American Medical Equipment, Inc.

Customer Handbook & Orientation For Medical Equipment

“Medicare and Community Health Accreditation Program Accreditated”

6005 PARK AVE, STE 108
MEMPHIS TN 38119
Tel: 901-384-0176
FAX: 901-384-9587
FAX: 901-328-5546

AMERICAN MEDICAL EQUIPMENT, INC.
6005 PARK AVE, STE 108
MEMPHIS TN 38119
Tel: 901-384-0176 After Hours: (901) 384-0176

	Medical Equipment	
♦ **Complex rehab chairs**	♦ **Power/Electric Wheelchairs**	♦ **Bariatric Power/Electric Wheelchairs**

SCOPE OF SERVICES

Geographic Coverage

We provide Equipment and services in TN, MS, AR, TX and CA.

Mission Statement

To be the leading area provider of COMPLEX REHAB WHEELCHAIRS by demonstrating our commitment to excellence and customer service as a reliable partner to the health care community.

Compliance and Commitment

American Medical Equipment, Inc. is committed to complying with all federal and state regulations. If you have any questions or concerns regarding any of our activities, please contact you service location at the telephone number of the front of this handout.

Patient's Bill of Rights and Responsibilities

You have the right to:

1. Considerate and respectful service.
2. Obtain service without regard to race, creed, national origin, sex, age, disability or illness, or religious affiliation.
3. Confidentiality of all information pertaining to you, your medical care and service.
4. A timely response to your request for service and to expect continuity of services.
5. Select the home medical equipment supplier of your choice.
6. Make informed decisions regarding your care planning.
7. Be told what service will be provided in your home, how often and by whom.
8. An explanation of charges including policy for payment.
9. Agree to or refuse any part of the plan of service or plan of care.
10. Voice grievances without fear of termination of service or other reprisals.
11. Have your communication needs met.

You have the responsibility to:

1. Ask questions about any part of the plan of service or plan of care that you do not understand.
2. Protect the equipment from fire, water, theft or other damage while it is in your possession.
3. Use the equipment for the purpose for which it was prescribed, following instructions provided for use, handling care, safety and cleaning.
4. Supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account.
5. Be at home for scheduled service visits or notify us in advance to make other arrangements.
6. Notify us immediately of:
    a. Equipment failure, damage or need of supplies.
    b. Any change in your prescription or physician.
    c. Any change or loss in insurance coverage.
    d. Any change of address or telephone number, whether permanent or temporary.
    e. Discontinued equipment or services.
7. Be respectful of the property owned by our company and considerate of our personnel.
8. Contact us if you acquire an infectious disease during the time we provide services.

Service, Delivery and Warranty

Business Hours/After Hours Service

Our hours of operation are 9:00 A.M. to 5:00 P.M Monday through Friday. We are closed weekends and major holidays. We will provide 24 hours on call service, 7 days per week for respiratory clients and malfunction need for service on your rental equipment. Should you have serious medical emergency, please call **911.** American Medical does not operate an emergency service. Our after hours number is **(901) 384-0176.**

Delivery

Deliveries are provided on purchases and/or rentals. It is preferable that routine and repeat orders be called in 24 hours in advance.

Rental Equipment

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up.

Purchased Equipment and Warranties

New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided to you at the time of purchase. All warranties will be honored under applicable state laws. Used equipment purchased from our company has a 90-day warranty on parts and labor.

Service and Repair

Service or repair on equipment purchased from our company that is no longer covered by the manufacturer's warranty will be subject to current labor chargers. The customer will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with maintenance instructions and how to obtain any service required. All service and repair must be scheduled by calling the office during regular business hours.

Return Policy

Complex Rehab Technology (CRT) wheelchairs are custom-built to meet each patient's medical, physical, and functional needs. Due to their personalized nature, CRT wheelchairs are **non-returnable and non-refundable once delivered.**

PRIVACY NOTICE

Our organization is dedicated to maintaining the privacy if your identifiable health information. In conducting our business, we will create records regarding you and the treatment, products, and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your health information.

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be disclosed to employees or business associates of the company when needed to provide you with products and/or services, to secure payment for products and/or services provided, and as needed to operate our business. Employees and business associates of the company will only be provided with the minimum necessary information needed to complete their duties. Your confidential healthcare information may be released to other healthcare professionals for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the company receiving payment for providing you with needed healthcare products and services.
- Your confidential healthcare information may be released to a pubic health organization or federal organization in the event of the need to report a communicable disease or to report a defective device.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice without requesting a specific authorization from you to release information for a specific purpose.
- You may be contacted by the company to remind you of the need to re-order regular and routine supplies that you currently receive from the company, or to notify you of other health services that may be of interest to you.
- You have the right to restrict the use of your confidential healthcare information. If you object to your confidential information being disclosed as described in this agreement you may request a "Restriction of Information / Consent" form. Upon completion of this form the company will abide by the restrictions you request. However, the company may choose to refuse to provide continuing service to you if the restrictions you request would interfere with the company maintaining normal treatment, payment, or healthcare operations in regard to your account.
- You have the right to receive confidential communication about your health status and the products and services provided to you.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- The company is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- The company will abide by the terms of this notice. The company reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to the company if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the company:

  ATTN: Masooma Tiwana

  - **American Medical Equipment Inc.**

    6005 Park AVE, STE 108

    MEMPHIS TN 38119

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- All complaints will be investigated.
- For further information about this Privacy Notice, please contact:
  - **Masooma Tiwana**
  - **HIPAA Compliance Officer**
  - **901-384-0176**
- This notice is effective as of 4/15/2019. This date must not be earlier than the date on which the notice is printed or published.

Patient Complaint Procedure

All of our customers are very important to us. So that we can resolve any problems that arise in a rapid and effective manner, we have developed the following patient grievance procedure.

1. When you have a concern, you can speak to the person delivering you equipment at the next visit.
2. If you do not want to wait to speak to the delivery person or if the issue you have involves our employee, you can call our office and speak with the manager.

We have included a ***Patient Communication Form*** on the following page for you to complete should you wish to contact us.

Patient Communication Form

American Medical Equipment, Inc. strives to provide the highest quality health care services to all our patients. That is why your concerns are our concerns. To ensure that our services meet your complete satisfaction, we ask you to describe any complaint, problem, concern or compliment you may have.

After completing this form, please tear this page out of the handout and mail to your service location. The manager of your servicing location will research your concern in order to resolve all complaints and / or problems.
We assist your candid comments as well as your assistance in helping us to continually improve our service(s) to our valued customers.
Name: _____Date of Service: _____Telephone Number: (_____)_____-

Please describe you compliment / concern:

_____

**********OFFICE USE ONLY**********Action taken/Resolution: _____
Date Resolved: _____Manager's signature: _____ Date: _____

Supplier Standards

- Be in compliance with all applicable **federal and state licensure** and regulatory requirements
- Provide **complete and accurate information** on the supplier application; report changes within 30 days
- Have an **authorized individual** (with binding signature) sign the enrollment application
- Fill orders from own inventory or approved vendors; **cannot contract with excluded entities**
- Advise beneficiaries of **rental vs. purchase options** for equipment
- Notify beneficiaries of **warranty coverage** and honor all warranties under state law
- Maintain a **physical facility** (≥200 sq ft) with posted hours, public access, and record storage
- Permit **CMS or its agents to conduct on-site inspections**
- Maintain a **primary business telephone** listed in a local directory or toll-free via directory assistance
- Carry **liability insurance** of ≥$300,000 covering business, customers, and employees
- **Prohibited from direct solicitation** to Medicare beneficiaries
- Responsible for **delivery and instruction** on Medicare-covered items; maintain proof of both
- Respond to beneficiary **questions and complaints**; maintain documentation
- Maintain and replace or repair **rented Medicare items** at no charge
- Accept **returns of substandard or unsuitable items**
- **Disclose these standards** to each beneficiary receiving a Medicare-covered item
- Disclose any **ownership, financial, or control interest** in the supplier
- Must not **convey or reassign a supplier number**
- Establish a **complaint resolution protocol** and maintain records
- Complaint records must include **beneficiary details, summary, and resolution actions**
- Furnish CMS with **any required information** under Medicare statute and regulations
- Be **accredited by a CMS-approved organization** for each product/service billed
- Notify the accrediting organization when a **new location is opened**
- Ensure **all locations meet quality standards** and are separately accredited
- Disclose **all products and services** upon enrollment and when adding new lines
- Meet **surety bond requirements** unless exempt
- Obtain **oxygen from a state-licensed supplier**
- Maintain **ordering and referring documentation** per 42 C.F.R. § 424.516(f)
- Must not **share a practice location** with other Medicare providers (with limited exceptions)
- Remain **open to the public ≥30 hours/week**, unless exempt as a physician or therapist

AGREEMENT

American Medical Equipment, Inc sells or rents equipment to "Customer" subject to all terms and conditions of this agreement, in consideration whereof "Customer" hereby acknowledges and agrees to the following:

1. "Customer" means the person(s) signing this agreement and any other person or organization to whom charges are billed by American Medical Equipment, Inc at the direction of the person so signing signing, each of whom shall be jointly and severally liable hereunder. "Equipment" means the equipment, supplies, and accessories identified in this Agreement.
2. Equipment is the sole property of American Medical Equipment, Inc unless purchased by the Customer, in which case the title to equipment will transfer to the Customer upon full payment of all charges associated with such sale.
3. Customer is not the agent of American Medical Equipment, Inc for any purpose.
4. Customer has inspected and received the equipment in good condition.
5. American Medical Equipment, Inc agrees to credit to the Customer's account all payments received by Medicare, Medicaid, or other health insurance. American Medical Equipment, Inc is required to collect any annual deductibles or co-insurance portions from the Customer.
6. The Customer must inform American Medical Equipment, Inc when admitted to a nursing facility, either "skilled" or "comprehensive".
7. The Customer is responsible for all costs to which American Medical Equipment, Inc may be subjected if a collection agency or attorney is required to collect said payments from the Customer.

Rental Agreement

If this is a Delivery Ticket for Rental of Equipment, as indicated by an "R", the following terms apply:

1. The Customer acknowledges receipt of the equipment described on the service dates indicated, and agrees that title to the equipment shall at all times remain to American Medical Equipment, Inc.
2. That the equipment is accepted in its "as is" condition, having been inspected by the Customer upon delivery.
3. The Customer agrees to protect the equipment from all loss, damage, and misuse and remains responsible for it and to release the equipment for pick-up only to a duly authorized representative of American Medical Equipment, Inc. Customer shall return equipment, accessories, and parts to American Medical Equipment, Inc in the same condition as received, except for normal wear and tear, To the location where rented, at the completion of its use. The Customer is responsible for all costs of repairs beyond ordinary wear and tear.
4. In case of loss or damage to said equipment beyond normal wear and tear, whether or not by fault of the Customer, the Customer shall pay American Medical Equipment, Inc the amount of replacement or repair due to the loss.
5. The Customer agrees to operate the equipment only in the manner for which it was intended and to refrain from making any repairs to the equipment. Customer shall not sublet, mortgage or in any manner dispose of equipment to any person or allow the same custody control of any person other than the Customer without written consent from American Medical Equipment, Inc. Customer shall not allow any legal process to be levied on equipment and will at all reasonable times permit American Medical Equipment, Inc to inspect the equipment.
6. The Customer agrees to notify American Medical Equipment, Inc in the event repairs are necessary.
7. The Customer agrees to promptly and faithfully pay the stated rental each month, without pro-rate, until the equipment has been returned.
8. The Customer has been informed and agrees that American Medical Equipment, Inc is not the manufacturer of the equipment, and is not responsible for the adequacy or any defects in the equipment which may arise from the use and maintenance thereof; nor shall American Medical Equipment, Inc be responsible for any delay or interruption in connection with the delivery or service of the equipment whatsoever relating to the use of the equipment.
9. American Medical Equipment, Inc has not prescribed the equipment, and makes no representations with regard to the suitability of the equipment for any specific purpose of the Customer and assumes no liability for any warranties whatsoever, express or implied.
10. The Customer has been informed and agrees that he or she knows that American Medical Equipment, Inc is not the manufacturer of equipment and is not responsible for the adequacy or any defects in

the equipment which may appear from the use and maintenance thereof. The Customer agrees to accept the warranty that the manufacturer of the equipment offers.

11. The Customer irrevocably agrees to indemnify and save American Medical Equipment, Inc harmless from and against any claims whatsoever which may be brought by any persons whomsoever arising from the rental, delivery and use of said equipment.
12. American Medical Equipment, Inc monthly rental charges is a **30 day minimum** for all equipment provided to the Customer and the Customer agrees to pay said charges as well as any delivery and setup charges, if any.

Sales Agreement

If this is a Delivery Ticket for Sale of equipment, as indicated by an "S", the following terms apply:

1. The Customer acknowledges receipt of the equipment described, on the date indicated, and agrees that the equipment is accepted in its "as is" condition, having been inspected by the Customer upon delivery.
2. The Customer agrees to pay the stated price for the equipment.
3. American Medical Equipment, Inc has not prescribed the equipment, and makes no representations with regard to the suitability of the equipment for any specific purpose of the Customer, and assumes no liability for any warranties whatsoever, express or implied.
4. The Customer has been informed and agrees that he or she knows that American Medical Equipment, Inc is not a manufacturer of equipment and is not responsible for the adequacy or any defects in the equipment which may appear from the use and maintenance thereof. The Customer agrees to accept the warrantee that the manufacturer of the equipment offers.
5. The Customer irrevocably agrees to identify and save American Medical Equipment, Inc harmless from and against any claim whatsoever which may be brought by any persons whomsoever arising from the sale, delivery and use of the said equipment.

BENEFICIARY AGREEMENT

For purposes of this agreement, the "beneficiary" is any individual who has current DME (Durable Medical Equipment) insurance coverage, and therefore is also a Customer. If this is a Delivery Ticket for rental or purchase of equipment, the following terms and conditions apply in addition to all other terms and conditions of this entire agreement.
The beneficiary agrees that the rented or purchased equipment, as indicted under the description, has been delivered, set-up and/or installed in good working condition; that the beneficiary received complete instruction in the use, care, and safety standards of the equipment; that the minimum rental period is one (1) month; that rental is month to month only; that American Medical Equipment, Inc is not guaranteed of payment by the beneficiary's insurance company; that the beneficiary is fully aware and knowledgeable of his/her insurance policy(s) and that of any other party from which the beneficiary may receive benefits; that all applicable insurance policies covering beneficiary are effective and include DME (Durable Medical Equipment) and to know respective coverage amount(s). Beneficiary is fully responsible for any and all costs not covered by insurance.

Medicare Capped Rental Items and Inexpensive or Routinely Purchased items Notification

For Services On Or After January 1, 2006

Capped Rental Items:

- ♣ Medicare will pay a monthly rental fee for a period not to exceed 13 months after which 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 for any required equipment service or repair.
- ♣ Examples of this type of equipment include: Hospital Beds, Wheelchairs, Alternating Pressure Pads, Air-fluidized Beds, Nebulizers, Suction Pumps, Continuous Airway Pressure (CPAP) devices, Patient Lifts, and Trapeze Bars.

Inexpensive Or Routinely Purchased Items:

- ♣ Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- ♣ Examples of this type of equipment include: Canes, Walkers, Crutches, Commode Chairs, Low Pressure and Positioning Equalization Pads, Home Blood Glucose Monitors, Seat Lift Mechanisms, Pneumatic Compressors (Lymphedema Pumps), Bed Side Rails, and Traction Equipment.

Safety:

Electrical

- ϖ Wall outlet/cover properly grounded and in good condition
- ϖ Wires on bed and motors checked
- ϖ Extension cords provided by Supplier
- ϖ Environment around electrical equipment is dry

Environmental

- ϖ Paths to exits are clear
- ϖ Equipment works in home environment (fits through doorways, etc.)
- ϖ Nothing near heaters
- ϖ Suitable surfaces

Oxygen Safety

- ϖ Oxygen will not explode and does NOT burn; it causes things to burn faster.
- ϖ NO SMOKING or open flames within 10feet of where the oxygen is used or stored.
- ϖ Warn visitors not to smoke near you when the oxygen is in use.
- ϖ Post "No-Smoking" oxygen signs in a prominent place at the entrance of your home.
- ϖ Do Not Store oxygen tanks in closed closets, vehicle trunks, near heat or gas sources. Oxygen tanks require proper ventilation.
- ϖ Be aware of your oxygen use around gas stoves, fireplaces, electrical heaters, and appliances with a pilot flame.
- ϖ NEVER use oil based products (Vasoline, Vicks, Neosporin) in conjunction with the oxygen.
- ϖ Only use water based creams and agents!
- ϖ Test your Smoke Detectors and change the batteries regularly.
- ϖ Be sure to have a fire extinguisher in the home for your use.
- ϖ Be sure to have a Fire evacuation plan in place. Review and revise your plan periodically.
- ϖ Your concentrator has an Alarm—Be sure that you can hear the alarm from all areas of the home.
- ϖ Do not use extension cords for your oxygen concentrator. Only use a properly grounded outlet for your oxygen machine.
- ϖ Do not place the electrical cord of the concentrator or oxygen tubing under rugs or furniture.
- ϖ Do not allow children or untrained individuals to handle or operate your oxygen equipment.

- ϖ Avoid falls related to your oxygen tubing—watch your footing. Ask your oxygen provider for special tubing to prevent falls!
- ϖ Be sure to maintain a clean, non-cluttered environment to avoid falls and injury.
- ϖ If your physician has changed your prescription for your oxygen, call your provider to advise them.
- ϖ It is important to uphold your physician's directions on when and what liter flow to use your oxygen.
- ϖ Call your oxygen provider if you are experiencing discomfort related to the oxygen equipment or your portable tanks are too heavy.
- ϖ Your concentrator has a filter in the back or on the side of the machine which requires cleaning weekly under warm water.
- ϖ Your nasal cannula and tubing is required to be changed regularly, call your oxygen supplier for precise directions related to infection control.
- ϖ Be sure to have enough supplies at all times, call your Oxygen provider BEFORE you are out of supplies.
- ϖ Be sure to have your oxygen providers emergency after hours Phone Number handy at all times.

When in doubt, please call us at 901-384-0176 . In case of disaster power outage or other emergency Call 911

EMERGENCY SITUATION CONTACT INFORMATION

Tel: 901-384-0176

Incase of emergency please call 911 . Here are the other resources for you to get help in case of emergency. Please contact a shelter if you are using the oxygen concentrator or other form of oxygen. Please do contact your local fire station if you are on oxygen as they will list you as priority list and respond to you on priority basis.

Emergency Services	911	For any life-threatening home emergencies
Medicare Helpline	1-800-MEDICARE	Urgent issues affecting covered health services
FDA Device Reporting	1-800-424-9300	Report unsafe or malfunctioning health-related devices
FEMA Disaster Assistance	1-800-621-3362	Help during declared emergencies like storms or outages
Mental Health Crisis Line	988	Support for mental or emotional emergencies

911	**POLICE, FIRE, AMBULANCE, BOMB SQUAD (EMERGENCY ONLY)**
901-324-5678	**AMBULANCE**
901-379-7070	**FIRE**
901-379-7609	**POLICE**
901-747-4300	**FBI**
901-458-1515	**SHELBY COUNTY EMERGENCY AGENCY**
1-866-777-2784	**UNITED STATES COAST GUARD-MEMPHIS & MISSISSIPPI**
901-278-2728	**Memphis Family Shelter EMERGENCY SHELTER 593 Jessamine Ave Memphis, TN 38122**
901-526-8403	**Memphis Union Mission EMERGENCY SHELTER 393 Poplar Avenue Memphis, TN 38105 (Men only)**