

— Atlanta —

NANCY CALE
3820 OLD CASCADE ROAD SW
ATLANTA, GA 30331

Phone #: (404)696-4353

Cust. Order #	Salesman	Insurance Type	P.O #	Fob	Date
					10/9/2019
Part No.	Description	Price (\$)	Qty	Amount	

X _____

• **Assignment of Benefits / Authorization for Payment:** I hereby assign all benefits and payments to be made directly to Professional Medical HHC (hereafter referred to as PROMED) for any home medical supplies and services furnished to me in conjunction with my home care. I authorize PROMED to seek such benefits and payments on my behalf. It is understood that as a courtesy PROMED will bill Medicare/Medicaid or other federally funded sources and other payers and insurer(s) providing coverage. It is my responsibility to notify PROMED of any changes in my health care coverage within 30-days of the event. I have been informed by PROMED of the medical necessity for the services prescribed by my physician. I understand that in the event services are deemed not reasonable and necessary, payment may be denied and that I will be fully responsible for payment.

• **The undersigned acknowledges receipt of the medical equipment in good condition and is responsible for its safekeeping.** Rented equipment is not to be removed from the place of delivery without the consent of Professional Medical. The undersigned agrees to hold Professional Medical free from liability for any damages that may occur as a result of the use of any medical equipment or supply provided. If equipment damage occurs the beneficiary/agent is responsible. If for any reason the patients insurance denies payment for equipment/supplies the patient shall be responsible for payment. Medicare recipient acknowledges being provided with information pertaining to the rental/purchase option.

SALES • SERVICE • HOME MEDICAL EQUIPMENT • PHARMACY • IV ANTIBIOTICS

4855 Memorial Drive • Stone Mountain, GA 30083
(404)292-9190 • (404)299-7372 • FAX (404)508-9225



HCFA MEDICARE 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, sec 424.57(c) and are effective on December 11, 2000. A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16).

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 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.
8. A supplier must permit CMS (formerly HCFA), 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 the 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.
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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order 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 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 (formerly HCFA) any information required by the Medicare statute 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 quality 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.

Medicare Recipients: Unless you have secondary insurance you are responsible for the Medicare co-pay listed below. This amount reflects the 20% you are financially responsible for on a monthly basis for as long as you **RENT** the equipment listed on the front of this invoice (excludes ALL oxygen related equipment) or for the next 13 months (whichever comes first). For purchase items the amount reflected indicates your one time charge. If you have other insurance or have a Hardship waiver, disregard this billing, otherwise please remit payments to the address on front of invoice. Thank You.

Wheelchairs (Column A)

Standard Wheelchair	K0001	\$9.88
Standard Wheelchair With Legrest	K0001, K0195	\$13.60
Lightweight Wheelchair	K0003	\$18.58
Lightweight Wheelchair with Legrest	K0003, K0195	\$22.30
Heavy Duty Wheelchair	K0006	\$26.34
Heavy Duty Wheelchair with Legrest	K0006, K0195	\$30.06
Motorized Wheelchair with Batteries	K0822, E2365	\$764.14
Wheelchair Seat Cushion*	E2601	\$11.07
Wheelchair Back Cushion*	E2611	\$56.54
Walker*	E0135	\$13.68
Walker With Wheels*	E0143	\$20.17

Hospital beds (Column B)

Hospital Bed	E0260	\$25.42
Trapeze Bar	E0910	\$3.40
Air Mattress	E0277	\$127.33
Oxygen		
Concentrator	E1390	\$35.16
Portable Tank	E0431	\$5.75
Nebulizer with Compressor	E0570	\$3.38
CPAP Machine	E0601	\$20.22
Hoyer Lift	E0630	\$19.28
Straight Cane*	E0100	\$4.42
Quad Cane*	E0105	\$10.31

Thank you for **renting** the equipment listed on the front of this invoice from Professional Medical Home Healthcare. Per your insurance regulations, we will transfer ownership of the equipment 13 months from this invoice date (excludes all oxygen related equipment).

Other _____	\$ _____	Sub Total - Column B	\$ _____
Sub Total - Column A	\$ _____	Sub Total - Column A	\$ _____
* One time purchase price.		Total	\$ _____

Professional Medical will repair or replace free of charge, Medicare covered equipment that is under warranty.