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# Patient Information Packet

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Committed to meeting your  
medical supply needs so you can  
achieve the lifestyle you desire.

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## Patient Information Packet

### **ProMed DME LLC.**

900 SE Federal  
HWY, Suite 301  
Stuart, FL 34994  
844-693-6316

#### **Hours of Operation:**

Mon. - Fri.  
9:30am- 3:30pm

Welcome! Thank you for choosing ProMed DME LLC. to be your Medical Supplies and Equipment Supplier. This packet provides you with information for your overall health care. Please keep this packet handy for reference. Please call our office at any time if you have questions.

We are dedicated to providing professional and comprehensive medical products to our patients. We provide the most up-to-date quality products available, and we genuinely care for the patients we serve.

Our services include the following:

- 24 hours, 7 days-a-week emergency services by calling our 844-693-6316 number
- Patient instruction and training
- Assessment and/or in-service training visits, as ordered by your physician
- Qualified and knowledgeable staff
- Trackable USPS or UPS Delivery
- Assistance with your reimbursement and billing questions in relation to your insurance carrier requirements

This packet provides the following information:

- Your Rights and Responsibilities as a patient
- Our Service, Delivery and Warranty Policies
- Our Financial/Billing and Payment Policies
- Medicare Supplier Standards
- Guidelines for Infection Control in the Home
- Emergency Preparedness Information
- Notice of Privacy Practices
- Our Grievance and Complaint Procedures
- Patient Communication Form

## **Patient's Bill of Rights and Responsibilities**

### **Patient Rights - You have the right:**

1. Be fully informed in advance about service to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the service plan.
2. Participate in the development and periodic revision of the plan of service.
3. Informed consent and refusal of service after the consequences of refusing service are fully presented.
4. Be informed, both orally and in writing, in advance of service being provided, of the charges, including payment for service expected from third parties and any charges for which the patient will be responsible.
5. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
6. Be able to identify staff members through proper identification.
7. Voice grievances/complaints regarding service, lack of respect of property or recommend changes in policy, staff, or service without restraint, interference, coercion, discrimination, or reprisal.
8. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
9. Choose a health care provider.
10. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
11. Be advised on agency's policies and procedures regarding the disclosure of patient records
12. Receive appropriate service 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 limitations.

### **Patient Responsibilities - You have the Responsibility:**

1. To ask questions about any part of the plan of service or plan of care that you do not understand
2. To protect the equipment from fire, water, theft or other damages while it is in your possession
3. To use the equipment for the purpose for which it was prescribed , following instructions for use, handling, care, safety and cleaning.
4. To supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account.
5. To be at home for scheduled visits or notify us to make other arrangements
6. To notify us immediately of:
  - a. Equipment failure, damage or need of supplies
  - b. Any change in your prescription or physician
  - c. Any change or loss in insurance coverage
  - d. Any change in address or telephone number, whether permanent or temporary

- e. Any discontinued equipment or services
- 7. To be respectful of the property owned by our company and considerate of our personnel
- 8. To contact us if you acquire an infectious disease during the time we provide service .

## **Service, Delivery and Warranty**

### **Business Hours**

Our hours of operation are listed for our location on page one (1) of this packet. 24-hour emergency service is available by calling toll-free (844) 693-6316 after hours and on weekends and holidays.

### **Delivery**

All orders are shipped directly to patient's home via a third party vendor. ProMed DME provides its patients with the option to enroll in email shipping and tracking updates. If any shipment received is damaged, please call our patient support team at (844) 693-6316.

### **Rental Equipment**

Patients are responsible for routine maintenance and cleaning of equipment according to the instructions provided. Service, parts and labor are provided free of charge on rental equipment (except in the case of misuse or abuse). If the rented equipment has been damaged through misuse or abuse, the maintenance and repair costs become the patient's responsibility.

### **Purchased Equipment and Warranties**

New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided to you at the time of delivery of the purchased item. All warranties will be honored under applicable State laws.

### **Service and Repair -N/A**

Service or repair on equipment purchased from our company that is no longer covered by the manufacturer's warranty will be subject to current labor charges. The patient will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with maintenance instructions and how to obtain any service required. All service and repair must be scheduled by calling the office during business hours.

### **Returns**

Merchandise may be accepted for exchange or refund within 14 days of purchase when accompanied by a sales receipt. To receive a refund the item must be new and in the original packaging. Refunds are subject to management discretion. Personal items or items worn next to the skin or any opened sterile or packaged goods WILL NOT be accepted for return, refund or credit, unless the item is substandard or otherwise defective.

## **Financial Policy**

All new equipment setups going on account require prior verification of insurance coverage before equipment is setup. If this is not possible due to a weekend or other after hours setup, verification must be done on the next business day.

- We do not guarantee coverage of, or payment of insurance claims.
- We do not guarantee any time frame for processing of insurance claims or subsequent billing from our office. It will be done in as timely a manner as possible.

### Insurance Coverage

#### Patient's Responsibility:

- Provide us with all insurance information necessary to file your claim
- Notify our office of any changes or loss of insurance coverage
- Pay all deductible and balance remaining after secondary insurance is filed
- Patient is responsible for payment in full of all claims not covered by insurance. You will be informed before delivery if we know that an item is not covered and assignment will not be accepted.

#### Medicare Claims

If Medicare is your insurance carrier and denies payment, you will be notified. At that time, if you wish to keep the equipment, it may be converted to private rental. If Medicare assignment is accepted, at no time will the charges on those items be more than the yearly deductible plus the 20% that Medicare does not pay. In many cases, the deductible amount and the 20% is paid by other insurance. We will follow through with the appeal process on Medicare claims that are denied. This will be done on non-assigned claims at the patient's request.

The patient is also advised that:

- Inexpensive, routinely purchase durable medical equipment may be rented or purchased.
- There will be a minimum of one-month rental on all equipment rentals.
- Rental charges will be assessed until we are notified to pick up the equipment.
- Any charges will be assessed until we are notified to pick up the equipment.
- Any charges incidental to the use or operation of the equipment (such as electricity) is the responsibility of the patient.
- There is no charge for delivery or pickup of rental equipment.
- All claims, assigned or non-assigned, will be filed on behalf of the patient.

## **Billing and Payment Policy**

Our mission at ProMed DME LLC. is to offer our clients outstanding service and simplify the way that medical supplies are ordered and received. ProMed DME LLC. customer service representatives help clients determine their insurance coverage and bill the insurance(s) on their behalf. Patients are responsible for payment in accordance with our company's terms. Assignment of Benefits to a third party does not relieve the patient of the obligation to ensure full payment. Billing third party is not an obligation, but rather a service we offer if all necessary billing information and signatures are provided.

### **Medicare**

We may accept Medicare Part B assignment, billing Medicare directly for 80% of allowed charges and billing the beneficiary the 20% payment and any deductible. We offer Electronic Claims Transmission for billing non-assigned orders. Presentation of your Health Insurance Card is necessary.

### **Medicaid**

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification. Presentation of your State Beneficiaries Identification Card and Personal ID are required.

### **Private Insurance**

We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information. Presentation of your insurance card and personal ID required.

### **Managed Care**

We will provide equipment upon approval and authorization from the managed care representative. Presentation of your insurance card may be necessary. Remember, billing a third party insurance DOES NOT guarantee payment. Financial responsibility remains with you, the patient.

## 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 and cannot contract with an individual or entity to provide licensed services.
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. This standard requires that the location is 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. 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, 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
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 any information required by the Medicare statute and implementing 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 of those specific products and services (except for certain exempt pharmaceuticals). *Implementation Date -October 1, 2009*
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. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date- May 4, 2009*
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 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

## HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

At ProMed DME LLC., we want to make sure that your home medical treatment is done conveniently and safely. Many of our patients are limited in strength, or unsteady on their feet. Some are wheelchair - or bed-bound. These pages are written to give our patients some easy and helpful tips on how to make the home safe for home care.

### Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

### Electrical Safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

### Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode .
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

### Safety in the Bedroom

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there. Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees.

A variety of tables and supports are also available so you can eat , exercise, and read in bed.

- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

### **Safety in the Kitchen**

Your kitchen should be organized so you can easily reach and use the common items , especially during your recuperation while you are still a bit weak:

- Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
  - Basic electric can openers
  - Bottle and jar openers
  - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

### **Getting Around Safely**

If you are now using assistant devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

## **Tips for Infection Control in the Home**

Contact with infected body fluids, such as, blood, urine, feces, mucous or the droplets sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Some infections are spread through items that have been contaminated by drainage from infected sores or discharges from the nose, mouth, eyes or genital/rectal area.

Controlling the spread of infections means interrupting the way illness travels from one person to another.

Maintaining a clean environment helps to keep infections under control. Maintaining personal hygiene is important to your health.

- Wash your hands frequently and thoroughly
- Clean contaminated household and medical equipment thoroughly
- Meet your health needs

Good hand washing is the single most important way to control infection.

## **Emergency Preparedness**

In case of emergency, get medical help (first aid/CPR) quickly: DIAL 911

- GIVE THE LOCATION OF THE EMERGENCY (FULL ADDRESS)
- CLEARLY EXPLAIN WHAT HAPPENED
- TELL HOW MANY PEOPLE NEED HELP
- DON'T HANG UP

Be prepared for emergencies:

1. Refill medication renewals promptly to ensure you have adequate supplies on hand.
2. Be sure you have an emergency back-up source/supply for any medical equipment requiring electricity.
3. Always keep a list of emergency telephone numbers available, including your medical equipment supplier(s).
4. Have someone such as a family member or neighbor who will check on you if an emergency situation occurs.
5. Determine an evacuation route and alternatives.
6. Arrange for a friend or relative in another town to be a communication contact for the extended family.
7. Make a habit to listen to daily weather forecasts. Be aware of changing conditions.
8. Find out where the main utility switches are in your home and assign someone to turn them off in an emergency situation.
9. Have a flashlight and extra batteries nearby for power outages. Keep extra blankets available in case the power goes out.

## NOTICE OF PRIVACY PRACTICES

### **Purpose**

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.

ProMed DME LLC. believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information.

ProMed DME LLC. maintains the right to update our Notice of Privacy Practices. Your personal health information will always be maintained by our current policies designated in our current Notice of Privacy Practices. If you have any comments or questions about our Notice of Privacy Practices you may call our Privacy Officer at (252) 764-2842 or write to Gail Wiley, EXECUTIVE DIRECTOR, 101 VFW ROAD, Suite 2C, Cedar Point NC 28584

### **Privacy Policy**

The following describes the manner in which we will use and disclose your personal health information:

1. We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information.
2. We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties, which includes family members or other financially responsible parties of which you have informed us. Examples include insurance coverage and eligibility verification.
3. We may use and disclose information to monitor and operate our business . Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state or local authority (as required by law), or to remind you of equipment, supplies or service needs.
4. We may release appropriate information about you to family or friends that are helping you with financial responsibilities incurred while receiving equipment, supplies or services from us.
5. We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and having our staff testify about the care we have provided.

The following describes your rights to the information we maintain about you:

1. You have the right to direct the use of your personal health information at any of our locations.
2. You have the right to terminate or revise your authorizations or consents that pertain to our use of your

personal health information, and have those terminations or revisions affect any new equipment, supply, or service provisions. We are not required to accept your terms. If we do accept your restrictions, we will honor your specifications, except where prohibited by law. All requests must be in written form.

3. You have the right to request a copy of your personal health information as long as any federal, state or local law does not prohibit it. This request must be in writing. There is a charge for copying, producing and delivering your information.
4. You have the right to request, in writing, a revision to your personal health information. Revision requests will be evaluated on an individual basis and amended, if appropriate. At no time will a revision be made that may erroneously record the personal health information stored by us. Your written request must detail the requested revision and the reasons for the modification. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.
5. You have the right to request an accounting of *non-routine disclosures* we have made with your personal health information. You can receive one free accounting in a twelve-month period. We will charge for any accounting services that exceed one per twelve months. You must agree to this charge before we will provide any accounting of services. These requests cover dates of service on or after April 14th, 2003.
6. You have the right to file a complaint about our use of your personal health information with us or the Secretary of the Department of Health and Human Services.

**EFFECTIVE DATE: 11/30/2020**

## **Patient Grievance and Complaint Procedure**

Our patients are very important to us. We follow comprehensive Patient Grievance and Complaint procedures to help resolve problems that arise in a rapid and effective manner.

1. When you have a concern that does not need to be addressed immediately, you may speak to the person delivering your equipment at the next visit.
2. If you do not want to wait to speak to the delivery person, or if the issue you have involves one of our employees, call our office to speak with a manager.
3. If you wish to contact us in writing, we have included a Patient Communication Form for you to complete and mail.

ProMed DME LLC. is accredited with Accreditation Commission for Health Care (ACHC). If you have any feedback, questions, concerns, or wish to file a complaint against our facility with them, you may contact them at 919-785-1214 and request the Complaint Department. Their office hours are Monday through Friday 8:00 a.m. to 5:00 p.m., Eastern Time (ET).

To report abuse, neglect, or exploitation of a disabled adult or an elderly person, please call toll free the ELDER HELP LINE - 1-800-96-ELDER.

Any feedback, questions, concerns, or wish to file a complaint against our facility directly to Medicare call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Patients may also call North Carolina Division of Health Service Regulation (NC DHSR) at (800) 624-3004 (within N.C.) or Medicare at 1-800-633-4227 to register complaint, if deemed necessary.

## **Compliance Commitment to our Patients**

ProMed DME, LLC. is committed to complying with all federal and state regulations. If you have any questions or concerns regarding any of our activities, please contact us at (844) 693-6316. If, after speaking with us, you still feel that we are not in compliance with regulations or that fraud has occurred, you can call the Medicare Fraud Hotline at 1-800-633-4227. If you feel you have complaints about the quality of products or services provided that you have been unable to resolve with us, you may contact the Accreditation Commission for Health Care at 919-785-1214.

## Patient Communication Form

We genuinely strive to provide the highest quality health care services to all our patients. That's why your concerns are our concerns. To ensure that our services meet your total satisfaction, we ask you to describe any complaint, problem, concern or compliment you may have.

Our Compliance Officer will ensure that each concern is researched in order to resolve all complaints and/or problems.

We appreciate your candid comments as well as your assistance in helping us to continually improve our service(s) to our valued patients.

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please describe your compliment/concern: \_\_\_\_\_  
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\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Action Taken: \_\_\_\_\_  
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Action Date: \_\_\_\_\_



ProMed DME LLC. is pleased to have been selected as your medical supplies provider.  
Please do not hesitate to let us know if you have any other questions or needs .

We specialize in:

- Diabetes & CGM Products
- Urological Supplies
- Wound Care Supplies
- Ostomy Supplies
- Breast Pumps

Product Instruction: TO BE SPECIFIC TO THE PRODUCT(S) THAT ARE SHIPPED TO THE PATIENT.

**Acknowledgement of Receipt of Patient Information Packet**

I, the undersigned, hereby acknowledge that I have received the Patient Information Packet.

I have received, read and understand:

- Your Rights and Responsibilities as a patient
- Our Service, Delivery and Warranty Policies
- Our Financial/Billing and Payment Policies
- Medicare Supplier Standards
- Guidelines for Safety in Your Home
- Guidelines for Infection Control in the Home
- Emergency Preparedness Information
- Notice of Privacy Practices
- Our Grievance and Complaint Procedures
- Patient Communication Form
- I have been given instruction on the proper use of my equipment and understand the information provided me.

I am aware that, if I have any questions or problems with my equipment or supplies, I can call ProMed DME LLC. at the telephone number provided to me.

The ProMed DME LLC. representative has done an assessment of my home (as applicable) and has identified items or areas that need to be changed to improve the safety of my environment. I have made note of these items or areas, and assume responsibility for making the suggested changes, or the responsibility for not making the changes.

I know that ProMed DME LLC. seeks to provide the best possible services that comply with its contractual obligations, state laws, and federal laws and regulations. I can contact ProMed DME LLC. at any time, if I have concerns or a question about the services that I am receiving or about ProMed DME LLC's billing practices.

Printed Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Representative: \_\_\_\_\_  
(Printed Name) (Signature)

**Acknowledgement of Receipt of Notice of Privacy Practices**

Please print, sign your name and provide the date below to acknowledge that you have received our Notice of Privacy Practices

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Printed name of patients or patient's representative

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Signature of patient or patient's representative

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Date:

If the above signature is that of a patient's representative, complete the following:

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Printed name of patient

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Patient representative's authority (relationship to patient) to act for the patient

**ProMed DME LLC.**  
**Customer Satisfaction Survey**

In an effort to continuously improve our services; please take a few minutes to complete our survey.

*Please rate each item on a scale from 1 – 5*

1= Strongly Disagree                      3=Somewhat Agree                      5= Strongly Agree

2= Do Not Agree                              4= Agree

**N/A= *Not Applicable***---*You did not have this service and cannot rate it*

- |  |     |   |   |   |   |   |
|--|-----|---|---|---|---|---|
| 1. Our employees treated you with courtesy and respect.  | N/A | 1 | 2 | 3 | 4 | 5 |
| 2. Our employee was well prepared, organized and knowledgeable.  | N/A | 1 | 2 | 3 | 4 | 5 |
| 3. Your product/equipment/service was provided in a timely manner.   | N/A | 1 | 2 | 3 | 4 | 5 |
| 4. Our delivery staff were respectful of your home and belongings  | N/A | 1 | 2 | 3 | 4 | 5 |
| 5. Our staff is knowledgeable and professional.  | N/A | 1 | 2 | 3 | 4 | 5 |
| 6. Our staff provided clear instructions on how to use your equipment and how to reach our office during office hours and afterwards | N/A | 1 | 2 | 3 | 4 | 5 |
| 7. You are aware of all of the products and services we provide  | N/A | 1 | 2 | 3 | 4 | 5 |
| 8. Your shipment arrived on time and was packed neatly   | N/A | 1 | 2 | 3 | 4 | 5 |
| 9. You would refer us to your family or friends for medical supplies and /or equipment services                                      | N/A | 1 | 2 | 3 | 4 | 5 |

**Please share your comments or suggestions on how we might serve you better:**

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**Thank You!**

Your Survey form can be:  
mailed to us at: 900 S Federal HWY, Suite 301 Stuart, FL 34994  
Emailed to us at: [Info@ProMed-DME.com](mailto:Info@ProMed-DME.com)  
Or Faxed to us at: 772-291-2084