

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

ATI must disclose your PHI to federal, state, and local authorities as required by law.

Protected Health Information (PHI) – you have the right:

- To review your PHI and obtain a copy.
- To request an amendment and correction of your PHI.
- To request limits or restrictions on ATI's release of your PHI.
- To request an accounting to whom ATI released your PHI.

Your financial information is considered to be part of your PHI. Please read ATI's Notice of Privacy Practices for a full disclosure of your rights under the Health Insurance Portability and Accountability Act of 1996.

You have the right to:

- Obtain service regardless of race, religion, color, age, gender, handicap, sexual orientation, veteran status or lifestyle.
- Be treated in such a manner that is free from any type of abuse, neglect, damage to or theft of property, and exploitation of any kind.
- Know maximum charges for services including fees covered by patient and those covered by Medicare, State Medicaid, Commercial insurance, and/or other third party.
- Receive considerate and respectful service.
- Be advised if charges increase from those stated at the time of service.
- Know that ATI is a privately held corporation that maintains liability insurance. Also know that ATI does not have any beneficial relationships that results in profit for referring organizations.
- Receive clear instructions in the use of all products, equipment and protocols ordered by your physician.
- Contact the Community Health Accreditation Program (CHAP) at 800-656-9656.
- Know the name and qualifications of the individual providing service.
- Receive a response to a lodged complaint in regard to the investigation review and resolution of the complaint.
- Express your concerns with any aspect of care, employees, products or equipment or any company related services by calling **Customer Service at (859) 578-4822** (8:00am – 5:00 pm EST Monday – Friday) or writing to: **Advanced Technologies, Inc. 7570 US Highway 42 Florence, KY. 41042**

Your responsibilities include the following:

- Care for, use as instructed, and return equipment in good condition. Normal wear is expected at the end of the rental period.
- Pay for replacement cost of any rental equipment that was damaged, destroyed, or lost due to misuse, abuse, or neglect.
- Do Not modify any equipment without prior written consent of ATI.
- Do Not allow the use of any equipment by anyone other than the patient.
- Notify ATI promptly if any equipment malfunctions and/or allow an ATI representative to repair or provide replacement equipment within an agreed upon timeframe.
- Supply ATI with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered, including deductibles and co-payments. You are responsible for the bill regardless of insurance coverage.
- Make a payment within 15 days of receipt of the invoice; failure to pay could result in further collection activities including interest and collection fees.
- Make informed decisions about your services.
- You are responsible for contacting ATI promptly to arrange for rental pick-up. Please call (859) 578-4822 to schedule a pick-up.

INSURANCE AND BILLING INFORMATION

The ATI billing department will bill your insurance company for the services you receive from us. If you have coverage from more than one health insurance company, please specify which company is primary and should be billed first. Since each health insurance policy varies, we suggest you call your insurance company if you have any questions regarding coverage. We hope to make the billing process trouble free. Regardless of insurance coverage, you are responsible for your bill. If your insurance carrier has questions or requests additional information from you, please respond promptly. If you have any questions regarding the status of your claim, contact your insurance company directly. The billing department is ready to answer billing and insurance questions and can be reached at (859) 578-4822 Monday-Friday, 8:00 am – 5:00 pm (EST). You may leave a message outside of business hours and your call will be returned on the next business day.

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.
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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 and must maintain a visible sign with posted hours of operation. The location must be 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.
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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
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 cost either directly, or through a service contract with another company, any 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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose 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 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 for those specific products and services (except for certain exempt pharmaceuticals).
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. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
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 CFR § 424.516(f). 29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.