

Medical Mart
623 N Porter Ave, Suite 100
Norman, OK 73071
Phone: 405-360-4405
Fax: 405-360-3538
email: medmartok@gmail.com
Website: mymedmart.org

Hours of Operation

Please Contact Us During Normal Business Hours
Monday through Friday 9am - 6pm
Saturday 9am – 12 noon (Insurance Department Not Available Saturday)
Sunday – Closed
Closed Major Holidays
Medical Mart does not provide 24 hour after-hours service

PATIENT WELCOME PACKET

The Medical Mart Welcome Packet contains information for Durable Medical Equipment (DME) customers. The packet contains information pertaining to Medicare Beneficiaries, customers with insurance other than Medicare, and cash paying customers. Please retain the information that applies to you.

Thank You!

Thank you for choosing Medical Mart for your Durable Medical Equipment and Supply needs. We appreciate your business and will do our best to provide you with quality equipment, supplies and customer service!

Kevin Barnes
Owner

Mission and Purpose

Medical Mart's mission is to meet the Durable Medical Equipment needs of our clients/patients in (Define 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 the latest home health care technology and are able to serve our clients/patients effectively.

Medicare Rental Rules Notice and Capped Rental Rules

Medicare requires certain items to be billed as a Capped Rental item and must follow Medicare's rental procedures. All capped rental items must be billed as a rental on a monthly basis. After billing for a defined time frame, Medicare will determine that you have reached your maximum lifetime benefit and the ownership of the item transfers to the beneficiary. However, if certain events occur during your rental period, Medicare will stop payments. The following events will interrupt your rental period. You will need to notify Medical Mart if any of these events occur and may be required to return your equipment in order to avoid any personal financial responsibility:

- Beneficiary's death
- Beneficiary is admitted to a Nursing Home or Long Term Care Facility
- Beneficiary is admitted to the Hospital
- Beneficiary is admitted to a Rehabilitation Facility for therapy
- Beneficiary is admitted to Hospice

Medical Mart is not permitted to bill Medicare if any of the above events have occurred. It is important that you contact Medical Mart immediately if any of these life changing events occur during your rental period. Thank you for your cooperation!

RIGHTS AND RESPONSIBILITIES

As our customer, you are hereby provided this Bill of Rights. You have the right to be notified in writing of your rights and obligations before treatment has begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. We fulfill our obligation to protect and promote the rights of our patients, including the following:

Customer Rights

As the patient/caregiver, you have the RIGHT to:

- Be treated with dignity and respect.
- Confidentiality of patient records and information pertaining to a patient's care
- Be presented with information at admission in order to participate in and make decisions concerning your plan of care and treatment.
- Be notified in advance of the types of care, frequency of care, and the clinical specialty providing care and be notified in advance of any change in your plan of care and treatment.
- Be provided equipment and service in a timely manner.
- Receive an itemized explanation of charges.
- Express grievance without fear of reprisal or discrimination.
- Receive respect for the treatment of one's property.
- Be informed of potential reimbursement for services under Medicare, Medicaid or other third party insurers based on the patient's condition and insurance eligibility (to the best of the company's knowledge).
- Be notified of potential financial responsibility for products or services not fully reimbursed by Medicare, Medicaid or other third party insurers (to the best of the company's knowledge).
- Be notified within 30 working days of any changes in charges for which you may be liable.

- Be admitted for service only if the company can provide safe, professional care at the scope and level of intensity needed; if we are unable to provide services then we will provide alternative resources.
 - Purchase inexpensive or routinely purchased durable medical equipment.
 - Expect that we will honor the manufacturers warranty for equipment purchased from us.
 - Receive essential information in a language or method of communication that you understand.
 - Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
 - To be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
 - Access, request an amendment to, and receive an accounting of disclosures regarding your health information as permitted under applicable law.
- Customer Responsibilities
 - As the patient/caregiver, you are RESPONSIBLE for;
 - Notifying the company of change of address, phone number, or insurance status.
 - Notifying the company when service or equipment is no longer needed.
 - Notifying the company in a timely manner if extra equipment or services will be needed.
 - Participating as in the plan of care/treatment.
 - Notifying the company of any change in condition, physician orders, or physician.
 - Notifying the company of an incident involving equipment.
 - Meeting the financial obligations of your health care as promptly as possible.
 - Providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertinent to your health.
 - Your actions if you do not follow the plan of care/treatment.
- Our Rights
 - As your provider of choice we have the right to:
 - Terminate services to anyone who knowingly furnishes incorrect information to our company to secure durable medical equipment.
 - To refuse services to anyone who during direct care is threatening, intoxicated by alcohol, drugs and/or chemical substances and could potentially endanger our staff and patients.

COMPLAINT PROCEDURE

Medical Mart follows Medicare guidelines for resolving complaints from Medicare Beneficiaries. Medicare Beneficiaries have the right to lodge an oral, written, or telephone complaint about the products and services provided without fear of reprisal or unreasonable interruption of service. Complaints received will be documented on Medical Mart's Complaint Resolution Form and completed forms will include the patient's name, contact information,

insurance claim number if available, summary of the complaint, the date it was received, the name of the individual receiving the complaint and a summary of actions taken to resolve the complaint. All complaints will be handled in a professional manner. Complaints will be investigated, acted upon, and responded to in writing or by telephone by a Medical Mart representative within Medicare defined timeframes.

All employees are trained in how to handle complaints. Copies of all complaints and investigations are kept on-file for at least three years. All complaints are summarized and submitted to Medical Mart's Quality Improvement Program each quarter.

If you have a complaint, please contact us at: (Insert Phone Number)
Additionally, you may contact **Centers for Medicare and Medicaid Services (CMS)** at: (800) MEDICARE.

You may also contact our accreditation provider if needed. Our accreditation provider is: **Healthcare Quality Association on Accreditation** and can be reached at (866) 909-472.

EMERGENCY PREPAREDNESS

Medical Mart has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your health care needs. It is your responsibility to contact us regarding any supplies you may require when there is a threat of disaster or inclement weather so that you have enough supplies to sustain you.

If a disaster occurs, follow instructions from the civil authorities in your area. We will utilize every resource available to continue to service you. However, there may be circumstances where we cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. We will work closely with authorities to ensure your safety.

HOME SAFETY INFORMATION

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. Correct unsafe conditions before they cause an accident. Take responsibility and keep your home safe.

Medicines

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medicines should be labeled clearly and left in original containers.
- Do not give or take medicines that were prescribed for other people.
- When taking or giving medicines, read the label and measure doses carefully. Know

the side effects of the medicines you are taking.

- Throw away outdate medicines by pouring down a sink or flushing down the toilet.

Mobility items

When using mobility items to get around such as; canes, walkers, wheelchairs, or crutches you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes, or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

Slips and Falls

Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bath tubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath, or dizziness.
- Wipe up all spilled water, oil, or grease immediately.
- Pick-up and keep surprises out from under foot, including electrical cords and throw rugs.
- Keep tubing under your control. Tubing may catch on furniture, doors, knobs, throw rugs, or other items on floor.
- Keep drawers and cabinets closed.
- Install good lighting to avoid groping in the dark.

Lifting

If it is too big, too heavy, or too awkward to move alone – GET HELP. Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance.
- Bend your knees and “straddle” the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead – clear your way.

Electrical Accidents

- Watch for early warning signs – e.g. overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.
- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for

damage before use.

- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug, outlet, or wire, get it fixed right away.
- Use a ground on 3-wire plugs to prevent shock in case of electrical “fault.”
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors.
- Shut off appliance involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- Don't use matches, light candles or turn on electrical switches.
- Don't use telephone – dialing may create electrical sparks.
- Call the Gas Company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

Pre-plan and practice your fire escape. Prepare a plan with at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- Throw away old newspapers, magazines and boxes.
- Empty wastebaskets and trashcans regularly.
- When there is oxygen in use, place a “No Smoking” sign in plain view of all persons entering the home **and do not permit anyone to smoke near the patient**
- Do not allow ashtrays or used matches to be tossed into wastebaskets unless you know they are out. Wet down first or dump into toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood, and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire take immediate action per plan – escape is your top priority.

- Get help on the way – with no delay. CALL 9-1-1.
- If your fire escape is cut-off, close the door and seal the cracks to hold back smoke. Signal help from the window.

PATIENT PRIVACY (HIPAA) INFORMATION

**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**

Medical Mart is committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with this notice describing the following how your medical information is used and disclosed for your treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that you receive.

Uses and Disclosures: We use and disclose elements of your Protected Health Information (PHI) in the following ways:

- Treatment: including, but not limited to, inpatient, outpatient or psychiatric care.
- To your treating physician(s).
- Payment: including, but not limited to, asking you about your health care plan(s), or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts, either ourselves or through a collection agency or attorney.
- Health care operations: including, but not limited to, financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.
- Disclosures when release is authorized by law: including, but not limited to, judicial settings and to health oversight regulatory agencies, law enforcement and correctional institutions.
- Uses or disclosures for specialized government functions: including, but not limited to, the protection of the President or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign services.
- In emergency situations or to avert serious health / safety situations.
- If you are a member of the armed forces, we may release medical information about you and your dependents as requested by military command authorities.
- Disclosures of de-identified information.
- Disclosures relating to worker's compensation claims.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- To organizations that handle organ and tissue donations.
- To public health organizations or federal organizations in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.
- We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization
- We will notify you by e-mail or US Mail of any breaches of your PHI

You have the following rights concerning your protected health information (PHI):

Restrictions: To request restricted access to all or part of your PHI. To do this, contact the organization's HIPAA Privacy and Security Officer. We are not required to grant your request and you do not have the right to restrict disclosures required by law. If we do agree, we must honor the restrictions you request.

Confidential Communications: To receive correspondence of confidential information by alternate means or location such as phoning you at work rather than at home or mailing your health information to a different address. To do this, contact the organization's HIPAA Privacy and Security Officer. We will take reasonable actions to accommodate your request.

Access: To inspect or receive copies of your PHI. To do this, contact the organization's HIPAA Privacy and Security Officer. In certain circumstances you may not have the right to access your records if the organization reasonably believes (or has reason to believe) that such access would cause harm. Examples include, but are not limited to, certain psychotherapy notes, information compiled in reasonable anticipation of or for use in civil, criminal or administrative actions or proceedings, or information obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

Amendments / Corrections: To request changes be made to your PHI. To do this, contact the organization's HIPAA Privacy and Security Officer. We are not required to grant your request if we did not create the record or the record is accurate and complete. If we deny your request for amendment / correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we agree to the request, we will make the correction within 60 days and will send the corrected information to persons we know who got the wrong information, and others you specify.

Accounting: To receive an accounting of the disclosures by us of your PHI. To do this, contact the organization's HIPAA Privacy and Security Officer. By law, the list will not include disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law, we can have one 30-day extension of time if we notify you of the extension in writing. We are not required to give you a list of disclosures that occurred before April 14, 2003.

This Notice: To get updates or reissue of this notice, at your request.

Complaints: To complain to us or the U.S. Department of Health & Human Services if you feel your privacy rights have been violated. To register a complaint with us, contact: (877) 696-6775. The law forbids us from taking retaliatory action against you if you complain.

Our Duties: We are required by law to maintain the privacy of your protected health information (PHI). We must abide by the terms of this notice or any update of this notice.

As a patient of Medical Mart, you have important rights relating to inspecting and copying your

medical information that we maintain, amending or correcting the information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

EQUIPMENT WARRANTY INFORMATION

Medical Mart will honor all manufacturers' warranties under applicable state law. In addition, the manufacturers' manual will be provided to all Rental beneficiaries for all durable medical equipment provided, when available.

If any item delivered to a Rental beneficiary is substandard or unsuitable, Medical Mart will accept the return of the item or exchange the item.

ASSIGNMENT OF BENEFITS (AOB)

I request that payment of authorized Medicare benefits be made to me or on my behalf to Cleburne Pharmacy for durable medical equipment and supplies ordered by my physician. I authorize any holder of medical information about me to release to the Center for Medicare Medicaid Services and its agency any information needed to determine these benefits or the benefits payable for related services. I understand that my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If 'other insurance' is indicated in item 9 of the CMS-1500 claim form, or elsewhere on the approved claim form or electronically submitted claims, my signature authorizes releasing the information to the insurer or agency listed. In Medicare assigned cases, the supplier agrees to accept the charge of determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance and non-covered items. Coinsurance and the deductible are based upon the charge determination to the Medicare carrier.

PROVIDING CORRECT INFORMATION AND INFORMATION RELEASE

I certify that the information I furnish is true and correct. I know it is a crime to fill out this form with facts that I know are false or to leave out facts that are important. I hereby authorize Medical Mart to submit a claim to my insurance carrier or its intermediaries for all covered prescriptions or durable medical equipment and authorize and direct my insurance carrier or its intermediaries to issue payment directly to Medical Mart. I hereby authorize Medical Mart to furnish complete information requested by my insurance carrier or its intermediaries regarding services rendered. I further agree that I am responsible for paying my co-pays or balances which remain after insurance payments have been made, including any cost of collection or legal fee incurred to collect these balances.

Inexpensive or Routinely Purchased Item

Equipment in this category includes canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, and enteral feeding pumps. These items can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.

A Medicare beneficiary must choose either the purchase option or the rental option for these types of equipment.

Billing for rental of any of these inexpensive or routinely purchased items will cease once items have been returned to Medical Mart or have met the purchase price.

CAPPED RENTAL

For certain items such as hospital beds, wheelchairs, alternating pressure pads, air fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars, Medicare pays a monthly rental fee for a period not to exceed 13 months. After the 13th month time frame is completed, 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 and pay for any required equipment service or repairs.

The undersigned certifies that the information provided to Medical Mart by or on behalf of the patient under Medicare (Title XV111 of the Social Security Act) and/or any other public or private health insurance is correct.

30 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 and cannot contract with an individual or entity to provide licensed services.
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. This standard requires that the location is 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. 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, 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
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 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 fitted 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 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 of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date - October 1, 2009
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. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
Implementation date- May 4, 2009
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. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

In an effort to continuously improve our services, please take a few minutes to complete our survey.

Please rate each item on a scale from 1 – 5

1= Strongly Disagree 2= Do Not Agree 3= Somewhat Agree
4= Agree 5= Strongly Agree N/A= Not Applicable

- | | | | | | | |
|--|------------|----------|----------|----------|----------|----------|
| 1. Our store staff are courteous and polite | N/A | 1 | 2 | 3 | 4 | 5 |
| 2. Our staff was able to answer any questions you had | N/A | 1 | 2 | 3 | 4 | 5 |
| 3. Your order was complete when you received it | N/A | 1 | 2 | 3 | 4 | 5 |
| 4. Our staff instructed you completely with items/meds you received | N/A | 1 | 2 | 3 | 4 | 5 |
| 5. We were able to supply all of the products/services you need | N/A | 1 | 2 | 3 | 4 | 5 |
| 6. You received clear instructions for items and know how to reach us during office hours and afterwards | N/A | 1 | 2 | 3 | 4 | 5 |
| 7. You are aware of the products and services we provide | N/A | 1 | 2 | 3 | 4 | 5 |
| 8. You would refer us to your family or friends for medical supplies and medical equipment services | N/A | 1 | 2 | 3 | 4 | 5 |

If there anything you want to tell us, good or bad, please use the lines below:

Medical Mart
Customer Acknowledgment of Documents and information Provided

Customer Name _____ **Date:** _____

I acknowledge receipt the following:

- Medical Mart Patient Welcome Packet
- Hours of operation
- Notification regarding financial responsibilities and Assignment of Benefits
- Rights and Responsibilities
- Complaint Procedure
- Emergency Preparedness
- Environmental Safety Information and Assessment
- Patient Privacy Notification
- Equipment Warranty Information
- Educational and instructional materials
- Notification that my information may be shared when appropriate
- Equipment or Supplies Received are in good working condition

For Medicare Customers When Applicable:

- Inexpensive or Routinely Purchased Items
- Rent Purchase Option
- Capped Rental
- ABN, when indicated
- Notification that beneficiary must inform Medical Mart of Life Changing Events

For All Medicare Customers:

- Medicare Supplier Standards

I was given an opportunity to choose my DME provider and I have chosen Medical Mart

I am RENTING _____ or PURCHASING _____ the equipment or supplies I received today.

Customer Signature: _____ Date: _____

Representative Signature: _____

Reason Customer didn't sign/Relationship: _____

Medical Mart Signature: _____

Medical Equipment, Supplies, Service

Medical Mart, Inc.

623 N Porter Ave # 100

Norman OK 73071

PH: 405-360-4405

Fax: 405-360-3538

medmartok@gmail.com

Delivery Pick Up Service Invoice Other

Weekly Rent Monthly Rent Purchase

Customer Name: _____

DOB: _____

Address: _____

Phone: (____) _____

Rental Due Back Date: _____

Make: Model# Lot#

Dx: _____

Physician Name: _____

Credit Card#: _____

Name on Card: _____

Expiration: _____

CVC Code: _____ DL# _____

Email: _____ @ _____

Re-bill Date: _____

Item	Qty	Serial Number/Notes	Cost	Insurance Billed	Customer responsibility
UPGRADE:					

Terms of Agreement and Disclaimer:

I hereby request service from Medical Mart, Inc. I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on any claim. I authorize Medical Mart to initiate claim process to my insurance carrier. I understand that insurance payment is not payment in full. I request that payment of authorized benefits be made on my behalf and I assign the benefits payable to which I am entitled to this provider. Insurance fee schedule amounts may differ from marked pricing. Medical Mart is not responsible for obtaining insurance prior authorizations. Medical Mart is not responsible for following up on denied claims. I understand that payment is due at the time of service and that I am financially responsible for all charges, whether or not paid by insurance. I authorize Medical Mart, Inc. to initiate a recurring charge to the credit card indicated above for the total amount due each billing period. I also authorize charges for any additional related services that I may incur. Charges to my account may vary. Insurance processing / settlement may take up to 90 days. There may be variations in insurance fee schedule and retail pricing levels. Upgrades not covered by insurance. EOMB from insurance may be inaccurate. We will file one (1) claim per rental interval. I have received the Medicare 13 month capped rental documents. Medicare / insurance does not pay for upgrades or upcharges. Some insurances process unassigned claims as assigned. Medical Mart is not bound by insurance fee schedule amounts / patient portion calculations. Insurance payments do not constitute payment in full. Medical Mart must be advised immediately if customer elects hospice care or admits to a long-term care facility. Customer must return rental equipment to Medical Mart in reasonably good condition. I am responsible for any damage, missing parts, or alterations to equipment. Medical Mart cooperates with the District Attorney in prosecuting defrauding of shopkeeper laws on non-returned equipment belonging to Medical Mart. Medical Mart not responsible for personal injury due to use of medical equipment. Rental is for single customer use, (not transferable to any other user). I agree the rented item is in acceptable, safe condition at the time delivery was accepted by me. By signing below, I agree to the terms and conditions of the agreement and disclaimer.

Customer/Representative Signature

Printed name

Date

Relationship to Customer

MM Employee's Name

Medical Mart, Inc.

Initial Assessment and Plan of Care

Patient: _____

Equipment: _____

Address: _____ RX: _____

City, State, Zip: _____ D.O.B.: _____ ☐ Male ☐ Female

Emergency contact: _____ Emergency contact phone: _____

ASSESSMENT

Do any of the following safety concerns exist in the home? ☐ None

- | | | |
|--|---|---|
| <input type="checkbox"/> Throw rugs | <input type="checkbox"/> Loose / uneven floor or steps? | <input type="checkbox"/> Lack of water or electricity? |
| <input type="checkbox"/> Ungrounded outlets? | <input type="checkbox"/> Use of extension cords? | <input type="checkbox"/> Improper storage of equipment? |
| <input type="checkbox"/> Pests/dusty/dirty environment | <input type="checkbox"/> Narrow doorways? | <input type="checkbox"/> Inadequate equipment space? |
| <input type="checkbox"/> Lack of smoke detector? | <input type="checkbox"/> Lack of fire extinguisher? | <input type="checkbox"/> Frequent electrical outages? |
| <input type="checkbox"/> Smokers? | <input type="checkbox"/> Other? _____ | |

ACTION TAKEN? _____

Does the patient admit to any physical limitations that may affect proper use of the services provided?

- | | | |
|---|---|---|
| <input type="checkbox"/> Poor eyesight | <input type="checkbox"/> Weakness | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Poor hearing | <input type="checkbox"/> Limited dexterity | <input type="checkbox"/> Coughing/Wheezing episodes |
| <input type="checkbox"/> History of stroke/CVA | <input type="checkbox"/> Limited communication | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Dizziness or blackouts | <input type="checkbox"/> Forgetful or disoriented | <input type="checkbox"/> Other: _____ |

ACTION TAKEN: _____

Evidence of nutritional risk? ☐ No ☐ Yes **Evidence of abuse or neglect?** ☐ No ☐ Yes

ACTION TAKEN if there is evidence of nutritional risk, abuse or neglect: _____

Which of the following best describes the patient's ability to ambulate?

- ☐ Unable to ambulate ☐ No restrictions on ambulation ☐ Limited, but no aids, w/assistance
- ☐ Ambulates by using _____

What are the current living arrangements?

- ☐ Patient lives alone, without outside support ☐ Patient lives alone, has outside support ☐ Patient lives with family / caregiver

Other current services being provided

☐ Home Health Nursing

☐ Hospice

☐ Home Aides

☐ Other Medical Equipment Providers? _____

Notified of our involvement: Date _____ Time _____ Initials _____

Primary Dx: _____ **Other cardiac/respiratory Dx:** _____

PLAN FOR CARE & SERVICES

Problems Identified

Goal

Resolutions

1. _____ 1. _____ 1. _____

2. _____ 2. _____ 2. _____

Patient Signature: _____ Date: _____

Employee Signature: _____ Date: _____