



PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Social Security Number: _____ Drivers License: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Secondary/Cell Phone: _____

Marital Status: _____ Gender: _____ Height: _____ Weight _____ lbs.

Employer: _____ Employer's Phone: _____

Email: _____

REQUIRED for insurance billing purposes:

Referring Physician's Name: _____ Phone: _____

Diagnosis/Nature of injury: _____

Date of Injury: _____ Affected Side: ___ Right ___ Left ___ N/A

If patient is a minor

Responsible Party Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Secondary/Cell Phone: _____

Insurance Information

Is this a Worker's Comp case? ___ Yes ___ No

Primary Insurance: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Policy: _____ Group: _____

Name of Insured: _____ Date of Birth: _____

Relation: ___ Self ___ Spouse ___ Parent/Guardian

Secondary Insurance (if necessary) _____



Health Insurance Portability and Accountability Act Notice of Privacy Practices

It is the policy of Alliance Orthotics & Prosthetics that our personnel comply with our Notice of Privacy Practices, which is consistent with HIPAA. Our Notice of Privacy Practices is provided to all our patients at the first patient encounter possible. Also, copies are available upon request from our reception desk.

Alliance Orthotics & Prosthetics collects medical and related identifiable patient information such as billing information, claims information, referral and health plan information, and stores it in a chart, in administrative files, and on a computer. This information is considered "protected health information" (heretofore also referred to as "PHI") under HIPAA Privacy Rule. The law permits us to use or disclose health information without the patient's written authorization in the course of health care delivery, under the conditions described for the following purposes without the patient's written authorization:

Treatment. We use medical information to provide medical care. We disclose medical information to our employees and associates who are involved in providing health care to our patients. For example, we may share medical information with referring physicians or other health care providers who have provided or will provide services, which we do not provide. Or we may share this information with a physical therapist at a licensed facility, or a device manufacturer that will fabricate a custom device according to specifications regarding your body shape and health conditions. We may also disclose medical information to members of the patient's family or others who can aid the patient during the sickness or injury.

Payment. We use and disclose medical information to obtain payment for the services we provide. For example, we give information to the health plans that they require before they will pay us. In the case of workers compensation cases or third party insurers, we will have to provide those agencies with the appropriate information to file the claim. We may also disclose information to other health plan providers to assist them in obtaining payment for services they have provided to our patients.

Health care operations. We may use and disclose medical information to operate this healthcare practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get health plans to authorize services or referrals. We may also use and disclose this information as necessary for our medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share information with our business associates, such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of this medical information. Although federal law does not protect health information, which is disclosed to someone other than another healthcare provider, health plans, or healthcare clearinghouse, under California law all recipients of health care information are prohibited from redisclosing this information except as specifically required or permitted by law. We may also share health information with other health care providers, health care clearinghouses, or health plans that have a relationship with one of our patients, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. From time to time, we may share health information with our professional liability carrier for our defense or their ongoing quality review of our healthcare practice. We may also share medical information with all the other health operation activities of these organized health care arrangements. Our Quality Control Manager maintains a current list of the arrangements, which include among others all relevant hospitals, IPAs, and health plans with which the group participates.

Appointment reminders. We may use and disclose medical information to contact and remind our patients about appointments.

Sign in sheet. We may use and disclose information about our patients by having them sign in when they arrive at our office. We may also call out their names when we are ready to see them.

Notification and communication with family. We may disclose our patient's health information to notify or assist in notifying family members, personal representatives or other persons responsible for their care about their location, general condition, or in the event of a health emergency in which paramedics would become involved. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate appropriate notification efforts to family members. We may also disclose information to someone who is involved with our patient's care or helps pay for care. Patients who are able and available may file a list of persons requested to be excluded or prohibited disclosure. Furthermore, for each given circumstance wherein patients are able and available to consent or object, we will give the patient the opportunity to object prior to making these disclosures, although we may disclose information in a disaster or patient health emergency, even over the patient's objection. In this case, we will attempt to seek the advice, approval, or request for disclosure by the referring provider. If our patient is unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with any of the patient's family, family representatives and care-giving representatives.

Marketing. We may contact our patients to give them information about products or services related to their treatment, case management, or care coordination, or to direct or recommend other treatments or health related benefits and services that may be of interest to them. We may also provide a patient with a product or service at no cost to the patient. We will not otherwise use or disclose our patient's medical information for marketing purposes, without their written authorization.

Required by law. As required by law, we will use and disclose our patients' health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirements set forth below concerning those activities.

Public health. We may, and are sometimes required by law, to disclose our patient's health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability, reporting child, elder, or dependent adult abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When

we report suspected elder or dependent adult abuse or domestic violence, we will inform our patients or their personal representatives promptly unless in our professional judgment we believe the notification would place a patient at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health oversight activities. We may, and are sometimes required by law, to disclose our patient's health information to health oversight agencies during the course of audits, investigations, licensure, and other proceedings, subject to the limitations imposed by federal and California law.

Law enforcement. We may, and are sometimes required by law, to disclose our patient's health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners. We may, and often are required by law, to disclose our patient's health information to coroners in connection with their investigation of deaths.

Organ or tissue donation. We may disclose our patient's health information to appropriate organizations involved with procuring, banking, or transplanting organs and tissues.

Except as described herein this Notice, Alliance Orthotics & Prosthetics will not use or disclose health information which identifies individual patients without their written authorization. If a patient wishes to authorize this healthcare practice to use or disclose health information for another purpose, the patient may revoke the authorization in writing at any time.

Patient Bill of Rights

As a patient in our facility, you have the right to:

- **The Right to Information.** Patients have the right to receive accurate, easily understood information to assist them in making informed decisions about their health plans, facilities and professionals.
- **The Right to Choose.** Patients have the right to a choice of health care providers that is sufficient to assure access to appropriate high-quality health care.
- **Being a Full Partner in Health Care Decisions.** Patients have the right to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators. Additionally, provider contracts should not contain any so-called "gag clauses" that restrict health professionals' ability to discuss and advise patients on medically necessary treatment options.
- **Care Without Discrimination.** Patients have the right to considerate, respectful care from all members of the health care industry at all times and under all circumstances. Patients must not be discriminated against in the marketing or enrollment or in the provision of health care services, consistent with the benefits covered in their policy and/or as required by law, based on race, ethnicity, national origin, religion, sex, age, current or anticipated mental or physical disability, sexual orientation, genetic information, or source of payment.
- **The Right to Privacy.** Patients have the right to communicate with health care providers in confidence and to have the confidentiality of their individually-identifiable health care information protected. Patients also have the right to review and copy their own medical records and request amendments to their records.
- **The Right to Speedy Complaint Resolution.** Patients have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.
- **Taking on New Responsibilities.** In a health care system that affords patients rights and protections, patients must also take greater responsibility for maintaining good health.

Release/Consent Form

Assignment of Benefits:

The customer requests that payment of authorized insurance benefits be made on the customer's behalf to Alliance Orthotics & Prosthetics for any services furnished. The customer understands that the signature requests the payment by the insurance carrier be made directly to Alliance Orthotics & Prosthetics.

Medical Information Release Authorization:

The customer authorizes any holder of medical information about the customer to be released to Alliance O & P or its agents any information needed to determine benefits or the benefits payable for related services. The customer understands that the below signature authorizes release of medical information necessary to pay the claim.

Financial Responsibility Consent:

The undersigned agrees to assume financial responsibility for any claim or portion of claim thereof, due Alliance O & P for services provided, not covered by the insurance policy as of the date listed below. If the insurance company denies coverage for a product, the undersigned will assume financial responsibility for its payment. The undersigned acknowledges the responsibility for any payment not received from the insurance carrier within thirty (30) days from the date of service. The undersigned also acknowledges that payments of the copay and deductible are due at the time of delivery. There will be a \$15 fee for returned checks due to insufficient funds.

Video and Photograph Consent:

The undersigned agrees consent in being photographed and/or videotaped for use in patient records and clinical evaluations. The undersigned understands that these images will only be used for clinical and educational purposes.

I acknowledge these practices. I have been notified of these rights and understand that I may request a personal copy of this Notice.

X

Signature of Beneficiary/Parent/Guardian/Representative

X

Date

For Comments and Complaints please call 940-668-1118 or write to:
Patient Satisfaction Department 725 Santa Cruz Dr. Keller, TX 76248

MEDICARE DMEPOS SUPPLIER STANDARDS

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.
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 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. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed.
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. ¹
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 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 operation 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.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57 (c).
27. A supplier must obtain oxygen for 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.

**Please call us at (940) 668-1118 if you are not satisfied in any way. If our company cannot satisfy any problem you have with your product, you may contact the Medicare Beneficiary Toll Free Number at 1-800-MEDICARE (800-633-4227).
By signing below, I certify that I have been provided a copy of these Supplier Standards.**

Signature: _____

Date: _____

¹The products and/or services provided to you by Alliance Orthotics and Prosthetics are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.