

# Optimum Med Equipment Supply LLC

## PATIENT HANDOUTS PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all patients receiving services from Optimum Med Equipment Supply LLC should be informed of their rights. Therefore, you are entitled to:

1. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services.
2. Receive a timely response from Optimum Med Equipment Supply LLC when homecare services/care is needed or requested.
3. Be fully informed in advance about service/care to be provided and any modifications to the Plan of Service/Care.
4. Participate in the development and periodic revision of the Plan of service/care.
5. Informed consent and refusal of service/care or treatment after the consequences of refusing service/care or treatment are fully presented.
6. Be informed in advance of the charges, including payment for service/care expected from third parties and any charges for which the patient will be responsible.
7. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
8. Be able to identify visiting staff members through proper identification.
9. Voice grievances/complaints or recommend changes in policy, staff or service/care without restraint, interference, coercion, discrimination or reprisal.
10. Choose a health care provider.
11. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
12. Receive appropriate service/care without discrimination in accordance with physician orders.
13. Be informed of any financial benefits when referred to an organization.
14. Be fully informed of one's responsibilities.
15. Be informed of provider service/care limitations.
16. Be informed of patient rights under state law to formulate advance care directives.
17. Be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.

### MEDICARE DMEPOS SUPPLIER STATEMENT

The products and/or services provided to you by Optimum Med Equipment Supply LLC 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 from the U.S. Government Printing Office website. Upon request we will furnish you a written copy of the standards.

### PATIENT RESPONSIBILITIES

1. Patient agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
2. Patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to Optimum Med Equipment Supply LLC for any services furnished by Optimum Med Equipment Supply LLC
3. Patient agrees that Optimum Med Equipment Supply LLC shall not insure or be responsible to the patient for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God.
4. Patient agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

When the patient is unable to make medical or other decisions, the family should be consulted for direction.

All staff members will understand and be able to discuss the Patient Bill of Rights and Responsibilities with the patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Patient Bill of Rights and Responsibilities.

**What To Do If You Get Hurt:** In case of emergency, contact: Fire, Police, Ambulance: **911**

**Contact Optimum Med Equipment Supply LLC** with any questions, concerns or complaints. Call: 516-802-3738. Or visit: [www.optimummedequipment.com](http://www.optimummedequipment.com)

**If you have any questions** about safety that aren't in this booklet, please call us and we will be happy to give you recommendations for your individual needs.

**Optimum Med Equipment Supply LLC is accredited by:** BOC 10451 Mill Run Circle, Suite 200 Owings Mills, Maryland 21117  
Phone: 877.776.2200

**Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.**

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Optimum Med Equipment Supply LLC will provide you with an estimate of your financial responsibility. Typically Medicare will pay 80 percent of the Medicare allowable and if you do not have secondary insurance coverage you will be responsible for the remaining 20 percent. Once your insurance company has processed your claim a bill for your portion will be sent to you.

**I hereby consent to treatment and authorize release of my information to Medicare and other health insurance carriers to determine coverage and benefits available to me. I have received a copy of the HIPAA, Patient Bill of Rights, and understand where to obtain a copy of the Supplier Standards. I understand the information above (Sign below)**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail the signed disclosure back to:** Optimum Med Equipment Supply LLC 10