WELCOMING YOU TO OUR COMPANY

Dear Valued Customer,

We would like to take this opportunity to thank you for choosing our company. We are a privately owned and independently operated medical equipment and respiratory supply company.

Our goal is to provide our customers with the finest in professional service, equipment, and quality home care services. We are dedicated to making a positive contribution to the health and well-being of individuals, families, and the communities in which we provide our services. We will provide our expertise in supporting the individuals we serve to reach their optimal level of wellness and independence. We expect to exceed our customers' expectations by providing quality and value in the home care products and services they receive.

We accept only those patients whose home care and respiratory equipment needs may be properly met by the services we offer. Our respiratory therapists and trained home care service technicians take exceptional pride in the care they deliver. In addition, we are noted for our extensive inventory of respiratory and home care products. Together that means the finest in professional services, coupled with the highest quality of products. Your representative will address any safety factors tailored to your home or other place of residence. We hope that the information provided will prove helpful in assisting you to make your place of residence as safe and accessible as possible.

We have provided you with a Bill of Rights and shall honor those rights. We understand that the formations of Advance Directives and/or living wills are part of your rights as a patient. Our staff will not assist in the formation of advance directives – we advise you to contact your physician, attorney, and/or clergy to assist in the formation of such directives. We will however, honor the advance directives that have been directed to us by you, to the best of our ability. If the case arises where we are asked to withdraw (pick-up) medical equipment which might be considered life sustaining, we will do so only with written direction from your physician who is implementing your written Advance Directive; and only after a family member or the physician has turned the equipment off and completely removed/disconnected it from the patient. We hope that you understand this policy and if you have any questions will call us and discuss it with one of our professional staff members.

Please call us with any comments, either positive or negative, so we can continue to achieve our goal of exceeding your expectations for our service to you.

MISSION STATEMENT

Our primary goal is to provide patients with service that effectively and efficiently meet their needs and provide the safest and most appropriate care.

CUSTOMER REFERENCE FOR BRANCH CONTACT INFORMATION

Normal business hours are Monday through Friday 9:00 AM to 5:00 PM. An answering service will answer phones after normal business hours. Should a life-threatening situation arise it is suggested that you or your caregiver dial "911" for professional emergency services.

Sincerely,

Manager

A CMS Contracted Intermediary and Carrier 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 all orders from its own inventory, or must contact 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 adequate space for storage 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 of business 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 entering 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.

Equipment Warranty Information

Every product sold or rented carries a 1-year manufacturers warranty. Medicare beneficiaries are notified of the warranty coverage, and all warranties are honored under applicable law. Medicare covered equipment that is under warranty is repair or replaced, free of charge. In addition, the owner's manual with warranty information will be provided, when available. By signing attached paperwork you are verifying that you have been instructed and understand the warranty coverage on the product you received, and verifying that you have received a copy of the Medicare supplier standards.

NOTICE OF PRIVACY PRACTICES

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.

I. Who We Are

This Notice describes the privacy practices of your home healthcare company.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures for Treatment, Payment and Healthcare Operations

We may use and disclose PHI, but not your "Highly Confidential Information" (defined in Section IV, C below), in order to treat you, obtain payment for equipment and services provided to you and conduct our "healthcare operations" as detailed below: Treatment. We use and disclose your PHI to provide treatment and other services to you – for example, to treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment. Payment. We may use and disclose your PHI to obtain payment for equipment and services that we provide to you – for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your healthcare ("Your Payor") to verify that "Your Payor will pay for healthcare. Healthcare Operations. We may use and disclose your PHI for our healthcare operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our respiratory therapists, nurses and other healthcare workers. We may also disclose PHI to your other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations, such as quality assessment and improvement activities, reviewing the qualifications and competence of healthcare professionals, or facilitate fraud and abuse detection or compliance.

B. Disclosure to Relatives, Close Friends and Other Caregivers

We may use or disclose your PHI to a family member, other relative, a close personal friend or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your healthcare or payment related to your healthcare. We may also disclose your PHI in order to notify for assist in notification of such persons of your location, general condition or death.

C. Public Health Activities

We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws governing work-related illnesses and injuries or workplace medical surveillance.

D. Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

E. Health Oversight Activities

We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings

We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials

We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents

We may disclose your PHI to a coroner or medical examiner as authorized by law.

I. Organ and Tissue Procurement

We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

J. Research

We may use or disclose your PHI without your consent or authorization if an Institutional Review Board or Privacy Board approves a waiver of authorization for disclosure.

K. Health or Safety

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a persons or the publics health or safety.

L. Specialized Government Functions

We may use and disclose your PHI to the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

M. Workers' Compensation

We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers compensation or other similar programs.

N. As Required by Law

We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

PATIENT RIGHTS AND RESPONSIBILITIES

The patient has the right to:

1. Refuse delivery of any and all equipment.
2. Receive prompt delivery of equipment and be informed of the use, care and operation of prescribed equipment.
3. Receive adequate information about the person(s) responsible for providing the delivery of their care, and have the right to communication of information being provided in a manner in which he/she understands.
4. Expect that the organization will follow HIPAA confidentiality rules and regulations and keep patient information in the strictest confidence at all times.
5. Expect that all equipment provided is clean and in proper working order.
6. Have any questions answered promptly, correctly and courteously.
7. Be informed of all options if the need to transfer care arises.
8. To voice any problem, complaint or safety concern without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment and services and to expect a resolution to any problem, complaint, or safety concern.
9. Be aware that if he/she is found unresponsive, company policy is for staff to contact 911 for emergency medical intervention.
10. Have his or her cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
11. To be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.

The patient has the responsibility to:

1. Patients and families, as appropriate, must provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications and other matters related to their health, as required for their care, treatment and service.
2. Patients and their families must report perceived risks in their care and unexpected changes in their condition.
3. Patients and families, as appropriate, must ask questions when they do not understand their care, treatment and service or what they are expected to do.
4. Patients and their families must follow the care, treatment, and service plan developed. They should express any concerns about their ability to follow the proposed care plan and the organization will make every effort to satisfy and appropriately adapt the plan to the specific needs and limitations of the patient. When such adaptations to the care, treatment and service plans are recommended, patients and their families are informed of the consequences of the care, treatment and service alternatives and of not following the proposed course.
5. Patients and their families are responsible for the outcomes if they do not follow the care, treatment and service plan.
6. Patients and their families must follow the organization's rules and regulations.
7. Ordering supplies available on the day of the scheduled delivery.
8. Understand that all equipment is rented by the month.
9. Inform the supplier if there are any changes to the prescription, the patient's residential address, physician or insurance coverage/carrier.
10. To order supplies in a timely basis to accommodate reasonable delivery.
11. To follow the instruction in the care and use of all equipment.
12. To be considerate of the company's staff, and their property.
13. Patients and their families should promptly meet any financial obligation agreed to with the organization; payment of all invoices that are due and not covered by their insurance.

CUSTOMER COMPLAINTS

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Medicare Beneficiaries Complaint Log, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of the actions taken to resolve the complaint. All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company. The patient will be informed of this complaint resolution protocol at the time of setup of the service.