



30 Grafton St.
Millbury, MA 01527

Tel: 508-865-4857
Fax: 508-865-6370

E-mail: info@allcaremed.org
www.allcaremed.org

PLEASE SIGN AND RETURN THIS PAGE

Receipt and Acceptance

Customer Name:

Provide your e-mail address to receive updates on insurance changes and seasonal sales and promotions. We will NEVER share your e-mail address with anyone else.

E-mail address: _____

Person to contact in event of emergency:

Name: _____ Relationship _____

Tel: _____

- You are entitled to free delivery of all products subscribed by a physician or his/her designee that are covered by medical insurance
- You will be instructed on the use of product where applicable

I have received the following items:

- Company information/Hours of Operation
- Welcome letter (see 1st page)
- Patient Rights and Responsibilities
- Complaint/Grievance procedure
- Emergency preparedness/Consent for 3rd party review
- HIPAA Notification (Notice of Privacy Practices)
- Warranty and guarantee information
- Financial responsibility
- Instruction of product use where applicable
- Confidentiality policy of PHI & EPHI
- For Medicare patients, only:
 - 30 DMEPOS Medicare Supplier standards
 - Assignment of Benefits
 - Inexpensive or routinely purchased Items Policy

Customer signature: _____ Date: _____

Person Signing on Behalf of Customer _____ Relationship _____



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By signing above, I acknowledge receipt and acceptance of the items listed above. I am giving Allcare Medical Supply informed Consent to receive my medical supplies from Allcare Medical Supply. If I have any questions or concerns, I will contact Allcare Medical Supply.

Welcome to Allcare Medical Supply!

We are pleased to be providing you with all your Durable Medical Equipment needs. We will always do our best to provide you with high quality care and extraordinary customer service along with superior professionalism.

The information contained in the following pages has been prepared to inform you of our policies and practices regarding many different topics. We are required to inform you of your rights and our policies according to federal and state law.

Please be sure to promptly sign and return the Receipt and Signature page (Yellow page). You may keep a copy of the rest of the documents for your own reference. If you ever have any questions about our policies or about anything contained in these documents, please feel free to contact us at the above telephone number or you may e-mail or write us at the above addresses. You may also access copies of these documents on our website: www.allcaremed.org/new-patient-info.

Note: Even though you may have received a copy of this information in the past, these documents have been updated and revised since the last time you viewed them. Please review the documents and sign and return the attached Yellow sheet.



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Company Information and Hours of Operation:

Allcare Medical Supply is located at 30 Grafton St. Millbury, MA 01527.

We have ample visitor parking and a designated handicap parking spot. We are also handicap accessible.

We are open for business Monday-Friday from 9am to 5pm.

Patient Responsibilities

It is your responsibility as a customer/patient of Allcare Medical Supply to inform us of any changes to your address, telephone, physician, prescription, and payor or insurance information/eligibility. This is important to ensure timely receipt of orders and to prevent any interruption in service or care. It is most important that you inform us of any changes to your insurance coverage or eligibility.

It is also your responsibility to call each month to place your order. We suggest you call at least a week ahead to ensure that you do not run out of your supplies. We strive for timely processing of all orders, however please allow 2-3 business days for delivery of orders.

It is your responsibility to request necessary paperwork and/or prescriptions from your doctor. We will do our best to work with you and your physician in obtaining all required paperwork, however, we ask that you initiate all request so that we are not held liable to accusations of soliciting or making unqualified requests.

If you have a Mass Health prior authorization, you will receive a Decision Notice from Mass Health informing you of the length and span of your authorization. Please keep a copy of this letter for your records. You will need to contact your doctor to request new paperwork for a new authorization a month or so before your current authorization expires to prevent any interruption in service. At your request, we are more than happy to help you obtain this paperwork as well, though we cannot be held solely responsible for making sure that your physician complies with all requests or that he sends the appropriate paperwork in a timely manner. This responsibility remains between you and your physician.

If you need copies of any insurance forms or have questions about coverage or documentation requirements, the best place to go is our website: www.allcaremed.org/insurance-information You will find downloadable PDF versions of all the necessary forms and checklists that you can print and give to your doctor. Of course, you can always call us if you prefer and we can mail, e-mail or fax you or your physician copies of the forms as well.

Patient Bill of Rights

Federal and State law provide for specific patient rights. At Allcare Medical Supply, it is our responsibility to respect these rights as well as to inform you of them. The following is a summary of your applicable rights under federal law and the Massachusetts Patients' Bill of Rights (MGL 111.70E). If you would like a copy of the full law, please contact us at the phone number listed above.

- You have the right to freely choose a facility, physician or other health care provider.



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- You have the right to obtain the name and specialty of the doctor or other person responsible for your care or the coordination of your care.
- You have a right to confidentiality of all records and communications concerning your medical history and treatment to the extent provided by law.
- You have the right to have all reasonable requests responded to promptly and adequately.
- You have the right to receive an explanation as to the relationship, if any, of our facility to any other health care facility or education institution insofar as our relationship relates to your care or treatment.
- You have the right to receive a copy of any rules or regulations of this facility which may apply to your conduct as a patient.
- You have a right to receive and request information about financial assistance and free health care.
- You have a right upon request to inspect your medical records, request an amendment to, or receive an accounting of your disclosures regarding personal health information, and for a reasonable fee, receive a copy of your record.
- You have a right to receive a free copy of your medical record if you show that your request is to support a claim or appeal under any provision of the Social Security Act in any federal or state financial needs-based benefit program.
- You have a right to refuse to be examined, observed or treated by any facility staff as long as this does not jeopardize your access to care.
- You have a right to personal dignity and to privacy during medical treatment or other rendering of care within the capacity of this facility.
- You have a right to informed consent to the extent provided by law.
- You have a right upon request to receive a copy of an itemized bill or other statement of charges submitted to any third party by our facility for your care and to have a copy of said itemized bill or statement sent to your physician.
- You have a right to be informed, both orally and in writing, in advance of service/care being provided, of the charges, including payment for service/care expected from third parties and any charges for which you may be responsible.
- You have a right to receive appropriate service/care without discrimination in accordance with your physician's orders.
- You have a right to be informed of our facility's policies and procedures regarding the disclosure of clinical records (please see Notice of Privacy Practices).
- You have a right to be able to identify visiting staff members of our facility through proper identification.
- You have a right to be informed of any financial benefits when referred to an organization.
- You have a right to be fully informed of your responsibilities.
- You have a right to be informed of our facility's service/care limitations.
- You have a right to voice grievances /complaints regarding your treatment or care, lack of respect of property or recommend changes in policy, staff or service/care without restraint, interference, coercion, discrimination, or reprisal.
- You have a right to have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.

Complaint/Grievance Procedure

Every patient has the right to freely voice grievances and/or complaints and recommend changes in care of services without fear of reprisal or unreasonable interruption of service. Equipment and billing complaints will be communicated to management and upper management. These complaints will be documented in our Complaint Log book. All completed forms in this log will include the patient's name, address, telephone number, health insurance, claim number, a summary of the complaint, the date the complaint was received, the name of the staff member receiving the complaint, and a summary of action 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 receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified



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progressively and up to the president/owner of Allcare Medical Supply. The patient will be informed of this complaint resolution protocol at the time of set-up of service.

If you feel as though your complaint still has not been resolved after following the above protocol, you may contact the Accreditation Commission for Health Care (ACHC) directly at 919-785-1214.

Emergency Preparedness

Though we hope to never have to utilize this plan, we do have a plan in place in the event of an emergency that limits or prevents physical access to our office location in Millbury, MA. In the event of an emergency, patients/customers will continue to be able to reach us at our main telephone number 508-865-4857 and all calls will be forwarded to a remote location. We will do our best to ensure smooth processing and continuation of orders and deliveries wherever possible.

Consent for Third Party Review

By signing the Receipt and Acceptance sheet, you have given Allcare Medical Supply permission to provide you with and bill for medical supplies as requested by your physician. We will follow all HIPAA regulations, as outlined in our Notice of Privacy Practices, in sharing or discussing your confidential patient information with third party billing, insurance, and/or payor resources. Please refer to the Notice of Privacy Practices for further information regarding the protocol to follow if you wish to request a restriction to the access of your protected health information (PHI).

HIPAA Notification

We are required by law to maintain the privacy of, and provide individuals with, a notice of our legal duties and privacy practices with respect to protected health information (PHI). Please find attached a copy of our Notice of Privacy Practices (NPP). Please review these practices and contact us if you have any questions regarding these practices.

Warranty and Guarantee Information

Warranty Policy: Allcare Medical Supply will inform beneficiaries of all warranty coverage and honor all warranties under Massachusetts Law. We will repair or replace free of charge Medicare covered items that are under warranty.

Guarantee Policy: Allcare Medical Supply will accept all returns of substandard or unsuitable (inappropriate for the beneficiary at the time it was fitted or sold) items from beneficiaries.

Financial Responsibility

For those with Medicare and Mass Health coverage, Mass Health will pay for all approved and covered items that Medicare does not pay for. You will never be billed by Allcare Medical Supply for Medicare/Mass Health approved services that we provide to you.



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For Medicare Patients, ONLY:

Healthcare and fraud abuse have been identified as a national problem costing taxpayers literally billions of dollars each year. We want you to know that all of our employees and managers continually undergo training so that they may understand and comply with government rules and regulations regarding Medicare. We strive to achieve the very highest standards of ethics and integrity in performing services for our Medicare and patients.

It is our policy to properly determine accurate compensation for our services in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper Medicare expenditures. As part of this plan, we have implemented a Compliance Program that we believe will help up prevent any Medicare Service or billing errors.

We also know that we are not perfect! Because of this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any billing or service problem so that we may remedy the situation promptly.

All providers to Medicare beneficiaries must abide by these 30 Supplier Standards. For more information or if you have any questions about these standards, please contact us or you may contact ACHC directly at 919-785-1214.

CMS Medicare Durable Medical Equipment, Orthotics, and Supplies (DMEPOS) Supplier Standards

Note: This list is an abbreviated version of the application certification standards that 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.pt.424,sec424-57.

1. A supplier must be in compliance with all applicable 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 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 nonprocurement 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.
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 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.



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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. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries to solicit new business.
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 Supplier 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 location.
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 status 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 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.
26. All DMEPOS suppliers must obtain a surety bond in order to receive and retain a supplier billing number.
27. All suppliers must obtain oxygen from a state-licensed oxygen supplier.
28. All suppliers 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.

Assignment of Benefits



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Allcare Medical Supply performs billing of Medicare, Medicaid and other insurances as a service.

By signing the Receipt and Acceptance sheet, you are authorizing Allcare Medical Supply to directly bill Medicare, Medicaid and other insurances on your behalf. Further, you authorize Medicare, Medicaid and other insurances to pay benefits on your behalf directly to Allcare Medical Supply for items and services provided to your by Allcare Medical Supply.

You also agree to pay all amounts owed to Allcare Medical Supply that are not covered by Medicare, Medicaid and other insurance, including applicable co-payments and deductibles for which you are responsible. You authorize any holder of medical or other information about you to release to Allcare Medical Supply or its billing agent any information for related health claims. You authorize Allcare Medical Supply to release medical or other information about you for the purpose of obtaining payment from Medicare, Medicaid or other insurance and their agents and assignees. Such records may be released to any individual or entity authorized to receive such information. You agree to permit a fax or other copy of this form and of the Receipt and Acceptance sheet to serve as an original. Upon request, a copy of this form and of the Receipt and Acceptance sheet may be sent to Medicare, Medicaid or other insurance and their agents and assignees. Allcare Medical Supply will keep the original Receipt and Acceptance sheet on file. You agree to notify Allcare Medical Supply immediately of any changes in your insurance coverage.

Inexpensive or Routinely Purchased Items Policy

Inexpensive or routinely purchased Medicare/Medicaid covered durable medical equipment may also be rented and/or qualify for a purchase option for capped rentals. Please call us for details.

Confidentiality Policy regarding protection of Personal Health Information (PHI) and/or Electronic Personal Health Information (EPHI)

Allcare personnel assigned to each project/engagement are required to attend and document attendance at periodic HIPAA and protected health information project training

Allcare personnel have a responsibility to:

- Comply with the HIPAA Compliance Program, Allcare compliance policies regarding HIPAA, PHI, EPHI as well as report any violations of these to the project compliance coordinator immediately
- Comply with all data protection policies
- Encrypt any mobile device that contains confidential data



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- Ensure that all PHI sent over the Internet is always encrypted before it is sent
- Destroy any PHI or PII that you have (electronic or hard copy) from any previous clients unless you need the PHI or PII to continue to perform work for that client
- Avoid storing any PHI on your laptop, Blackberry, mobile phone, or other portable equipment whenever possible – for current or previous clients
- Include "PHI" at the beginning of the file name of all documents that contain PHI, and place such documents in a file folder that's name begins with the letters "PHI"
Document example: PHI CHI AP File 011110.xls
Folder example: PHI Files Jewish St Mary
- Never use another person's logon name or credentials to access client or Huron systems at any time
- Use physical cable locks to lock down laptops at Allcare offices and client sites
- Physically carry your Laptop with you at all times if you cannot securely tether your laptop with a cable lock to a secured desk or trunk of your vehicle
- Lock our laptop with username/password when leaving it unattended
Hold Windows key and tap the L key Ctrl, Alt, Del then select Lock Computer
- Obtain privacy screens that limit viewpoint when traveling or working in open work areas
- Contact IT Support immediately following training if you need a privacy screen (provide your laptop model)
- Shred documents when no longer needed – shredders or bins located in 2nd floor CSR office are required at client sites
- Project team members must report lost or stolen technology immediately
 - o Personnel must immediately notify IT Support, as required byAdditional procedures may be required after loss/theft disclosure
 - o If the equipment was stolen, the employee must also notify the appropriate police agency and provide a copy of the police report to Allcare management
 - o Team members must also immediately notify their Manager