

INTEGRATED HOME HEALTH CARE SYSTEM

HOME CARE



HOME INFUSION



RESPIRATORY



DURABLE MEDICAL EQUIPMENT



ORTHOTIC & PROSTHETIC



cms

Clinical Medical Services, Inc.



Patient Information Handbook

Corporate Office

Carr. PR-3 km 9.5 Ave 65 Infantería
Reperto Industrial San Gabriel
Carolina, PR 00985

Ponce Office

240 Sabanetas Industrial Park
Ponce, PR 00716

787-620-2900 • (800) 981-0122

APRIL 2022



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Hours of Operation, Telephone and Locations

Office Hours

8:30 a.m. – 5:30 p.m.
Monday thru Friday

Telephone

800.981.0122 or 787.620.2900
For Customer Service please dial extension 5200
TTY 866.280.2053

Locations

Corporate Office - Carr. PR-3 km 9.5 Ave 65 Infantería, Reparto Industrial San Gabriel
Carolina, PR 00985

Ponce Office - 240 Sabanetas Industrial Park, Ponce, PR 00716

After Hours, Weekends, Holidays and Declared Emergencies

Please call 800-981-0122 or 787-620-2900 to speak to an after-hours call service representative. Leave your name, phone number along with a brief message and a member of Clinical Medical Services team will call you back.

In Case of Emergency, Dial 911

Our Mission:

Our goal is to provide patients with high quality durable medical equipment, respiratory and pharmaceutical services, diabetic supplies, Orthotic and Prosthetics based on medical necessity and appropriateness to enhance their activities of daily living. Clinical Medical Services and its associated companies are committed to providing quality services, administered by professionals who recognize the patient's needs first and foremost. Our standards, both personal and professional, reflect and are consistent with the highest of ethical business practices.

Vision:

Provide integrated health services to patients who require medical equipment and home health care and expand services to other markets.

Welcome to Clinical Medical Services

At Clinical Medical Services, we provide a wide range of home medical equipment to help improve your quality of life and activities of daily living. Our homecare specialist team is committed to providing you with the best care and personal attention at all times. In order to best meet your needs and provide you with the services you expect, we ask for your cooperation and offer the following information.

WE ASK THAT YOU PLEASE NOTIFY US IF:

- You have a special delivery request;
- You have a question about the products or services you are receiving;
- You have been hospitalized or are leaving the service area;
- There is a change in your address or telephone number;
- You no longer need the equipment or medication that is being provided to you

Clinical Medical Services is open Monday to Friday from 8:30 a.m. to 5:30 p.m. However, when our office is closed, we have designated managers on call 24 hours a day who are available to address your needs, problems or concerns. If you are a customer receiving medical equipment, a manager is available to assist you with any urgent concerns. If you are a pharmacy patient, our pharmacy team is available 24 hours to address your needs.

Complaints, Grievances, or Concerns

If you have a complaint, grievance, concern or a suggestion to better serve you, please contact one of our customer service representatives at 786-620-2900; or TTY 1-866-280-2053. If your complaint or grievance remains unresolved, you may call and speak to the Department Manager. You may also call to report any concerns or register a complaint: **1) the Accreditation Commission for Health Care (ACHC) at 855-937-2242, 2) CMS (1.800. MEDICARE) or 3) BOC (877.776.2200).**

Fraud, Waste and Abuse

Fraud is generally defined as an intentional or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Waste is overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system, including Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

Welcome to Clinical Medical Services continued

Abuse includes any actions(s) that may, directly or indirectly, result in one or more of the following:

- Unnecessary costs to the health care system, including the Medicare and Medicaid programs
- Improper payment for services
- Payment for services that fail to meet professionally recognized standards of care
- Services that are medically unnecessary

Reporting

To report **Medicare Fraud** – Call the office of the **Inspector General's** Hotline at 800-447-8477

Warranty Coverage

Every product sold or rented by our Company carries a one (1) year manufacturer's warranty. Clinical Medical Services will honor all warranties under applicable law. Clinical Medical Services will repair or replace, free of charge, equipment that is under manufacturer's warranty. In addition, an owner's manual with warranty information will be provided to patients/clients for all durable medical equipment where this manual is available. Clinical Medical Services is a distributor of home medical equipment, not a manufacturer, and is not liable for injuries resulting from defective products.

Advance Directives

CMS recognizes the right of adult patients to make their own determination. We recognize that all persons, over 18, have the right to formulate an advance directive and this company will honor all advanced guidelines in accordance with state and federal laws. Patients who receive services from one of our Respiratory Therapists who have an Advance Directive or wish to execute one must notify the Respiratory Therapist of their desire to document it in the Clinical Record. This handbook describes what federal laws say about your right to inform staff who provide medical services about your care and treatment that you want or don't want, and about your right to choose to have someone else make these decisions for you if you are physical and mentally incapacitated.

Patient Bill of Rights and Responsibilities

At Clinical Medical Services, we believe that our patients have rights and responsibilities and we are committed to ensuring that we care for our patients with personal attention at all times.

As a patient of Clinical Medical Services, you have the right to:

1. Be fully informed in advance about the care / services that will be provided, including the disciplines that provide care and the frequency of visits, as well as any changes to the care plan.
2. Be informed, before the care / service and financial responsibility are provided.
3. Receive information on the scope of services provided by the organization and the specific limitations of those services.
4. Participate in the development and periodic review of the care plan.
5. Refuse care or treatment after being informed of the consequences of refusing care or treatment.
6. Be informed of the client / patient rights under state law to complete the Advance Directives, if applicable.
7. Clients / patients and their property be treated with respect, consideration and dignity.
8. Every employee and / or visitor must have adequate identification.
9. Be free from abuse, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown origin and misappropriation of client / patient property.
10. Express complaints / claims about treatment or care or lack of respect for the property, or recommend changes in policies, personnel or care / services without restrictions, interference, coercion, discrimination or retaliation.
11. Have complaints / claims about the treatment or care provided (or not provided) or the lack of respect for the property under investigation.
12. Confidentiality and privacy of all information contained in the client / patient record and of the Protected Health Information.
13. Be informed about the agency's policies and procedures regarding the disclosure of clinical records.
14. To choose a health care provider, including a attending physician, if applicable.
15. Receive appropriate care without discrimination according to the doctor's orders, if applicable.
16. Be informed of any financial benefit when referred to an organization.
17. Be fully informed of your responsibilities.

Patient Bill of Rights and Responsibilities (continued)

As a patient of Clinical Medical Services, you have the responsibility to:

1. Use the equipment and supplies with reasonable care, in the manner that was intended.
2. Not alter or modify the equipment and return it in good working order considering normal wear and tear;
3. Store supplies and equipment as instructed by our staff and provide reasonable care to prevent these items from being damaged, lost or stolen;
4. Promptly report any malfunction or defects in any of the equipment, products or supplies that we have provided so that we can repair or replace it;
5. Permit authorized representatives of our company access to all rental equipment for repair, replacement, maintenance and/or pick up;
6. Keep the equipment, products and supplies in your possession at the agreed upon address unless otherwise authorized by our organization;
7. Notify our company if you are hospitalized, plan to leave the area, change health care insurance, physician or treatment;
8. Notify our company if your treatment is changed, suspended or otherwise terminated;
9. Accept financial responsibility for the equipment, products and supplies provided by our company.

Privacy Notice

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.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, 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 physician's practice, 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. As another 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 a hospital stay may require that your relevant protected health information be disclosed to your health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Permitted Uses and Disclosures: We may use or disclose your protected health information in the following situations without your authorization. These situations include:

Privacy Notice continued

As Required By Law: We may disclose your protected health information in any circumstances where the law requires us to do so.

Public Health: We may disclose your protected health information for certain public health activities such as preventing or controlling disease, reporting child abuse or neglect, or disclosing potential exposure to a communicable disease.

Abuse or Neglect: We may disclose your protected health information to the appropriate government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Health Oversight: We may disclose your protected health information to agencies responsible for health oversight activities, such as audits, investigations, or licensure actions. 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.

Legal Proceedings: If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health 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 (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement: We may disclose your protected health information to law enforcement if asked to for certain reasons, such as to provide evidence about criminal conduct.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information about people who have died to coroners, medical examiners, or funeral directors. We may also make disclosures to agencies that are responsible for getting and transplanting organs.

Research: We may reveal your protected health information in connection with certain research activities after going through a special approval process.

Fundraising: We may use or disclose limited protected health information to communicate with you regarding fundraising, of which you may opt out. We will not condition your treatment or payment options on your decision.

Serious Threats to Health or Safety: We may disclose your protected health information if it is needed to prevent a serious threat to the health or safety of a person or the public.

Specialized Government Functions: We may disclose your protected health information for certain specialized government functions, such as military and veteran activities if you are a member of the armed forces, national security and intelligence activities, and correctional institution activities if you are an inmate.

Privacy Notice Continued

Workers' Compensation: We may disclose protected health information to workers' compensation programs or other programs which provide benefits for work-related injuries or illness.

To Individuals Involved in Your Care or Payment for Your Care: We may disclose protected health information about you to a friend or family member who is involved in your medical care, or for notice purposes. We may also give information to someone who helps pay for your care. You may 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.

Special Categories of Information: In some circumstances, your protected health information may be restricted in a way that limits some of the uses and disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information—e.g. tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medicaid, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

2. Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice, or the laws that apply to us, **will be made only with your written permission.** Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that would be a sale of protected health information, require your written permission. If you provide us permission to use or disclose such protected health information about you, **you may revoke that permission,** in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of such protected health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.

3. Your Rights

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

You have the right of access 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 any other law that prohibits access to protected health information. You may also request that your PHI be sent to designated individual. However, your request may be subject to denial and the Company may charge a reasonable fee for the fulfillment of your request.

Privacy Notice Continued

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. Your request must state the specific restriction requested and to whom you want the restriction to apply. In most cases, your physician is not required to agree to a restriction that you may request. If your physician 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. However, we must agree to your request for a restriction on the disclosure of protected health information to a health plan for a payment or health care operations purpose, and the protected health information relates only to a health care item or service for which we have been paid out-of-pocket in full by you or someone on your behalf.

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 i.e. electronically.

You may have the right to have your physician 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.

4. Changes to this Notice

We reserve the right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will inform you by mail of any changes, and the new notice will be available upon request. You then have the right to object or withdraw as provided in this notice.

5. Complaints

You may report a complaint to our Privacy Officer Evelyn Barbes at P.O. Box 3569 Carolina, PR 00984 by mail or call 787-620-2900 or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. **We will not retaliate against you for filing a complaint.**

6. Our Legal Responsibilities

We are required by law to maintain the privacy of protected health information, provide individuals with this notice of our legal duties and privacy practices with respect to protected health information, abide by the terms of this notice, and notify affected individuals following a breach of unsecured protected health information. If you have any objections to this form, or would like further information about your rights or our privacy practices under this notice, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Effective Date: This notice became effective on September 23, 2013.

Medicare DMEPOS Supplier Standards

These standards are the abbreviated version and were reviewed for accuracy on April 2022, in their entirety. Full version Supplier Standards 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.
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 enrollment 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 either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental 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 and must maintain a visible sign with posted hours of operation. The location must be 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.
9. A supplier must maintain a primary business telephone listed under the name of business in a local directory or toll-free number available through directory assistance. The exclusive use of a beeper number, answering machine, answering service or cell phone during posted business hours is prohibited.

Medicare DMEPOS Supplier Standards continued

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 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 the 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 from beneficiaries 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 controlling 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.

Medicare DMEPOS Supplier Standards (Continued)

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 for those specific products and services.
23. All DMEPOS 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 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. All DMEPOS suppliers must obtain a surety bond in order to receive and retain a supplier billing number in 42 C.F.R. 424.57(c).
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.

**Telephone Number for Medicare Beneficiaries
800-633-4227**

Safety Information

It is essential that you operate your equipment and supplies safely and correctly to benefit from their use. The following suggestions will help you safely use these devices.

1. Always follow the directions provided by your **Clinical Medical Services** representative.
2. Always use the safety devices provided.
3. Never bypass, disconnect or cover alarms.
4. Always use safety locks and make sure they are in the locked position at all times.
5. Never move into or out of a wheelchair unless the brakes are applied.
6. Electrical devices should be plugged into a properly grounded outlet that meets the amperage requirements of the equipment. Never expose electrical devices to water or liquid.
7. Be sure the floor is free of loose carpeting and throw rugs. Tape down electrical cords that are in a high traffic area to avoid tripping.
8. Avoid using extension cords and multi-plugs. Place equipment as close to the outlet as possible
9. If necessary, rearrange furniture to provide for easy access to important areas of your home.
10. Use smoke alarms, have fire extinguishers available and check them regularly.
11. Keep important phone numbers near the phone so that they are handy in an emergency.
12. Make sure no parts of the body come in contact with moving parts of equipment (wheelchairs, raising and lowering beds, etc.).
13. Only responsible individuals familiar with the operation should operate devices. Children and incompetent adults should not operate devices.
14. Store oxygen and supplies as directed and out of the reach of children.
15. If your equipment has a battery back-up, keep the equipment plugged into the outlet to keep the battery charged.
16. Never touch any electrical fixture or appliance with wet hands, while standing on a damp floor or while in the bathroom.
17. Do not warm medications or solutions in the microwave or hot water unless directed.
18. If you use oxygen, remember to keep your "No-Smoking" signs visible for family, visitors and emergency workers to see. Be careful and avoid tripping on your oxygen tubing.
19. Power wheelchairs and scooters are not to be operated as a car or golf cart.

**Any Safety concerns related to care or services being provided by
Clinical Medical Services may be reported to the Manager of Customer Service at
787-620-2900 or 800-981-0122 extension 5200**

Emergency / Disaster Preparedness

Disasters:

Disasters can strike anytime and anywhere. It could be a hurricane, tornado, flood, fire, hazardous spill, and an act of nature or terrorism. It can hit suddenly, without warning or builds over days or weeks. You could be affected by one of these events at any time.

Emergency Planning:

Clinical Medical Services has an Emergency Disaster Plan and is responsible for coordinating all activities related to the continued operation in the event of a Hurricane, Tropical Storm, Natural or Man-Made Disaster.

We encourage you to take the time now to create your own personal Emergency / Disaster Plan. When preparing, Emergency Management officials suggest having sufficient food, water, medicine, and other necessary supplies to last at least three (3) days. It is highly suggested that your home be equipped with an emergency back-up power source, like a generator

Deliveries:

Hurricane or Tropical Storm: If the municipality you live in is placed under a Hurricane or Tropical Storm Watch, Clinical Medical Services will continue making deliveries. However, once **Hurricane** or **Tropical Storm Warnings** have been issued and winds have reached a sustained 35 mph, Clinical Medical Services will suspend deliveries and all Delivery Technicians and Respiratory Therapists will be called off the roads. Once the "All-Clear" has been given by Emergency Management Officials, Clinical Medical Services will resume services. Please keep in mind that it may be difficult getting to your home / area due to downed trees, power lines, water floods and closed streets.

Phone System:

If for any reason Clinical Medical Services telephone system goes down, we will utilize our answering service, cell phones and call forwarding service to continue receiving calls and servicing patients.

Emergency Back-Up Oxygen:

Prior to the start of Hurricane Season, Clinical Medical Services will initiate its Pre-Hurricane Delivery of Emergency Back-Up Oxygen to patients. We initiate this plan due to the high possibility of you losing power during or after a storm. Patients need to be self sufficient with emergency back-up oxygen for at least 48 hours after a storm has passed.

Emergency / Disaster Preparedness continued

Evacuation:

If you live in an evacuation area or reside in a mobile home and have been given orders to evacuate, you should do so immediately. ***Remember to take all your necessary medical equipment, medications and emergency supplies with you. Contact Clinical Medical at 787-620-2900 and let us know where you will be evacuating to so we may service you after a storm or when the emergency has ended.*** We will not be able to assist you without you calling us to let us know where you will be temporarily staying before, during and after an emergency / disaster.

Public Shelters:

Public Shelters should be used only as a *last resort* if you have nowhere else to go. It is better to stay with family, friends, or in commercial lodging out of the evacuation areas. Public Shelters have no privacy, bedding, limited food and water. Public Shelters will not accept individuals who require continued medical assistance or use of electrical medical equipment.

Community Resource Information:

A list of phone numbers and websites can be found in your Patient Handbook on page 13.

Public Announcements:

Before, during and after a disaster and only if necessary, Clinical Medical will announce via radio or television any special instructions as it relates to the company and your medical services. Listen to your local radio or television station to hear these updated announcements.

If you have any questions on disaster preparation, please call us at:

787-620-2900 or 800-981-0122

Diabetic Patient REMINDER

At Clinical Medical Services, your well-being is very important to us.

Your Physician has prescribed that you frequently monitor your glucose levels.

The recommended levels range between 70 – 130 mg/dL fasting and less than 180 mg/dL 2 hours after eating. If your level is above these values contact your physician's office for immediate attention.

Remember it is very important that you order your supplies 7 days in advance. You can speak to one of our representatives

Monday thru Friday from 8:30 am to 5:30 pm



787-620-2900 Extension 5200.

TTY 1-866-280-2053

You may also receive services at our facilities which are located at the following address:

- Carr. PR-3, Km 9.5, Ave. 65 de Infantería,
Reparto Industrial San Gabriel, Carolina, PR 00985
- 240 Sabanetas Industrial Park
Ponce, PR 00716

It is a pleasure serving you and we appreciate your business.

Community Resource Information

Police, Fire, Rescue and Ambulance

911

Doctor's Name and Phone Number

ALF Name and Phone Number

Home Health Name and Phone Number

Emergency Contact Name and Phone Number

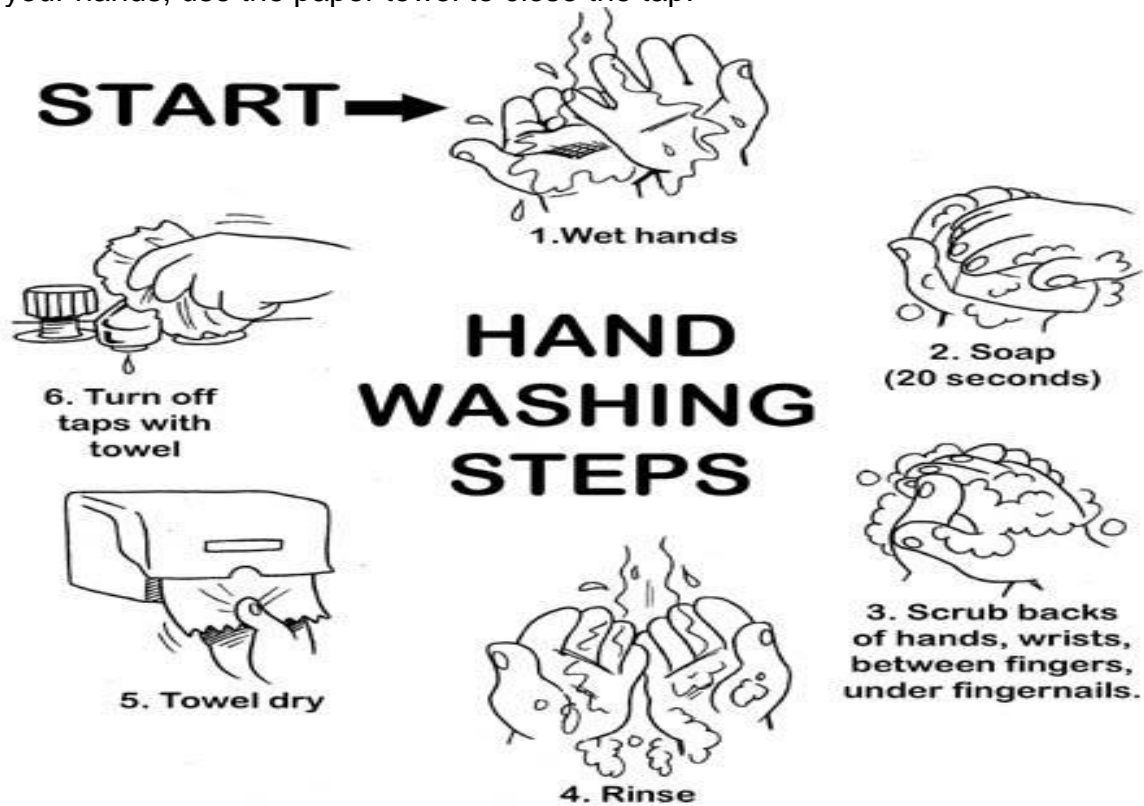
Agency / Service	Phone Number
For the hearing impaired, if you use a TTY call the Relay Service	711
Local Medical Emergency	787-480-2222
State Medical Emergency	787-775-0550 787-754-2550
American Red Cross / Puerto Rico	787-758-8150
Environmental Control	800-222-1222
State Agency for Disaster Management / Area Office of F.E.M.A.	787-724-0124
Puerto Rico Agencies/Associations	
American Cancer Association	787-764-2295
Primary Health Association of Puerto Rico	787-758-3411
AIDS Hotline	787-765-1010
Muscular Distrophy Association	787-751-4088
Association of Well Being and Parents of Children with Disabilities	787-763-4665
Spina Bifida and Hydrocephalus Association of Puerto Rico	787-740-0033 787-740-6695
Association of Parents and Friends for the Center for Diagnosis and Counseling for Mentally Disabled Children (Center of Triumph)	787-771-4420
Association for the Deaf and Blind / Parents and Children	787-793-8625
Association for Retarded Children	787-764-5836 787-764-5970
Puerto Rico Diabetes Association	787-729-2210
Puerto Rico Heart Association	787-283-0330
Puerto Rico Pulmonary Association	787-765-5664
Puerto Rico Association of Physiotherapy / Physical Therapy	787-754-8509
Puerto Rico Association for Pro-Family Welfare	787-765-7373
American Cancer Association for Children	787-725-0233

Hand Washing

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. Follow the directions below when washing your hands.

Proper Hand Washing Technique

1. **Wet** your hands with running water (warm), turn off tap.
2. Apply liquid or bar soap.
3. Scrub your hands for at least 20 seconds.
4. Lather all parts of your hands, including the back, between your fingers and under your nails.
5. **Rinse** your hands well with water. Ensure the water is running through your hands and fingers.
6. **Dry** your hands using a clean towel or air dry them.
7. If you are in a public bathroom, leave the water open until you finished to wash your hands. After drying your hands, use the paper towel to close the tap.



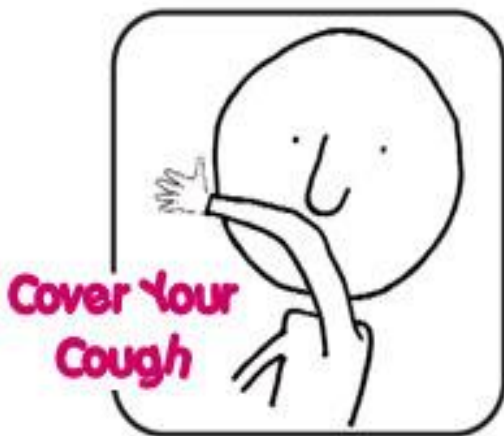
Cover your Cough and Sneezes

Stop the spread of germs that can make you and others sick!

Influenza (flu) and other serious respiratory illnesses like respiratory syncytial virus (RSV), whooping cough, and severe acute respiratory syndrome (SARS) are spread by cough, sneezing, or unclean hands.

To help stop the spread of germs:

1. Cover your mouth and nose with a tissue when you cough or sneeze.
2. Put your used tissue in the waste basket.
3. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
4. You may be asked to put on a facemask to protect others.
5. Wash your hands often with soap and warm water for 20 seconds.
6. If soap and water are not available, use an alcohol-based hand rub.



OXYGEN SAFETY AND FIRE SAFETY

What you and your family should know:

1. **DO NOT Smoke – Oxygen and Smoking is Dangerous**
2. **No one should smoke in the home**
3. **Do not use candles, matches or gas-powered lanterns**
4. **Keep oxygen system and oxygen tubing 10 feet away from any heat source**
5. **Keep flammable material away from any oxygen source**
6. **Have a “NO SMOKING” sign in view at all times**
7. **Have a least one working “smoke detector” and test it monthly**
8. **Have a fully charged “fire extinguisher” and check it monthly**
9. **Oxygen should be used and stored in a well-ventilated area**
10. **DO NOT store oxygen cylinders under a bed, in a closet or behind curtains**
11. **Greasy / Oily hands should be washed before handling oxygen**
12. **DO NOT use Petroleum Jelly; Oil Based Skin Lotions; Hair Spray; Nail Polish; Nail Polish Remover and Aerosol Sprays**
13. **Never place oxygen tubing under clothing, bedding, carpets or rugs**
14. **Oxygen Cylinders should be in stands or carts. Small cylinders may be placed on their side in a well-ventilated area**
15. **Do not store or transport oxygen cylinders in the trunk of a vehicle**
16. **If you go out to a restaurant, family or friends’ home be aware of smokers around you, candles burning or any other flammable source**
17. **Using oxygen increases the risk of fires and fires will burn hotter and faster**
18. **Smoking and using oxygen can put your neighbors and adjacent building at risk**
19. **Have at least two ways out of your home and everyone should be familiar with the routes**
20. **Practice your emergency escape plan at least twice a year**

Common Causes of Household Fires:

21. **Smokers using oxygen**
22. **Careless smokers**
23. **Candles or Incense burning and left unattended**
24. **Cooking utensils left on a hot stove unattended**
25. **Improper use of extension cords**
26. **Overloaded electrical outlets**
27. **Improper placement and use of electric space heaters**
28. **Improper use or malfunctioning BBQ grill**
29. **Clothes Dryer**

FALL PREVENTION

Falling is the most frequently reported accident at home
Reduce your chances of falling

AROUND YOUR HOME

Bathrooms

- Consider installing a raised toilet seat
- Consider installing grab bars inside the bath; shower area and next to the toilet
- Shower and Tub floors should have non-skid surfaces (mats or strips)

Floors

- Secure loose rugs and mats with carpet tape
- Keep the areas where you walk free of clutter, electrical cords, telephone cords and small objects
- Repair holes or tears in carpeting
- Avoid waxing wooden floors

Lighting

- Keep night lights on in hallways, bedrooms and bathrooms
- Have flashlights in convenient locations
- Turn on a light before entering a room in your house
- Make sure you can turn on a light while in bed, before getting up

Kitchen

- Items should be kept on lower shelves
- Do not stand on a chair to reach anything

Stairs

- Handrails should be installed in all stairways
- Stairs should be well lit
- Stairs should have non-skid surfaces

PERSONAL HABITS

- Find out if medications might make you feel dizzy, unsteady or drowsy
- Consider using a cane or walker
- Don't walk with only socks on your feet
- Wear shoes that are supportive with non-slippery soles
- Don't have more than two alcoholic drinks per day
- Take time to make sure your balance is steady before sitting up or standing
- Avoid rushing to answer the phone or door

EMERGENCIES

- Consider getting an Emergency Alert System that has an alert button that you wear around your neck or wrist
- Make sure you can easily reach a phone

Oxygen Duration Chart

All Times Shown Are Based on A "FULL" Tank (2,000 psi)

LPM	<u>PEDIATRIC</u> Regulator "B" Tank <u>Continuous</u> Flow	<u>ADULT</u> Regulator "B" Tank <u>Continuous</u> Flow	"B" Tank <u>Conserver</u> Flow	"E" Tank <u>Continuous</u> Flow	M60 <u>Continuous</u> Flow	"H" Tank <u>Continuous</u> Flow
0.03 = 1/32	91.5 Hrs	N/A	N/A	N/A	22 Days	N/A
0.06 = 1/16	45.25 Hrs	N/A	N/A	N/A	11 Days	40 Days
0.12 = 1/8	22.25 Hrs	N/A	N/A	N/A	6 Days	20 Days
0.25 = 1/4	10.5 Hrs	N/A	N/A	30 Hrs	2.75 Days	10 Days
0.37 = 3/8	7.0 Hrs	N/A	N/A	N/A	1.50 Days	6.5 Days
0.50 = 1/2	5.25 Hrs	N/A	N/A	16 Hrs	57 Hrs	5 Days
0.75 = 3/4	3.25 Hrs	N/A	N/A	N/A	38 Hrs	3.25 Days
1	2.25 Hrs	2.25 Hrs	8 Hrs	8.0 Hrs	28 Hrs	2.5 Days
1.5	1.50Hrs	1.50 Hrs	N/A	6.25 Hrs	19 Hrs	1.75 Days
2	1.25 Hrs	1.25 Hrs	6.0 Hrs	4.0 Hrs	14 Hrs	48 Hrs
2.5	1 Hr	1 Hr	5.25 Hrs	4.0 Hrs	11.25 Hrs	41 Hrs
3	0.5 Hrs	0.5 Hrs	2.25 Hrs	3.0 Hrs	9.25 Hrs	33 Hrs
4	N/A	N/A	2.0 Hrs	2.0 Hrs	7 Hrs	24 Hrs
5	N/A	N/A	1.25 Hrs	1.75 Hrs	5.25 Hrs	20 Hrs
6	N/A	N/A	N/A	1.0 Hrs	4.25 Hrs	16 Hrs

How to Use this Table: 1. Look up the LPM (liters per minute) you use on the table. 2. Identify the type of tank that you use (B, E, M60, H, Helios or Easy Mate). 3. From the table determine the duration of the oxygen.

Liquid Oxygen Portables

LPM	Helios PLUS 300 Portable <u>Conserve</u> Flow	Helios Marathon <u>Continuous</u> Flow	Helios Marathon <u>Conserver</u> Flow	Easy Mate 6 <u>Continuous</u> Flow	EasyMate 6+6 <u>Continuous</u> Flow	EasyMate 6+6 <u>Conserver</u> Flow
0.12 = 1/8	16 Hrs	N/A	N/A	N/A	N/A	N/A
0.25 = 1/4	14 Hrs	N/A	N/A	N/A	N/A	N/A
0.50 = 1/2	10 Hrs	N/A	N/A	N/A	N/A	N/A
0.75 = 3/4	9.5 Hrs	N/A	N/A	N/A	N/A	N/A
1	9 Hrs	10 Hrs	20 Hrs	9 Hrs	10 Hrs	N/A
1.5	8 Hrs	N/A	N/A	N/A	8 Hrs	N/A
2	7 Hrs	5.5 Hrs	18 Hrs	8 Hrs	6 Hrs	18 hrs
2.5	6 Hrs	N/A	N/A	N/A	5 Hrs	N/A
3	5 Hrs	3.5 Hrs	11 Hrs	5 Hrs	4 Hrs	16 Hrs
3.5	4 Hrs	N/A	N/A	N/A	3.5 Hrs	N/A
4	3 Hrs	2.5 Hrs	9 Hrs	4 Hrs	3 Hrs	14 Hrs
5	N/A	2.0 Hrs	N/A	N/A	2.5 Hrs	12 Hrs
6	N/A	1.5 Hrs	N/A	N/A	2 Hrs	11 Hrs

Home Safety / Fall Prevention Checklist

Patients Name: _____

Date: _____

SAFETY, ENVIRONMENT AND FALL PREVENTION [] ASSESSMENT [] DISCUSSION

	Yes	No		Yes	No
Working smoke detector			Home is free of throw rugs and/or loose carpets		
Smoke detector checked in the past 6 months			Furniture suitably placed for easy movement		
Fire extinguisher available and charged			Home is free of electrical cords under rugs or carpeting		
Fire extinguisher checked in the past 6 months			There is a working telephone		
Electrical outlets grounded & not overloaded			Adequate Air Conditioning / Heating		
Home is free of exposed electrical wires			Adequate Lighting and Electricity		
There are NO SMOKING Signs posted			Refrigeration and Running water		
Medical equipment in home checked for potential fire hazards			Home is free of pets		
Home is free of smoking material and open flame			Home is free of infestation		
Patient able to stand without assistance			Walkways are free of clutter		
Patient able to walk without difficulty			Unobstructed exit out of the home		
Patient uses a mobility aid			Home suitable for equipment / services		
Patient has been free of falls in past 10 days			Assessment findings discussed with patient / caregiver		
Patient seems to live alone			Patient seems not to have a car or means of transportation at home		
Patient seems to live with significant other, elderly also and on their own			Patient seems to have a suitable kitchen or equivalent		

- If there are **NO** smoke detectors / fire extinguishers **OR** a non-functioning smoke detector / fire extinguisher, the patient and / or caregiver will be encouraged to obtain.

PATIENT EDUCATION CHECKLIST

Patient Name: _____

Others instructed: _____ Relationship: _____

Equipment	Serial Number	Equipment	Serial Number

GOALS: At the end of this session, the patient and/or caregiver will be able to: **(1)** Understand use and verbalize how to operate the equipment safely as prescribed, and **(2)** Understand the follow-up schedule to be maintained during the duration the equipment is in the patient's home, and **(3)** Understand oxygen safety, the risks of using petroleum based products together with oxygen, smoking and risks of fires, and **(4)** Understand emergency preparedness procedures

OBJECTIVES: Patient / Caregiver will:

- Comprehend & understand proposed home care therapy, home care function, equipment purpose and prescription.
- Return demonstrates safe use of the equipment and verbalizes related safety issues.
- Understand infection control, the frequency and how to clean equipment.
- Demonstrates understanding of hand hygiene.
- Demonstrate and understand how and when to change disposable supplies used with equipment.
- Understand what types of services are being provided.
- Understand emergency preparedness procedures.
- Demonstrate and understand how to use emergency back-up oxygen system (if applicable).
- Understand oxygen safety, storage and hazards (if applicable).

GENERAL :

- Patient / caregiver received operating instructions, equipment manual (as appropriate) and Patient Handbook.
- Patient / caregiver understand they should not attempt to repair equipment themselves and should contact Clinical Medical Services.
- Patient / caregiver understand how to contact Clinical Medical Services during normal business hours and after hours.
- Patient / caregiver understand complaint and grievance procedures.
- Patient / caregiver are satisfied with the equipment / supplies being delivered.
- Patient / caregiver instructed on the signs and symptoms of infection.
- Patient / caregiver understand and verbalize the dangers of smoking and using oxygen (if applicable).

Waiver and Release of Liability for Oxygen or Medical Equipment

This document certifies that I, _____, a _____,
(Patient / Caregiver Name) (Relationship to Member)

of _____, **refuse the delivery or request the removal of**
(Patient)

_____ **at:**
(Type of Equipment being refused or removed)

(Address)

(City / State)

1. I am making this request **WITHOUT** the direct authorization of the ordering physician.
2. I understand that the ordering physician may require that I, and/or the patient be examined prior to giving authorization to Clinical Medical for the removal of the equipment described above.
3. I understand that the removal of the equipment maybe harmful and contrary to medical advice.
4. I understand that personnel from Clinical Medical have informed me of the potential danger to either myself and or the patient due to the removal of the equipment described above.
5. Regardless, the ordering physician has been asked to execute any forms necessary and required by Clinical Medical Services so that the removal of the equipment maybe accomplished even if I and / or the patient is **NOT** examined.

{FOR A HURRICANE TANK REFUSAL OR REMOVAL PLEASE PLACE A CHECKMARK IN THE BOX BELOW}

[] Refusal / removal of the "H" cylinder Hurricane Back-Up oxygen is **NOT** recommended by Florida Emergency Management and that **Emergency Medical Services (911) WILL NOT** be available during a Hurricane.

****Please Note****

During an actual emergency event such as a hurricane, by refusing Hurricane Back-Up Oxygen at this time, your request may not be re-prioritized.

With this knowledge in my possession and by signing below, I **hereby release** Clinical Medical, its officers, employees and contract personnel. I hereby also release my or the patient's ordering physician(s) from any and all responsibility as well as any consequences associated with or created by the removal / usage / change of equipment described above. Any removal of equipment has been done in recognition of the patient's/customer's **right to refuse** prescribed equipment. The requested removal or refusal does not comply with Clinical Medical's Safety Policies or Emergency Management Plan.

I have a generator Yes No

PATIENT / CLIENT CONSENT & ASSIGNMENT FORM

PERMISSION TO PROVIDE THE COMPANY SERVICES TO PATIENT/CLIENT

I consent to have the company provide me with _____HME/Oxygen/Respiratory and/or _____Infusion Therapy products/services according to company policies and procedures and approval of my physician. I consent to abide by the company's specific policies and procedures relating to home health care which have been reviewed with me and which include provisions for termination of services at my request, my physician's request, and/or the company's request.

PERMISSION TO PAY BENEFITS TO THE COMPANY

I request that payment under the medical insurance program be made directly to Clinical Medical Services for the **rental and/or sale** of medical equipment/supplies provided to me. Medicare regulations concerning the assignment agreement apply. I understand that I am responsible for any health insurance deductible and coinsurance.

PATIENT/CLIENT RESPONSIBILITY FOR PAYMENT OF COMPANY BENEFITS

1. I understand that the company will promptly present claims for the payment of my services to my private insurance company or through contracts that may be available to the company.
2. The company will provide claims for services rendered to your private insurance or through contracts available by the company.
3. I also understand that I am responsible for the entire company bill, or balance of the same bill, as determined by the company, if the submitted claims or any part of them are denied for payment.
4. I understand that the company's failure to request immediate payment will not release me or my estate from the obligation to pay the company.
5. I understand that I will be responsible for the entire bill **should I disenroll from my current insurance company and fail to notify** Clinical Medical Services of my new insurance coverage.
6. I understand that this consent may be removed by me at any time. I agree to abide by all of the above conditions and I acknowledge that this agreement will bind me and my heirs, executors, administrators, and assigns.
7. I hereby certify that I have read and understand the above agreement and I have executed said agreement on my own free will effective on the date stated on the front of this document.
8. I have received **Instructions** on how to use, clean, maintain the equipment received from the Clinical Medical Services representative and agree to comply with these instructions.

PATIENT / CLIENT CONSENT & ASSIGNMENT FORM Continued

1. I have also received a **Patient Handbook** containing **HIPAA Notice of Privacy Practices, Medicare Supplier Standards, Patient Rights and Responsibilities, Advance Directives, Oxygen Safety Standards, Fall Prevention Guidelines, Emergency Preparedness Instructions, Toll Free Number to Accreditation Commission for Health Care (ACHC) and how to file a Complaint / Grievance**, as well as other pertinent information regarding the services.
2. I consent to the release of medical information to representatives from the Commonwealth, and Federal Regulatory Agencies and authorized accreditation agencies.

EQUIPMENT WARRANTY INFORMATION

Every product sold or rented by our Company carries a 1-year manufacturer's warranty. Clinical Medical Services will repair or replace, free of charge, equipment that is under manufacturer's warranty. In addition, an owner's manual with warranty information will be provided to patients/clients for all durable medical equipment where this manual is available. Clinical Medical Services is a distributor of home medical equipment, not a manufacturer, and is not liable for injuries resulting from defective products. By signing this document, I agree that I have been instructed and understand the warranty coverage on the product I have received.

ADVANCE DIRECTIVES

Federal law gives all competent adults 18 years of age or older the right to make their own decisions about health services, including the right to decide what care or medical treatment they can accept, refuse or cancel. If you use the services of Clinical Medical Services and do not want to receive certain types of treatments, services and / or want to appoint someone to make decisions for you, you need to communicate those wishes to the company

Do you have an Advance Directive? YES____ NO____

If yes, was copy for company file received? YES____ NO____

Clinical Medical Services

Dear Patient:

Your physician has ordered a power wheelchair or scooter for you. The purpose of this letter is to define the customary use for such a device. Please understand that the device is **NOT** meant to replace or operate as a Car or Golf Cart. The intent of the device is to enhance your mobility so that you can more easily complete activities of daily living inside your home. When possible, the power wheelchair or scooter minimize the mobility problems within your house.

Your physician has authorized the medical necessity of the equipment for you and you only.

Should you permit anyone else to operate the equipment, you assume all related liability for accidents and related repairs. Permitting others to use the device or operating it outside of the intended use may cause your insurance carrier to cease payment for the device.

Your power wheelchair or scooter has a one (1) year warranty with normal use. Excessive wear and tear on the device from abuse or misuse is **NOT** a covered service.

If you make any modifications to the power wheelchair or scooter it will void the warranty.

CMS will not be able to service the unit. Patients will be held financially responsible for damages due to misuse or abuse of equipment.

Examples of inappropriate use are:

1. Driving the unit to the grocery store
2. Driving the unit to the post office
3. Using the unit as a form of transportation
4. Riding around the neighborhood
5. Letting anyone else drive or ride on the unit
6. Leaving the unit outside

Examples of appropriate use are:

1. Transporting the unit to the store and then using the unit while in the store
2. Transporting the unit to the mall and then using the unit while in the mall
3. Using the unit in your home to enhance your mobility

It is our hope that this device assists you in meeting your goals of increased mobility within your environment and enhanced quality of life.

I have read and fully understand the purpose and approved use of the power mobility device.

I agree to use the device within the approved guidelines.



cms

Clinical Medical Services, Inc.

Llevando salud a todo Puerto Rico

Important Information

If you change your Health Plan, your personal information (address or phone number), or if you are going to be away from your main home for an extended time, please call 787-620-2900 to let us know.

Should you experience product failure or questionable performance **DO NOT DISCARD** the equipment. Please call 787-620-2900 Extension 5200 for product support or additional assistance.

TTY 1-866-280-2053

Carr. PR-3 9.5 Ave 65 Infantería

Reperto Industrial San Gabriel

Carolina, PR 00985

FINANCIAL RESPONSIBILITY

We will provide you with information verbally and in writing of any costs that you are required to pay for the equipment, products and services that you are receiving. Please remember that if you change your insurance, at any time, during your service, your costs may change. It is important for you to notify us promptly if you change insurance coverage at any time. Failure to notify us of such changes may result in your incurring unanticipated costs for products and services that are not covered. In general, the following information holds true:

If you have Medicare/Private Insurance/PPO Coverage:

- You are financially responsible for any deductible and/or any co-payments not covered by your insurance;**
- You are financially responsible for any rental equipment that is damaged while in your possession;**
- You are financially responsible for any non-payment by your insurance company due to dis-enrollment from their plan.**

If you are a member of an HMO:

- Your HMO will pay your monthly equipment rental charge;**
- You are renting the equipment that was delivered to you;**
- You are responsible for any rental equipment that is damaged while in your possession;**
- Your physician in conjunction with HMO benefits determines the type of equipment and supplies that are provided to you;**
- If you disenroll from the HMO you are financially responsible for all medications, products, supplies, equipment and services provided by our company.**

YOU ARE RESPONSIBLE FOR NOTIFYING CLINICAL MEDICAL SERVICES SHOULD YOU DISENROLL FROM YOUR CURRENT HMO OR INSURANCE PLAN SO THAT ONE OF THE FOLLOWING ARRANGEMENTS MAY BE MADE:

Advise Clinical Medical Services of New Insurance

- If you change your insurance coverage, we will advise you if we can continue to provide your equipment, medications, products and services and if there is any change in the amount that you must pay.**

Request that the Equipment be Picked Up and/or Services be Terminated

- We will arrange for the pick-up and return of rented equipment.**

FINANCIAL RESPONSIBILITY continued

Make arrangements to Purchase Equipment, Medications, Products or Supplies

- **In many cases we can arrange a one-time, minimum payment which will cover the purchase of the equipment that you are renting. We can also assist you to make arrangements for the purchase of medications, products and supplies.**

Assume Financial Responsibility for the Rental of the Equipment

- **We will bill you monthly for the continued rental of equipment and/or the purchase of any medications, supplies, products and services.**

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE NO LONGER USING THE EQUIPMENT, MEDICATION, PRODUCTS OR SUPPLIES WE HAVE SENT, OR IF YOU HAVE CHANGED YOUR INSURANCE CARRIER.

PROSTHETICS AND ORTHOTICS WARRANTY & RETURN POLICY

Warranty & Return Policy for Customized Products

The purchase of customized prosthetic and orthotic items are final and shall carry a one (1) year* warranty with normal wear and defined use including parts and labor. Customized products are not returnable. The warranty may be voided if the product has been altered, employed outside the defined use or if the patient's weight variation has adversely affected the product. Adjustments to and fitting of customized products shall be included in the cost of the item(s).

The cost of service to customized purchased items that are deemed to be outside of the normal wear and defined use shall be the responsibility of the patient.

Warranty & Return Policy for Non-Customized Products

The purchase of prosthetic and orthotic items shall carry a one (1) year* warranty with normal wear and defined use including parts and labor. The warranty may be voided if the product has been altered, employed outside the defined use, or if the patient's weight variation has adversely affected the product. Non customized products can be returned within 30 days of purchase if returned unused and in the same condition of purchase. Adjustments to and fitting of products shall be included in the cost of the item(s).

The cost of service to purchased items that are deemed to be outside of the normal wear and defined use shall be the responsibility of the patient.

Return of purchased, non-customized or prefabricated products, shall be refunded with a check processed through the normal accounts payable process and may be subject to a 10% restocking fee.

*Some components used in the construction of prosthetics and orthotics may carry a warranty which is beyond the standard one year warranty. These components will be defined at the time of delivery and the manufacturer's warranty given to the patient.

Repairs and Service Outside of the Warranty

Assessments and quotes for repairs not covered or outside of the warranty may be obtained upon request and will require a physician's written order. Repairs may be subject to the approval of the health plan and may need pre-authorization. When an item or product is deemed "un-repairable" it shall be returned to the owner.

I have read and understand the importance of the Warranty and Return Policy. I have been counseled about the importance of maintaining a stable weight for the adequate use of the prosthetics device.

PATIENT SIGNATURE/ CAREGIVER/ RELATIONSHIP

DATE

CLINICAL MEDICAL SERVICES REPRESENTATIVE

DATE

USE & WARRANTY OF INSOLES FOR DIABETIC SHOES

You have received three (3) multi-density insoles with your diabetic shoes. The insoles should be numbered and used in the rotating manner described below.

Insole number 1 Use for one (1) week then remove, clean and replace the insole with insole number two (2).

Insole number 2 Use for one (1) week then remove, clean and replace the insole with insole number three (3).

Insole number 3 Use for one (1) week then remove, clean and replace the insole with insole number one (1) and repeat the weekly rotation of the insoles.

The weekly change or rotation of the insoles is required to extend the life of the medically necessary insoles to 12 months, maintain maximum foot stability and provide an adequate base for the foot.

By signing this document you are certifying that you have received and understand the instructions on the required rotation and use of the insoles. With proper use and rotation, the insoles are warranted for one year. I understand that failure to follow the rotation schedule may void the warranty.

PATIENT SIGNATURE

DATE

PATIENT CAREGIVER NAME/ SIGNATURE/RELATIONSHIP

DATE

CLINICAL MEDICAL SERVICES REPRESENTATIVE

DATE



Prosthesis:

Prosthesis is a replacement of an extremity or part of an extremity that plays the role of the missing part of an extremity. The word prosthesis is used to refer to the physical device that serves as an amputated limb.

Provisional Prosthesis:

After surgery, the stump needs approximately 21 days to heal; the volume of the stump will reduce quickly. Normally, it will take up to three months to stabilize.

Therefore, when the wound has healed and the stitches are removed, amputee rehabilitation begins (in most cases) with a temporary prosthesis, which can be modified according to the changes of the stump. In the case of recent amputees, the provisional prosthesis helps the patient to start rehabilitation as soon as possible (walking with the prosthesis).

This can be as soon as the wound has healed. The socket, the element of the prosthesis that is in contact with the stump; has to be modified by the prosthetics as the volume of the stump is reduced due to the decrease of edema and loss of muscle mass.

The use of the prosthesis should be gradual and progressive. That is, you start using the prosthesis for 30 minutes, and then resting and checking the condition of the skin on the stump, by using a mirror. Gradually, increasing the usage of the prosthesis over time.



What is a stump shrinker?

A wool, cotton or man-made material sock worn over the residual limb (stump) designed to provide cushion and help manage stump volume fluctuations.

What are stump socks?

Stump socks, sometimes called prosthetic socks, can be used by amputees to provide a more comfortable prosthetic fit, reduce friction, absorb perspiration by "wicking" moisture away from the skin, and reduce discomfort associated with phantom pain. Reducing perspiration on the skin will then reduce bacterial infections and common skin complaints.

Some amputees wear socks in combination with sheaths or with liners to get the best possible fit, while others wear liners without socks. Some above-knee amputees have more tissue on their residual limb to provide padding and do not need a sock for added comfort.

Some amputees also do not need to wear one if he or she is wearing a suction socket (the stump has to be directly in contact with the socket in order for it to work).

How do I wash my stump socks?

Stump socks need to be washed every day - you may need several different socks of different thickness throughout the day if your stump changes in volume. Make sure all soap is rinsed out to avoid irritation. Some socks can be machine-washed but others need to be washed by hand. Do not subject socks to excessive heat.

How often will I need to change my stump sock?

You could be adjusting your socks several times a day, but it all depends on the fluid changes in your leg. When there are fluid changes in the leg, you will either need to add or subtract the sock or change the thickness of the sock. Fluid changes are caused by excess heat in summer weather, forgetting to wear your stump shrinker at night, letting the leg hang down without the artificial leg on, and extreme changes in your normal amount of daily activity.

In general, socks should be changed every day or as soon as they become moist with perspiration.

Massaging the stump:

It is simple to massage the stump yourself, and is very beneficial to stimulate, relax and improve circulation of the stump.

Try the following methods, which include:

1. Percuss stump with fingertips, gently and continuously. For best results place yourself in front of a mirror.
2. Stroke and rub the stump repeatedly, with your hands.
3. Knead the stump with your hands making circular motions in an upward direction. The motion should always be upward and away from the stump.

Exercises for the Stump:

Exercises to tone and give elasticity are part of the postoperative treatment of the stump. Proper execution during the first few weeks can prevent muscle contractures, scar adhesions, and decreased joint mobility. A well-toned stump allows good use of the prosthesis and thus, a considerable improvement in walking with the prosthesis.

The best way to strengthen the muscles of the stump is to start walking with the preparatory prosthesis as soon as the healing of the amputation permits. In general, the earlier the prosthesis is used, is best for the amputee.

The care of the stump

The stump is washed every day with soap and water to prevent irritation and infection. We recommend using a mild soap, skin neutral pH (5.5) and warm water.

It is not advisable to use creams, lotions or powders between the stump and the prosthesis, which soften the skin and promote skin lesions. If its use is unavoidable, you should check the complete absorption of the cream.

The stump should be vented to avoid skin irritation. Creams and lotions should only be used if prescribed by a physician, but be advised that there is **no** miracle cream. As the prosthesis, the residual limb should be checked periodically. In the event of difficulties, skin irritation, or if in doubt about your care, you should consult with a physiatrist. **Do not** sleep with the prosthesis in place.

The Fit and Alignment

The fit and alignment are the most important in providing the comfort and functionality of the prosthesis factors.

Static test: used to control the alignment, length, functionality and comfort while standing.

Dynamic test: used to detect possible faults during operation and correct alignment with the screws.

During these tests, the prosthetics must instruct the amputee on the best way to walk. The purpose of testing is to achieve good control and coordination of movement and, a good adaptation of a correct fit and alignment of the prosthesis.

The prosthesis should be light and respect the canons of aesthetics as far as possible, be impact resistant, and should not produce friction or excessive pressure.

The skin of the stump is a perfect mirror reflecting the pressure points of the prosthesis, and we can see if there is evidence of deficiencies in the fit and alignment.

The overweight

Weight gain is one of the most common factors that cause problems in adapting the prosthesis and thus seriously hampers its use. The amputee should maintain his/her weight, because it can mean having to make a new socket for the prosthesis. Loss of mass volume of stump may be treated with prosthetics socks up to 12 plys.

Rehabilitation

After an injury, illness or major surgery, recovery may be slow. Rehabilitation may be needed to get your strength back, returning to practice their skills or find new ways of doing things you did before, under the care of a physiatrist.

Rehabilitation usually focuses on:

- Physical therapy to help strengthen and restore mobility and fitness
- Occupational therapy to help with your daily activities
- Pain treatment

If you are missing an arm or a leg, an artificial limb can sometimes replace it. Prosthesis can help you perform daily activities such as walking, eating, or dressing. Some artificial limbs allow it to function as well as before.

The type of treatment they expect and goals achieved can vary in different people. When should I contact my Prosthetics?

Contact your Prosthetics if:

- You have difficulty using the prosthesis or difficulty moving, walking, or running
- You have difficulty attaching or removing the prosthesis
- Itching, swelling, or rash
- You have questions or concerns about your Prosthesis

When to Call the Doctor

Call your doctor if you have any of these signs and symptoms of infection:

- Redness, increased warmth, or swelling around the wound
- Excess drainage
- Pus
- Odor
- Fever or chills
- Increased pain
- Increased firmness around the wound

Also call your doctor if your foot ulcer is very white, blue, or black.



Diabetic Feet

Prevention

The healthcare provider who treats you should perform a thorough examination of your feet at least once a year and more often if you have foot problems.

Remember to take off your socks and shoes while waiting for the medical examination. Call or see your doctor, if you have a cut or break in the skin, or if you have an ingrown toenail. Also, check with the health care professional who treats you if your feet change color, shape, or if you feel any different sensation (ex, become less sensitive or sore).

If you have corns or calluses, the health care professional can cut them off. He/she can also cut your toenails, if you are unable to do so. Because people with diabetes are more prone to foot problems, you can include a specialist foot care team within the health professionals that care.

Guide to Diabetic Foot Care

Diabetes can cause foot problems; even a small cut could have serious consequences. Diabetes can cause nerve damage, which reduces sensation in the feet. It may also reduce blood flow to the feet, so that a wound may take longer to heal or an infection may be more difficult to combat. Because of these problems, you may not notice any foreign object in your shoe; this could cause a blister, a sore, or a chronic infection that ultimately ends in amputation of the foot or leg.

To avoid serious foot problems that could result in losing a toe, foot, or leg, follow these guidelines:

Check your feet daily. Make sure there are no cuts, blisters, redness, swelling, or nail problems. Use a magnifying hand mirror to check the bottoms of your feet. Contact your doctor if you notice any abnormality.

Wash your feet with water (not hot!). Keep your feet clean by washing them daily. But only use lukewarm water; temperature you would use to bathe a newborn baby.

Be careful when washing your feet. Wash them using a soft cloth or sponge. Dry without rubbing, letting the towel absorb water or tap with the towel.

Moisturize your feet avoiding the area between the toes. Use a moisturizer daily to keep dry skin from itching or cracking. But DO NOT apply moisturizer between toes; this could cause a yeast infection.