

Medicare Supplier Standards & Pacific Pedorthic Services Corporation Sales Agreement

Company, when used in this agreement, refers to Pacific Pedorthic Services Corporation. Patient refers to the person receiving medical equipment and/or supplies. Company shall not insure or be responsible to patient and/or caregiver for any personal injury or property damage related to any equipment, including that caused by improper use of the equipment, the act or omission of any other third party, or by any criminal act or activity, war, riot, fire, or act of God. Sales RETURNS will be accepted within fourteen (14) days from the date merchandise is received, for any reason, and full refunds will be issued to the payers for such merchandise, items returned after 14 days may be subject to a fee. Special order items returned may be subject to a fee, Patients with special need concerns, or comments are encouraged to contact the Company during normal business hours (Monday 12:00 PM to 2:00 PM). Patient retains the right to refuse Company services and assumes responsibility for any consequence relating to refusal of any service ordered and delivered to the patient In the interest of health and safety, Company retains the right to residence. Company will keep patients' personal information confidential.

MEDICARE SUPPLIERS STANDARDS:

- A supplier must be in compliance with all applicable Federal and State Licensure and regulatory requirements.
- 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.
- An authorized individual (one whose signature is binding) must sign the application for billing privileges.
- 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.
- 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.
- 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.
- A supplier must maintain a physical facility on an appropriate site.
- 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 just maintain a visible sign and posted hours of operation.
- A supplier must maintain a primary business telephone listed under the name of the business in local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone is prohibited.
- 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 it items. This insurance must also cover product liability and completed operations.
- 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.
- A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
- A supplier must answer questions and respond to complaints of beneficiaries, and maintain due notation of such contacts.
- 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.
- A supplier must accept returns of substandard (less than full quality for the particular item) or unreturnable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
- A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
- A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
- 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.
- 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.
- Complaint records must include: the name, address, telephone number and health insurance clam number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
- A supplier must agree to furnish CMS (former HCFA) any information required by the Medicare statute and implementing

I hereby request payment of my authorized Medicare or other carrier benefits to be made on my behalf to Pacific Pedorthic Services Corporation for products and services they have provided me. I further authorize a copy of this agreement to be in place of the original and authorize any holder of information about me to be released to the Health Care Administration or any other insurer and/or third-party payers when appropriate; I understand that I am fully responsible for all deductibles, co-insurance and disallowable. Also, I understand that Medicare will only pay for services that it determines "reasonable and necessary" under Section 1862 (a) (1) or Medicare Law, if determined that a particular item or service, although would otherwise be covered, is "not reasonable or necessary" under Medicare standards, Medicare will deny payment. WE believe/do not believe, that in your case Medicare or another carrier is likely to deny payment for orthopedic shoes, insoles, gauntlets, etc. for the following reasons: **NONE**.

(Rep Signature) _____

SIGNATURE OF PATIENT _____ DATE _____

If signed by caregiver or other, please list relationship (ie., husband, sister, RN, etc)

INSTRUCTIONS TO PATIENT-RETURN/DEMONSTRATION ACKNOWLEDGEMENT

I acknowledge receiving instructions in the proper use and care of the equipment and/or supplies described I have had my financial responsibilities explained. I also acknowledge and agree to this entire agreement.

SIGNATURE OF PATIENT _____ DATE _____

If signed by caregiver or other, please list relationship (ie., husband, sister, RN, etc)

Patient Copy

