MedSouth™
Medical Imaging & Rehab Sales & Service
7665 Counts Massie Road
North Little Rock, AR 72113
800-264-0330 Fax 501-224-0356

Date: _____

Clinic: _____

Patient Acct#: _____

Patient Information:

Last Name: _____ First: _____ MI: ____

Address: _____ Apt#: ____

City: _____ State: _____ Zip: _____

Phone(Home): _____ (Work) _____

SSN: ____ - ____ - _____

DOB (MM/DD/YYYY): ____/____/_____ Sex: ☐ M ☐ F

Incident Date (MM/DD/YYYY): ____/____/_____

Emergency Contact Number: _____

Relationship to Patient: _____

Equipment Provided:

Description: _____ Qty____

☐ Left ☐ Right

Additional Equipment and Accessories

HCPCS # _____ / _____

ICD9 _____

X _____
Deliverer's Signature

Insurance Information (Attach or Fill Out)

PRIMARY /SECONDARY INSURANCE DATA:
☐ Medicare ☐ Private Insurance
☐ Workers/Comp ☐ Medicaid

Ins. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Policy#: _____ Group: _____

Relationship to Patient: _____

PLAN OF SERVICE

Identified Needs/Problems:
- ❑ The client/patient is unfamiliar with use of the Product(s) provided.
- ❑ The client/patient is unfamiliar with Product(s) that are available.
- ❑ The client/patient may require follow-up services.

Expected Outcomes:
- ❑ The client/patient will be provided the Product(s) to comply with the physician's prescription (if required).
- ❑ The client/patient will use the Product(s) as prescribed by the physician.
- ❑ The client/patient will use Product(s) in a safe/proper manner.
- ❑ The client/patient will communicate to the staff any Product(s) problems.
- ❑ The client/patient will know how to obtain follow-up services as needed.

Services/Actions Provided:
- ❑ Assess the client/patient and provide the Product(s).
- ❑ Provide training in use of the Product(s).
- ❑ Provide written handout for Client/Patient Bill of Rights and Responsibilities, Medicare Standards, HIPAA Privacy Standards and financial responsibilities.
- ❑ Demonstrate cleaning and care of the Product(s) provided.
- ❑ Provide written instructions for use of the Product(s).
- ❑ Provide written instructions for obtaining follow-up services.
- ❑ Provide manufacturer warranty.

☐ Existing Physician (Complete Line A) ☐ New Physician or Address Change (Complete lines A - D)

A. Physician Last Name: _____ First: _____ MI: ____

B. NPI # _____ Phone #: _____ Fax #: _____

C. Address: _____

D. City: _____ State: _____ Zip: _____

☐ Order on File
☐ CMN Attached
☐ Order Attached
☐ ASAP Obtain CMN
☐ Provider Obtain CMN

DELIVERY RECEIPT AND AUTHORIZATION TO RELEASE INFORMATION AND PERMIT PAYMENT OF INSURANCE BENEFITS TO PROVIDER

I authorize any holder of medical information about me to be released to the Social Security Administration, Health Care Financing Administration or its intermediaries or carriers, or any other private insurance company needed for this or a related medical claim. I permit a copy of this authorization to be used in place of the original. I herby authorize payment of all insurance benefits, Medicare, Medicaid, or any other private or government insurance companies to the above provider/supplier. **I have received the equipment described above and authorize MedSouth Medical Supply or its affiliates to submit to any of the Insures as may be required. I was hereby given advance notice and understand should my insurance plan not provide coverage in its entirety for any reason I will be responsible for payment of the equipment received from MedSouth Medical Supply.**

_____ _____ _____
Signature of Patient **Date** **Relationship to Patient (If not signed by Patient)**

Other Payment Forms Available:

☐ Visa ☐ MC ☐ Discover ☐ Check (Payable to MedSouth Medical Supply)

Card Holder _____ Amount: $_____

Card Number: _____ Exp Date (MM/YYYY): ____/_____ CSV #_____

ALL CLAIMS MUST INCLUDE A FRONT & BACK COPY OF PATIENT'S INSURANCE CARD

Price Sheet

E0100	Cane adjust/fixed with tip	$22.12
E0105	Cane adjust/fixed quad / 3 pro	$51.57
E0114	Crutch underarm pair no wood	$49.55
E0135	Walker folding adjust/fixed	$75.88
E0143	Walker folding wheeled w/o s	$108.81
E0153	Forearm crutch platform attachment	$72.85
E0154	Walker platform attachment	$63.81
E0155	Walker wheel attachment, pair	$24.28
E0158	Walker leg extenders set of 4	$26.43
E0159	Brake for wheeled walker	$16.17
E0191	Protector heel or elbow	$9.84
E0720	Tens two lead	$385.96
E0860	Tract equip cervical tract	$40.46
L0120	Cervical flexible non-adjustable	$22.46
L0172	Cervical colllar thermplas foam 2 piece	$119.32
L0210	Thoracic rib belt	$49.99
L1800	Knee orthoses elastic w stays	$75.10
L1810	Ko elastic with joints	$90.56
L1825	Ko elastic knee cap	$62.08
L1830	Ko immobilizer canvas longit	$74.06
L1902	AFO ankle gauntlet	$90.11
L1906	AFO multiligamentus ankle su	$101.82
L1930	AFO plastic	$267.05
L3650	Shoulder figure 8 abduct restrain	$53.84
L3660	Abduct restrainer canvas & web	$85.15
L3670	Acromio / clavicular canvas & web	$97.27
L3700	Elbow orthoses elas w stays	$77.11
L3701	Prefab elbow orthosis	$16.87
L3908	Wrist cock-up non-molded	$49.64
L3911	Prefab hand finger orthosis	$20.52
L3925	FO pip/dip with joint/spring	$44.50
L3927	FO pip/dip w/o joint/spring	$28.99
L4350	Ankle control orthosi prefab	$77.83
L4360	Pneumatic walking boot prefab	$234.42
L4370	Pneumatic full leg splint	$159.83
L4380	Pneumatic knee splint	$90.94
L4386	Non-pneum walk boot prefab	$144.33
L4396	Static AFO	$152.79
L4398	Foot drop splint recumbent	$70.31

Rental Items (Cost per Month)

E0100	Cane adjust/fixed with tip	$18.00
E0105	Cane adjust/fixed quad/3 pro	$39.75
E0114	Crutch underarm pair no wood	$12.00
E0135	Walker folding adjust/fixed	15.00
E0143	Walker folding wheeled w/o s	$16.61
E0153	Forearm crutch platform attachment	10.00
E0154	Walker platform attachment	$12.00
E0155	Walker wheel attachment, pair	$3.00
E0158	Walker leg extenders set of4	$3.00
E0744	Neuromuscular stim for scoli	$95.09
E0745	Neuromuscular stim for shock	$79.89

MedSouth Medical Supply
7665 Counts Massie Rd
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501-224-0330

CLIENT/PATIENT SERVICE AGREEMENT

Client/Patient Name: _____ ID:_____

Authorization/Consent for Care/Service: I have been informed of the home care options available to me and of the selection of providers from which I may choose. I authorize MedSouth Medical Supply under the direction of the prescribing physician, to provide home medical equipment, supplies and services as prescribed by my physician.
Assignment of Benefits/Authorization for Payment: I hereby assign all benefits and payments to be made directly MedSouth Medical Supply, for any medical equipment, supplies and services furnished to me in conjunction with my home care. I authorize MedSouth Medical Supply to seek such benefits and payments on my behalf. It is understood that, as a courtesy. MedSouth Medical Supply will bill Medicare/Medicaid or other federally funded sources and other payors and insurer(s) providing coverage, with a copy to MedSouth Medical Supply I understand that I am responsible for providing all necessary information and for making sure all certification and enrollment requirements are fulfilled. Any changes in the policy must be reported to MedSouth Medical Supply within 30 days of the event. I have been informed by MedSouth Medical Supply 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.
Release of Information: I hereby request and authorize MedSouth Medical Supply, the prescribing physician, hospital, and any other holder of information relevant to service, to release information upon request, to MedSouth Medical Supply, any payor source, physician, or any other medical personnel or agency involved with service. I also authorize MedSouth Medical Supply to review medical history and payor information for the purpose of providing health care supplies.
Financial Responsibility: I understand and agree that l am responsible for the payment of any and all sums that may become due for the services provided. These sums include, but are not limited to, all deductibles, co-payments, out-of-pocket requirements, and non-covered services. If for any reason and to any extent, MedSouth Medical Supply does not receive payment from my payor source, I hereby agree to pay MedSouth Medical Supply for the balance in full, within 30 days of receipt of invoice. All charges not paid shall be assessed late charges. I am liable for all charges, including collection costs and all attorneys' cost. I am responsible for all charges regardless of my payor unless my agreement with my health plan holds me harmless.
Returned Goods: I understand that, due to Federal and State Pharmacy Regulations ancillary items prescribed for your health care cannot be re-dispensed. Therefore, ancillary items cannot be returned for credit. Medical Equipment that are returned after the physician has discontinued service. Sale items cannot be returned. MedSouth Medical Supply must be notified within 24 hours of the set-up if any supplies are defective. In the case of defective supplies, an exchange will be made for the defective item.
Client/Patient Handouts: I acknowledge that I have received a copy of the Client/patient Handouts, which contains Client/patient Rights and Responsibilities, Supplier Standards, HIPPA Privacy Standards. I acknowledge that the information in the Client/patient Handouts has been explained to me and that I understand the information. Grievance Reporting: I acknowledge that I have been informed of the procedure to report a grievance should I become dissatisfied with any portion of my medical supplies. I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 800-264-0330 and speak to the Customer Services Supervisor. If your complaint is not resolved to your satisfaction within 15 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body. You can expect a written response within 14 working days or receipt.
Home Health Hotline: You may also make inquiries or complaints about this company by calling your local Social Services Department and/or CHAP. **(501) 225-9966**
Miscellaneous: In the event MedSouth Medical Supply prevails in any action or proceeding to enforce its rights hereunder, I agree to pay all MedSouth Medical Supply reasonable expenses including attorney's fees and court costs. This agreement represents the entire agreement between the parties and supersedes all prior oral and/or written agreements and representations. No provision of this agreement may be waived or modified, unless in writing and signed by MedSouth Medical Supply. Any provision is held invalid or unenforceable by a court of competent jurisdiction; the other provisions will remain in full force and effect. The undersigned agrees this agreement will be binding and his/her heirs, representatives and assigns. By executing the front of this document I herby certify that (a) I have read this document including the terms and conditions and have received and read a copy thereof; (b) have received orientation for the service and safe operation, maintenance of the equipment as appropriate; (c) have received and read a copy of the patients Bill of Rights/Responsibilities and Medicare Supplier Standards, and; (d) am the patient, or am duly authorized as the patients general agent to execute this agreement and accept its terms. To report complaints, please call MedSouth Medical Supply directly.

MedSouth Medical Supply
CLIENT/PATIENT HANDOUTS
CLIENT/PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all client/patients receiving services from MedSouth Medical Supply should be informed of their rights. Therefore, you are entitled to:

1. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services.
2. Receive a timely response from MedSouth Medical Supply when homecare services/care is needed or requested.
3. Be fully informed in advance about service/care to be provided and any modifications to the Plan of Service/Care.
4. Participate in the development and periodic revision of the Plan of service/care.
5. Informed consent and refusal of service/care or treatment after the consequences of refusing service/care or treatment are fully presented.
6. Be informed in advance of the charges, including payment for service/care expected from third parties and any charges for which the client/patient will be responsible.
7. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
8. Be able to identify visiting staff members through proper identification.
9. Voice grievances/complaints or recommend changes in policy, staff or service/care without restraint, interference, coercion, discrimination or reprisal.
10. Choose a health care provider.
11. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
12. Receive appropriate service/care 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/care limitations.
16. Be informed of client/patient rights under state law to formulate advance care directives.
17. Be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.
18. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services
19. Receive a timely response from MedSouth Medical Supply when homecare services or care are needed or requested
20. Be fully informed in advance about service or care to be provided, and any modifications to the Plan of Service or the Plan of Care
21. Participate in the development and periodic revision of the Plan of Service or the Plan of Care

CLIENT RESPONSIBILITIES

1. Client agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition (normal wear and tear excepted).
2. Client agrees to promptly report to MedSouth Medical Supply any malfunctions or defects in rental equipment so that repair/ replacement can be arranged.
3. Client agrees to provide MedSouth Medical Supply access to all rental equipment for repair/replacement, maintenance, and/or pick-up of the equipment.
4. Client agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
5. Client agrees to keep the equipment in their possession and at the address, to which it was delivered unless otherwise authorized by MedSouth Medical Supply
6. Client agrees to notify MedSouth Medical Supply of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for the rental equipment no longer exists.
7. Client agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to MedSouth Medical Supply for any services furnished by MedSouth Medical Supply.
8. Client agrees to accept all financial responsibility for home medical equipment furnished by MedSouth Medical Supply
9. Client agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
10. Client agrees not to modify the rental equipment without the prior consent of MedSouth Medical Supply
11. Client agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
12. Client agrees that title to the rental equipment and all parts shall remain with MedSouth Medical Supply at all times unless equipment is purchased and paid for in full.
13. Client agrees that MedSouth Medical Supply shall not insure or be responsible to the client for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God
14. Client understands that MedSouth Medical Supply retains the right to refuse delivery of service to any client at any time.
15. Client agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

When the client/patient is unable to make medical or other decisions, the family should be consulted for direction. All staff members will understand and be able to discuss the Client Bill of Rights and Responsibilities with the client/patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Client Bill of Rights and Responsibilities. The client/patient and caregiver(s) will also receive a copy of the DMEPOS Supplier Standards, which is included in the Client/Patient Handouts forms.

SUPPLIER STANDARDS

MedSouth Medical Supply adheres to the following standards as required by the Centers for Medicare and Medicaid Service:

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 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 mobile communications devices 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, 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 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 new supplier location for 3 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 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.

HIPAA NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment.

We may use or disclose your protected health information in the following situations without your authorization: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.

You may have the right to have our organization amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information, if you have any questions concerning or objections to this form, please ask to speak with our President in person or by phone at 800-264-0330.

Associated companies with whom we may do business, such as an answering service or delivery service, are given only enough information to provide the necessary service to you. No medical information is provided.

We welcome your comments: Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

This notice was published and became effective April 14, 2003