



CUSTOMER INFORMATION CHECKLIST

Patient Name: _____

Equipment: _____

(Please Check Appropriate Items)

Mission Statement, Customer Information, Customer Complaints, Customer Rights and Responsibilities

Medicare Supplier Standards

Assignment of Benefits

I request that payment of authorized Medicare, Medicaid, or private insurance benefits be made to Peoria Specialty for any covered services furnished to me by Peoria Specialty. I authorize any holder of medical information to release any information about me, which is needed to determine these benefits or the benefits payable to related services.

Release of Information

I authorize and request Peoria Specialty to allow the agencies requesting to review my clinical records to examine my personal and medical records held by Peoria Specialty and to make copies of said records. I understand that I have the right to refuse the release of my records and that I am waiving this right by signing this consent. I understand that I may revoke this consent by sending written notice to Peoria Specialty via certified mail at the address on the order ticket. Such revocation shall have future effect only.

Payment Agreement

I understand that by my signature, I request that payment be made and authorized release of information necessary to pay the claim for covered services. In cases whereby Peoria Specialty agrees to take assignment from Medicare, Peoria Specialty agrees to accept the charge determination of the carrier as full charge for the covered services. I am always responsible for the deductible, co-insurance, and unassigned no covered services. I agree to transfer immediately to Peoria Specialty any payment made directly to me for services provided by Peoria Specialty on an assigned basis. I also understand that Peoria Specialty does not necessarily apply rental fees to the purchase price of the equipment. Peoria Specialty is not responsible for accepting returned merchandise if worn next to the skin, used for sanitary of hygienic purposes, or if it is disposable. Special order items will require a fifty (50) percent deposit and are non-returnable. Peoria Specialty also retains the right to refuse delivery or service to any patient at any time. This policy is in the interest of health and safety of Peoria Specialty employees.

All rental equipment remains the property of Peoria Specialty who has title and is the owner of the equipment. It is the responsibility of the customer/guardian/estate to contact Peoria Specialty to pick-up the equipment when it is no longer needed or the patient is in a long-term care facility or hospital. Any lost or severely abused equipment will be billed as a sale to the customer/guardian/estate.

In addition, I agree to be responsible for the full amount of the charges if no payment have been made by 60 days from the date a claim was submitted to an insurance company or if my physician or I fail to provide within 30 days the information necessary to submit the claim for services.

Equipment Set-up and Instruction

- Assemble and install equipment
- Perform safety and operation checks
- Environmental and safety checks
- Demonstrate equipment and give verbal instruction to patient and caregiver
- Instruct alternate caregiver if appropriate
- Review printed education material including printed safety precautions
- Explain physician's Rx for equipment use
- Explain customer's responsibility for routine maintenance, cleaning, and infection control
- Give Peoria Specialty address, phone, and business hours
- Explain delivery policy
- Explain on-call policy
- Explain follow-up normally performed by Peoria Specialty
- Explain need to contact Peoria Specialty if any change in patient status
- Explain procedure of non-operating equipment

Return Demonstration of Equipment Use

Customer Bill of Rights

- You have the right to be treated fairly with courtesy and respect.
- You have the right to quality homecare equipment services regardless of race, creed, religion, sex, or source of payment.
- You have the right to request a detailed explanation of your bill for products and services.
- You have the right to be allowed reasonable participation in decisions regarding your homecare services.
- You have the right to be communicated with in a way that you can reasonably understand.
- You have the right to refuse equipment and services, accepting full responsibility for that refusal.
- You have the right to choose your provider of homecare services.
- You have the right to receive our assistance in transferring your homecare services to another provider.
- You have the right to receive homecare services in a timely manner, appropriate for your needs.
- You have the right to be assured of confidentiality, to review your records, and to approve or refuse the release of records.
- You have the right to have competent and qualified people carry out the services for which they are responsible.
- You have the right to voice your grievance and recommend changes in policies and services.
- You have the right to be given reasonable notice of discontinuation of services.

I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS DOCUMENT

Responsible Party: _____ Relation: _____ Date: _____

Peoria Specialty Rep: _____ Date: _____