
- EXPLAIN / REVIEW PATIENT'S RIGHTS & RESPONSIBILITIES

RETURN DEMONSTRATION: PATIENT / CAREGIVER ABLE TO:

- EXPLAIN THEIR RESPONSIBILITIES ABOUT ROUTINE MAINTENANCE & CLEANING OF EQUIPMENT
- GIVE KOP PHARMACY ADDRESS, PHONE # & BUSINESS HOURS
- EXPLAIN DELIVERY & AFTER HOURS POLICY
- EXPLAIN THE NEED TO CONTACT KOP PHARMACY SERVICES IF THERE IS ANY CHANGE IN PATIENT STATUS

ASSIGNMENT OF BENEFITS: I REQUEST THAT AUTHORIZED INSURANCE BENEFITS BE PAID DIRECTLY TO KING OF PRUSSIA PHARMACY SERVICES. I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION ABOUT ME TO RELEASE TO THE HEALTH CARE FINANCING ADMINISTRATION AND ITS AGENTS, ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS OR THE BENEFITS PAYABLE TO RELATED SERVICES. ***I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS CHECKLIST: INCLUDING THE REVERSE SIDE.***

Patient Signature

Date

Caregiver Signature

Relation

Delivery Technician

MISSION STATEMENT

King of Prussia Pharmacy & Medical Supply will provide equipment, pharmaceuticals, and service that meets the prescribed medical needs of those admitted within our scope of service. All patients/customers admitted to our service as well as their caregivers can expect to receive prompt, professional and timely care within the restraints or our scope of service and service area. All admitted will have the opportunity to participate in their care and express their opinion or concerns without fear of disruption of service. Our goal is to enhance the quality of life through constant improvement of patient outcomes.

CUSTOMER RIGHTS AND RESPONSIBILITIES

We believe that each customer/patient has the right :

1. To select those who provide your services.
2. To be provided with legitimate identification by any person or persons who enters your residence to provide services for you.
3. To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
4. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the organization, and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the organization who provides treatment or services for you, and be free from neglect or abuse be it physical or mental.
6. To have your privacy, security, and property respected at all times.
7. To assist in the development, planning and/or change of your health care program that is designed to satisfy, as best as possible, your current needs.
8. 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 health care provider, or the termination of service.
9. To be informed of organization's services/products and equipment available directly or by contract.
10. To be informed upon written request the organization's ownership and control.
11. To be informed of any specific charges for services to be paid by client and those charges covered by insurance, third party payment or public benefit programs.
12. To request and receive data regarding services or costs thereof privately and with confidentiality.
13. To be informed of billing policies, payment procedures and any changes in the information provided on admission as they occur within 15 days from the date that the organization is made aware of change.
14. To be informed of the names and professional qualifications of the disciplines that will provide care and the proposed frequency of visits/service.
15. To express concerns or grievances or recommend modifications to your service without fear of discrimination or reprisal. To be given contact names, telephone numbers, hours of operation and information on how to communicate problems to the organization. To receive a documented response from the organization regarding investigation and resolution of the grievance.
16. To education, instructions and requirements for continuing care when the services of the organization are discontinued.
17. To receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization.
18. To be advised of the availability, purpose and appropriate use of State, Medicare and CHAP Hotline numbers.
19. To receive information regarding the organizations liability insurance upon written request.
20. To request and receive complete and up to date information relative to your condition, treatment, alternative treatment, risks of treatment within the physician's legal responsibilities of medical disclosure.
21. To refuse treatment and be informed of potential results and/or risks.
22. To request and receive the opportunity to examine or review your medical records during normal business hours with a 48 hour notice.
23. To expect that all information and/or clinical records received by this organization shall be kept confidential and shall not be released without your written consent
24. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
25. To be informed of any experimental or investigational studies that are involved in your care, and provided the right to refuse any such activity .
26. To receive care and services within the scope of your health care plan, promptly and professionally, while being full informed as to our organization's policies, procedures and charges.
27. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for health care, or a Do Not Resuscitate order.

The customer has the responsibility to:

- Insure that rental equipment will be used with reasonable care, maintained as instructed, not altered or modified, and returned in good, clean condition when the need for such equipment no longer exists.
- Notify King of Prussia Pharmacy & Medical Supply of any change in customer insurance, address, physician, prescription, etc.
- Order supplies or refills on a timely basis to accommodate reasonable delivery.
- Have someone at home on the day delivery is scheduled.
- Pay all invoices that are due ... not covered by their insurance, including deductibles, co-pays and non-covered items.
- Understand that all equipment is rented strictly by the month (unless other arrangements have been made).
- Provide information about previously rented or owned equipment, to sign all necessary consents, authorizations, and release forms and to arrange for acceptance of delivery and instruction.
- Advise King of Prussia Pharmacy & Medical Supply when equipment is no longer needed.

If a customer believes their rights as described above have been violated, they may contact the manager at King of Prussia Pharmacy & Medical Supply 610-337-2266. It is the manager's responsibility to review all formal complaints and you will be entitled to a written response to your formal complaint. Any questions or concerns regarding your service or equipment should be directed to our Customer Service Department 610-337-2266. Further inquiries or complaints should be addressed to C.H.A.P. (Community Health Accreditation Program). The CHAP hotline number is 1-800-656-9656.

If you have any questions about Medicare, you may call the Medicare Office toll-free at 1-800-MEDICARE.

Medicare Supplier Standards

This is to inform you of Medicare's expectations of a home medical equipment supplier

1. A supplier must be in compliance with all 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 will fill orders from its own inventory or inventory of other companies with which it has contracted to fill such orders: or fabricates or fits items for sale from supplies it buys under a contract.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensively 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.
8. A supplier must permit CMS (formerly HCFA), or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
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 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 item, this insurance must also cover product liability and completed operation.
11. A supplier must agree not to initiate telephone contact with the beneficiaries, with few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of the beneficiaries, and maintain documentation of such contact.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, 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 filled and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government 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 action taken to resolve it.
21. A supplier must agree to furnish CMS (formerly HCFA) any information required by the Medicare statute and implementing regulations.
22. All suppliers of DMEPOS and other items and services 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.
23. All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the supplier location for three months after it is operational without requiring a new site visit.
24. All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill the Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
25. All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.