

NURTURING MOTHERS SUPPLY CORP

600 FAIRWAY DR #100A, DEERFIELD BEACH, FL 33441 Ph. 800-657-1903

☑ Delivery

☐ Pick Up

□ Exchange

Approval: Amparo Crist

Date: Aug 12, 2021

Name: Grayson Fay

Medicare:

Address: 34436 Lebsack Stravenue South Alyce, WY 93969

City: Littelland

Billing Information:

Medicaid:

State: Alaska

Zip: 07295-0164

Private Ins:

Secondary Insurance:

HMO: AARP MedicareComplete (HMO)

Tel: +1 (726) 883-5761

Emergency Contact: Esmeralda Beier MD

Emergency Number:

IMPORTANT INFORMATION

I hereby acknowledge that I have received instructions necessary to use the equipment delivered.

I acknowledge that I have received an information package which contains Rights and Responsibilities, HIPAA, Medicare Supplier Standards, Complaint Protocol, Warranty Information, Contact Information/Numbers, etc.

If for any reason I should have a complaint, I should contact Nurturing Mothers Supply Corp. at **800-657-1903**.

I fully understand that if the above referenced services are not covered or if I have a deductible that I will be responsible for payment of such monies due.

Patient or Caregiver

Technician

Caregiver Name: _____

Date: Jul 19, 2020

Thank You for Your Business!

NURTURING MOTHERS SUPPLY CORP.

600 FAIRWAY DR #100A, DEERFIELD BEACH, FL 33441 Ph.

800-657-1903

I hereby acknowledge that I have received a copy of the delivery ticket, instructions regarding equipment received as well as a copy of a patient packet containing the following:

A Message From Management

Mission Statement

Hours Of Operation / After-Hours On-Call Policy

Patient's Bill Of Rights And Responsibilities

Hipaa Privacy Rule

Protocol For Resolving Complaints

AHCA Complaint Hotline

Abuse Hotline

Fraud Hotline

TCT Compliant Hotline

Equipment Warranty Information

Orthotics Return Policy

Hurricane Patient Guide

Medicare DMEPOS Supplier Standards Health

Care Advance Directives/Living Will

Date of clicked brace line

Signature of Patient or Caregiver

Date

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800-657-1903

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A Message from Management

Dear Customer,

NURTURING MOTHERS SUPPLY CORP. operating hours are from 10:00 AM through 4:00 PM, Monday through Friday. Each day at 4:00 PM until 10:00 AM, the following morning, and throughout each weekend and holidays calls will be answered by an answering machine/service and such calls will be returned the following business day.

NURTURING MOTHERS SUPPLY CORP. may be reached at 800-657-1903 for services, insurance coverage questions, sales or technical information, scheduling, billing, equipment problems, product information or discontinuation of our service. These numbers are also for communicating any deficiencies, complaints or incidents you feel needed to be conveyed to us. Please, remember that although we close on all legal holidays, we will still have personnel on duty to respond to your situation.

NURTURING MOTHERS SUPPLY CORP. together with your physician has carefully selected the equipment you have received. We ask that you carefully and thoroughly read the "Assignment of Benefits", our "Patient Rights and Responsibilities" and our HIPAA Privacy Practices Notice that our representative discussed with you and left therefore your records.

NURTURING MOTHERS SUPPLY CORP. rents and sells the equipment you will be using. Most Insurance Carriers, Medicare and Medicaid have approved certain categories of equipment they will buy outright and other equipment will rent until the rental caps. This equipment then passes title to you. Some types of equipment will rent for a maximum of thirteen (13) months and others for a maximum of 36 months, before it becomes yours. We would be happy to discuss your options, should you need more information, after the equipment has reached the rental cap. You may call us at 305-438-6145 to speak with our Insurance/Accounting Department, who will be happy to review your financial responsibilities.

It is important that our care to you, our customer, be characterized by a caring, professional attitude combined with a sense of pride and the greatest degree of excellent service from all of our company representatives involved in your care. Should you wish to discuss any issue(s) with me, do not hesitate to contact me at any of the numbers mentioned above.

We are a Medicare Provider and as such, we must meet and provide you with their Provider Standards. We comply with all of these Standards and further, we are presently going through a National Accreditation Process to ensure that you, our staff and our community know that we are committed to providing the best possible Quality of Patient Care available in the home environment.

Thank You for using NURTURING MOTHERS SUPPLY CORP. for your medical equipment needs.

Sincerely Yours,

KATHLEEN PEREZ, CEO

MISSION STATEMENT

We are committed to providing our customers with efficient, courteous and compassionate care aimed at improving their quality of life.

HOURS OF OPERATION / AFTER-HOURS ON-CALL POLICY

Monday – Friday 10:00 AM – 4:00:00 PM

After-Hours/Weekends/Holidays. NURTURING MOTHERS SUPPLY CORP. does not provide on-call services after regular business hours. After hours and on weekends and holidays the calls will be answered by an answering machine/service and such calls will be returned the following business day.

If you have an emergency, call 911.

HEALTH CARE ADVANCE DIRECTIVES/LIVING WILL

Should you feel you have questions about Health Care Advance Directives or Living Wills and wish to receive information provided by the State of Florida, we can provide that to you. That request should be made to Kathleen Perez, Nurturing Mothers Supply Corp., 600 Fairway Dr #100a, Deerfield Beach, FL 33441, Ph. 800-657-1903.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Patient's Rights:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

Patient's Responsibilities:

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

HIPAA PRIVACY RULE

This Notice Describes How Medical Information About You May Be Used and Disclosed and How you can get Access to This Information. Please Review it Carefully.

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices.

As a patient, you have the following rights:

1. The right to inspect and copy your information;
2. The right to request corrections to your information;
3. The right to request that your information be restricted;
4. The right to request confidential communications;
5. The right to a report of disclosures of your information; and 6. The right to a paper copy of this notice.

Uses and/or disclosures which do not require your written authorization may include:

Treatment: We will use your health information to make decisions about the provision, coordination or management of your healthcare. It may also be necessary to share your health information with another health care provider whom we need to consult with respect to your care.

Payment: We may need to use or disclose information in your health record to obtain reimbursement from you, from your health-insurance carrier, or from another insurer for our services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, precertification and pre-authorization of services or review of services for the purpose of reimbursement. This information may also be used for billing, claims management and collection purposes, and related healthcare data processing through our system.

Operations: Your health records may be used in our business planning and development operations, including improvements in our methods of operation, and general administrative functions. We may also use the information in our overall compliance planning, healthcare review activities, and arranging for legal and auditing functions.

There are certain other circumstances under which we may use or disclose your health information without first obtaining your Acknowledgement or Authorization. Those circumstances generally involve public health and oversight activities, law-enforcement activities, judicial and administrative proceedings, and in the event of death. Specifically, we may be required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases or HIV/AIDS status. We may also be required to report instances of suspected or documented abuse, neglect or domestic violence. We are required to report to appropriate agencies and law-enforcement official information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. We must also provide health information when ordered by a court of law to do so.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Communication Barriers and Emergencies: We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we are required by law or as a matter of necessity to treat

you, and we have attempted to obtain your consent but have been unable to obtain your consent, we may still use or disclose your protected health information to treat you.

Except as indicated above, your health information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to information concerning mental-health treatment, drug and alcohol abuse, HIV/AIDS or sexually transmitted diseases that may be contained in your health records. We likewise will not disclose your health-record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization.

You have certain rights regarding your health record information, as follows:

(1) You may request that we restrict the uses and disclosures of your health record information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with regard to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.

(2) You have a right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location. If you require such an accommodation, you may be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.

(3) You have the right to inspect, copy and request amendments to your health records. Access to your health records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation or an explanation or summary of the information.

(4) All requests for inspection, copying and/or amending information in your health records, and all requests related to your rights under this Notice, must be made in writing and addressed to the Privacy Officer at our address. We will respond to your request in a timely fashion.

(5) You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your health information except for disclosures required for treatment, payment and healthcare operations, disclosures that require an Authorization, disclosure incidental to another permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in any twelve-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same twelve-month period.

(6) If this notice was initially provided to you electronically, you have the right to obtain a paper copy of this notice and to take one home with you if you wish.

You may file a written complaint to us or to the Secretary of Health and Human Services if you believe that your privacy rights with respect to confidential information in your health records have been violated. All complaints must be in writing and must be addressed to the Privacy Officer (in the case of complaints to us) or to the person designated by the U.S. Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints at the government's web site, <http://www.hhs.gov/ocr/hipaa>.

All questions concerning this Notice or requests made pursuant to it should be addressed to Kathleen Perez, Nurturing Mothers Supply Corp., 600 Fairway Dr #100a, Deerfield Beach, FL 33441, Ph. 800-657-1903.

PROTOCOL FOR RESOLVING COMPLAINTS

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the *Complaint Log*, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions 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 the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

AHCA COMPLAINT HOTLINE

If your complaint was not resolved through contacting NURTURING MOTHERS SUPPLY CORP., you have a right to file a complaint with the state. To report a complaint regarding the services you receive, please call toll-free 1-888-419-3456.

ABUSE HOTLINE

To report abuse, neglect, or exploitation of a disabled adult or an elderly person, please call toll free 1-800-962-2873.

MEDICAID FRAUD

To report suspected Medicaid fraud, please call AHCA Medicaid Program Integrity toll-free at (1888419-3456) or the Attorney General toll-free at (1-866-966-7226).

TCT COMPLIANT HOTLINE

To report a complaint regarding the services you receive, please call TCT toll-free 1-888419-3456.

EQUIPMENT WARRANTY INFORMATION

Every product sold or rented by NURTURING MOTHERS SUPPLY CORP. is covered for 30 days from the date of delivery against any defects or malfunctions. If any defects or malfunctions were to arise, NURTURING MOTHERS SUPPLY CORP. will repair or replace, free of charge, Medicare-covered equipment that is under warranty.

Prescribed orthopedic items cannot be returned for hygienic reasons.

HURRICANE PATIENT GUIDE

Important information about our services to you during a hurricane or other adverse weather conditions:

TROPICAL STORM WARNING / HURRICANE WARNING /HURRICANE WATCH

- 1)** There are contingency plans for a Tropical Storm. Winds are below 74 miles or less per hour and damage will normally occur to trees, vulnerable building fixtures and coastal areas.
- 2)** There will be some power outages, but scattered. Phone communications normally stay up during this type of storm, so we do not foresee any communications issues. However, we are prepared to keep our telephone lines open if at all possible.

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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.

