

## PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

### OT must disclose your PHI to federal, state or local authorities as required by law.

Protected Health Information (PHI) - you have the right:

- To review your PHI and obtain a copy
- To request an amendment and correction of your PHI
- To request limits or restrictions on OT's release of your PHI
- To request an accounting to whom OT released your PHI

Your financial information is considered to be part of your PHI. Please read OrthoTek's Notice of Privacy Practices for a full disclosure or your rights under the Health Insurance Portability and Accountability Act of 1986.

This Notice can be found on the last two pages of this document.

### You have the right to:

- Receive service without regard to race, religion, color, age, gender, handicap, sexual orientation, veteran status or lifestyle
- Know maximum charges for services including fees covered by patient and those covered by insurance, third party, Medicare or Medicaid
- Be advised if charges increase from those stated at the time of service
- Receive clear instructions in the use of all products, equipment and protocols ordered by your physician
- Know the name and qualifications of the individual providing service
- Make informed decisions about services
- Receive services directly or through contract
- Participate in the planning and development of your service plan
- Receive continuity of services
- Refuse treatment, however, we request you contact your physician prior to making that decision
- Know when and why equipment may be discontinued
- Be referred to another agency, if requested, for any reason
- Be treated in such a manner that is free from any type of abuse, neglect, damage to or theft of property, and exploitation of any kind
- Have your property treated with respect
- Know that OT is a privately held corporation that maintains liability insurance
- Also know that OT does not have any beneficial relationships that result in profit for referring organizations
- Receive a response to a lodged complaint in regards to the investigation and resolution of the complaint
- Express content, concern or dissatisfaction with any aspect of care, employees, products or equipment or any company related services by calling **Customer Service at 1-877-255-0052** (8:30 am - 5:00 p.m. CST Monday - Friday), **CHAP** (Community Health Accreditation Program) at **1-800-656-9656** (8:00 am - 5:00 p.m. EST Monday - Friday), or contacting us in writing at:  
**OrthoTek, Inc,**  
**P.O. Box 713**  
**Des Moines, IA 50303**

### Your responsibilities include the following:

- Care for use as instructed and return equipment in good condition normal wear excepted, at the end of the rental period
- Pay for replacement cost of any rental equipment damaged, destroyed, or lost due to misuse, abuse or neglect
- Not modify any equipment without prior written consent of OrthoTek
- Not allow the use of any equipment by anyone other than you the patient
- Notify OrthoTek promptly if any equipment malfunctions and/or to allow an OrthoTek representative to repair or provide replacement equipment within a time frame agreed upon
- Ultimately be responsible for your bill regardless of insurance coverage
- Make payment within 30 days of receipt of invoice
- Make informed decisions about your services
- Remember you are responsible for contacting us to arrange for prompt rental equipment pick-up. Thank you in advance for making arrangements promptly. To schedule a pick-up for your durable medical device call 1-877-255-0052. Our field personnel are available 24 hours a day, every day of the year.

## INSURANCE AND BILLING INFORMATION

The OrthoTek billing department is designed to bill your insurance company for the services you receive from us. If you have coverage from more than one health insurance company, please inform us as to which company is primary and should be billed first. Since each health insurance policy coverage varies, we suggest you call your insurance company if you have any questions regarding coverage. By filing an insurance claim for you, we hope to make the billing process trouble free. Regardless of insurance coverage, you are ultimately responsible for your bill. If your insurance carrier has questions or requests additional information from you, please respond promptly. If you have any questions regarding the status of your claim, we suggest you contact your insurance company directly. The billing department is ready to answer billing and insurance questions and can be reached at **1-888-351-4524 Monday-Friday, 8:30 am -4:30 p.m. (CST)**. Any other time you may leave a message and your call will be returned the next business day.

## MEDICARE DMEPOS SUPPLIER STANDARDS

**Note: This is an abbreviated version (If 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 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 conveyor 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. AU 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. 424.5 16(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.

9/9/2010

**Palmetto GBA**  
**National Supplier Clearinghouse**  
P.O. Box 100142 • Columbia, South Carolina • 29202-3142 • (866) 238-9652  
**A CMS Contracted Intermediary and Carrier**

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## NOTICE OF PRIVACY PRACTICES

Effective 4/14/03

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.

OrthoTek understands that your medical information is personal and we are committed to protecting this information. We create a record of the equipment, services, and financial information about you and we use this record to provide you with quality equipment and services, and to comply with certain legal requirements. This notice applies to all of our records pertaining to your care. This notice will tell you about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information. Privacy laws require that we ensure all of the following:

- We must maintain the privacy of your medical and financial information;
- We must provide you with this Notice, which explains our legal duties and privacy practices with respect to your protected health information; and,
- We must follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information. We will define and give some examples for each category of uses or disclosures listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Payment** - We may use and disclose your protected health information so that the equipment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your insurance company information about a type of surgery you received at the hospital, so your insurance will pay us or reimburse you for the equipment you now require. We may also tell your health plan about the equipment you are going to receive to obtain prior approval or to determine whether your plan will cover that equipment.

**For Health Care Operations** - We may use your protected health information to evaluate the performance of our employees who serve you. For example, we may combine information about many of our patients to decide what additional services OrthoTek should offer and what services are no longer necessary. We may also disclose information to doctors and other health care professionals that are also required by law to follow these privacy guidelines.

**For Treatment** - We may use your protected health information to provide you with medical equipment or services. For example, we may gather information from your health care provider, such as a physician, nurse, or other person providing health services to you, and maintain that information in your record. This information is necessary for health care providers to determine what treatment you should receive.

**Health-Related Benefits and Services** - We may contact you to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care** - We may release your protected health information to a friend or family member who is involved in your medical care or who helps pay for your care.

**As Required By Law** - We will disclose your protected health information when required to do so by federal, state, or local laws.

**To Avert a Serious Threat to Health or Safety** - We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Public Health Risks** - We may disclose your protected health information for public health activities.

**Health Oversight Activities** - We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement** - We may release your protected health information if asked to do so by law enforcement officials.

**National Security and Intelligence Activities** - We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, to include protection of the President, other authorized persons or foreign heads of state, or in conducting special investigations.

### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

**Right to Inspect and Copy** - In accordance with 45 C.F.R. §164.524, you have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy your protected health information that may be used to make decisions about you, you must submit your request in writing to OrthoTek at 9379 Swanson Blvd., Ste. C, Des Moines, IA 50325. We may deny your request to inspect and copy in certain, very limited, circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional chosen by OrthoTek will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend** - In accordance with 45 C.F.R. §164.526, if you feel that your protected health information that we possess is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for OrthoTek. To request an amendment, your request must be made in writing and submitted to the OrthoTek Compliance Manager. Contact the Compliance Manager at 9379 Swanson Blvd., Ste. C, Des Moines, IA 50325 for a request letter. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that is accurate and complete.

**Right to an Accounting of Disclosures** - In accordance with 45 C.F.R. §164.528, you have the right to request an accounting of disclosures. This is a list of instances in which we disclosed your protected health information. To request this accounting of disclosures, you must submit your request in writing to the OrthoTek Compliance Manager at 9379 Swanson Blvd., Ste. C, Des Moines, IA 50325. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first accounting of disclosures you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved, so you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** - In accordance with 45 C.F.R. §164.522(a), you have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask

that we not tell a spouse about a medical procedure you recently had in a hospital.

We are not required to agree to your request. If we do agree with your restriction request, we will comply unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the OrthoTek Compliance Manager at 9379 Swanson Blvd., Ste. C, Des Moines, IA 50325. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Receive Confidential Communications** - In accordance with 45 C.F.R. §164.522(b), you have the right to request that we communicate with you about confidential medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the OrthoTek Compliance Manager at 9379 Swanson Blvd., Ste. C, Des Moines, IA 50325. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Changes To This Notice** - We reserve the right to change this notice. The provisions in the new notice will be effective for all protected health information that we maintain about you.

**Complaints** - If you believe your privacy rights have been violated, you may file a complaint with OrthoTek or with the Secretary of the Department of Health and Human Services. To initiate a complaint with OrthoTek, contact the OrthoTek Compliance Manager at 877-255-0052. To take action, all privacy complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

**Other Uses of Protected Health Information** - Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.