

Primary Insurance

Insurance Company Name: _____

Insurance ID Number: _____ Group: _____

Insurance Plan Number: _____

Subscriber Name: _____

Relationship to Subscriber: _____

Subscriber Date of Birth: _____ Subscriber Gender: _____

Subscriber Social Security Number: _____

Subscriber Address: _____

Subscriber Phone: _____ Subscriber Employer: _____

Secondary Insurance

Insurance Company Name: _____

Insurance ID Number: _____ Group: _____

Insurance Plan Number: _____

Subscriber Name: _____

Relationship to Subscriber: _____

Subscriber Date of Birth: _____ Subscriber Gender: _____

Subscriber Social Security Number: _____

Subscriber Address: _____

Subscriber Phone: _____ Subscriber Employer: _____

By signing this form, you are verifying that the information above is accurate to the best of your knowledge.

Patient or guardian

Date

NOTICE OF CONFIDENTIALITY: This document contains unconditionally private records. Any improper use of the information contained herein constitutes a breach of patient medical confidentiality.

Medical History

Please check all that apply

Is your condition the result of an accident?

employment accident?

auto accident?

other type of accident?

General Health: Poor Fair Good Excellent

Have you had an amputation?

Your activity level: Low Medium Active Highly Active

Height: _____ Weight: _____ Recent Changes in weight

Have you had or do you have any of the following?

Heart Problems

Hepatitis A or B

Vision Problems

Hypertension

Hepatitis C

Parkinson's Disease

Vascular disease

HIV Positive

Alzheimer Disease

Stroke

Rheumatoid Arthritis

Psychiatric Problems

Diabetes

Obesity

Alcoholism

Kidney Disease

Osteoarthritis

Osteoporosis

Pulmonary Disease TB

Pacemaker/Defibrillator

Currently Pregnant

Seizer Disorder

MRSA

Hearing Loss

Known Allergies (including contact materials) _____

List any other conditions that you feel might affect your treatment (including dates and descriptions of surgeries) _____

Currently taking any medications? _____

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Southeastern Orthotics and Prosthetics Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Southeastern O & P's health care operations. The Notice of Privacy Practices also describes my rights and Southeastern O & P's duties with respect to my protected health information. The Notice of Privacy Practices is posted in the reception area.

Southeastern O & P reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised copy by calling the office and requesting a revised copy be sent in the mail, or by asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

Acknowledgement of Receipt of Medicare Supplier Standards

I certify that I have received a copy of Southeastern Orthotics and Prosthetics Medicare 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).

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

Authorization to Obtain/Release Protected Healthcare Information

I hereby authorize Southeastern Orthotics and Prosthetics to obtain protected medical information or other documentation required by them or my insurance company from my physician or other healthcare provider for my care, evaluation or treatment.

I also authorize Southeastern Orthotics and Prosthetics to release my protected medical information to my insurance company, physician or other health care provider for my care, evaluation or treatment provided by Southeastern Orthotics and Prosthetics.

I understand I am not required to sign this document and that I may revoke my authorization at any time (except to the extent that the information has already been released). However, I also understand that Southeastern Orthotics and Prosthetics may not be able to provide care to me if my care requires protected medical information being obtained from, or released to, my physician, other healthcare provider or insurance company.

Signature of Patient, Parent/Guardian

Date

Relationship to Patient (Parent/Guardian, etc.)

Summary Notice of Privacy Practices For Facility

This summary briefly describes important information contained in our Notice of Privacy Practices. WE encourage you to take the time to read the complete Notice, which is available upon request.

Our Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Your “Protected Health Information” means any of your written and oral health information, including your health care provider and that relates to your past, present and future physical or mental health or condition.

This Notice will let you know about the various ways we use and disclose your medical information, describes your rights and our obligation with respect to the use or disclosure of your medical information. We ask that you acknowledge receipt of this Notice the first time you come to or use any of our facilities. The law requires us to make a good faith effort to obtain your acknowledgement.

We are required by law to:

- Make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with our Notice of Privacy Practices and applicable law.
- Give you the complete Notice of our legal duties and our privacy practices.
- Abide by the terms of the Notice of Privacy Practices that is in effect from time to time.

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.

Patient MEDICARE DMEPOS SUPPLIER STANDARDS

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.