

# Welcome Packet

*Infusion Therapy Services*



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You can access our Welcome Packet and other teaching materials at any time on our website by going to [www.infusionsolutionsinc.com/patient-info](http://www.infusionsolutionsinc.com/patient-info).



**WELCOME!**

**Thank you for choosing Infusion Solutions as your home infusion therapy provider!**

Infusion Solutions is a locally owned and operated infusion therapy provider in Bellingham, WA. We strive to provide high quality, caring, affordable, and accessible infusion care which is customized for each client's unique needs.

Our clinical pharmacists, registered nurses, and specially trained staff are committed to meeting your needs and exceeding your expectations. We strive to ensure that you feel confident and comfortable with your infusion therapy in your home or in our conveniently located infusion suites. Please call us with questions or concerns and we will be happy to assist you.

**OUR BUSINESS HOURS ARE:**

Monday – Friday 8:30am until 5:00pm

**WE HAVE TWO LOCATIONS:**

**Bellingham location:** 477 W Horton Rd  
Bellingham, WA 98226

**Everett location:** 5929 Evergreen Way  
Everett, WA 98203

(360) 933-4892 or Toll Free (888) 960-1873

Visit our website at [www.infusionsolutionsinc.com](http://www.infusionsolutionsinc.com)

**Important Phone Numbers:**

<b>If you have a medical emergency, dial 911</b>	
Washington Poison Center	(800) 222-1222
Infusion Solutions	(360) 933-4892
Infusion Solutions – Toll Free	(888) 960-1873
Health Systems Quality Assurance	(360) 236-4700
Crisis Line	(800) 584-3578
Veterans Crisis Line (press 1)	(800) 273-8255
Crisis text line text HELLO or WARM	741-741
AMN Language Services	(877) 746-4674
Accreditation Commission for Health Care	(855) 937-2242
Dept. of Social and Health Services	(866) END-HARM

It is the policy of Infusion Solutions to refer all medical emergencies to the nearest emergency department or call 911. Charges incurred from the emergency department or the emergency ambulance service will be the responsibility of the patient.



If you have questions regarding your infusion therapy or equipment, please call our office. Our nurses and pharmacists are available 24 hours a day, 7 days a week. To reach someone after hours, please call our office number and our answering service will forward your call to a nurse or pharmacist. If you do not receive a call back within 30 minutes, please call again.

The information provided in this booklet is not intended to replace any instructions given to you by your physician or healthcare provider.

## Our Services

At Infusion Solutions, we provide integrated pharmacy and nursing services to ensure you receive the highest possible level of care. Our registered nurses will manage the care of your access device, educate you on how to administer your own infusions confidently and safely in your home, and administer certain therapies in your home or our infusion suites. Our clinical pharmacists will ensure that you are receiving high quality medications and will monitor your therapy to optimize treatment outcomes.

### Healthcare at Home

Our delivery drivers and clinicians will be visiting your home to deliver your medications and supplies and to provide your care. Our staff will always wear personalized name badges with photo identification. If you are unsure of any person requesting entry into your home, please call our office immediately.

We ask that you take a few steps to help us provide safe and efficient service in your home.

- Provide any special instructions for finding or entering your home and parking at your home.
- Notify us as soon as possible if you will not be home for a scheduled visit or delivery.
- Alert us if you have any pets and secure them during the duration of your visit.
- Have a functioning telephone available at all times; answer or return calls promptly.
- Please refrain from smoking or vaping during the duration of your visit.

### Billing

Our reimbursement specialists will directly bill your insurance provider. We will provide you with an estimate of any charges not covered by your insurance plan before you begin therapy. **Make sure you notify us immediately of any changes in your insurance coverage.**

## Our Products

### Medications

Our sterile products are compounded in our state-of-the-art clean room by pharmacists and pharmacy technicians specially trained in aseptic technique. This ensures that your medications are free from contamination from germs and bacteria. We take pride in the quality and accuracy of our products.

- **Inspecting your medications when they are delivered:**
  - Check the bag or bottle for leaks, cracks, broken seals, and contents that are cloudy or discolored.
  - Check the package for your name and for the correct medication or fluid. Also check the expiration or “Use By” date.
- **Storing your medications:**
  - Store medications or fluids as directed on the label. Some may need to be refrigerated or frozen, or protected from light.
- **Contact Infusion Solutions Inc:**
  - If you notice an issue with your medication
  - If you missed a treatment



- If there was a missed delivery

### **Supplies**

We stock supplies based on ease of use, safety, and durability. If you are unhappy with the quality of any of your supplies, notify us immediately. We may be able to place a special order to meet your needs.

- **Inspecting your supplies when they are delivered:**
  - Check the package for your name and for the correct product.
  - Inspect all supplies to be sure they are sealed, clean, dry, and without cracks or tears.
- **Storing your supplies:**
  - Keep your supplies in a clean, dry place that is out of the reach of children and/or pets.

### **Durable Medical Equipment**

If your prescribed therapy dictates a need for an infusion pump or IV pole, you will rent this equipment from Infusion Solutions. You will be required to sign an acknowledgment that if the equipment is damaged or lost, you are responsible for charges incurred. While on service, your insurance company may pay the rental fees associated with said equipment, but once you have completed therapy, these costs will shift to you if the equipment is not returned. **PLEASE NOTE: FAILURE TO RETURN EQUIPMENT WITHIN ONE WEEK OF COMPLETION OF SERVICE WILL RESULT IN ADDITIONAL CHARGES FOR MEDICAL EQUIPMENT REPLACEMENT COSTS; THIS IS NOT COVERED BY INSURANCE.**

### **Delivery**

Your medications and supplies may be delivered by our personnel, a contracted delivery service, FedEx, or UPS. We will contact you before we make a delivery to notify you of the delivery method and expected delivery time.

### **Reordering**

We do our best to track your usage so we can anticipate your needs. However, to ensure that you do not run out of your products, please call and let us know if you are running low on anything. We request that you give us three days' notice, so we can prepare your order and schedule a delivery that is convenient for you.

### **Return Policy**

In accordance with federal and state laws, we cannot accept any returned products once they leave our possession, as the integrity of our product cannot be guaranteed after it has left our control (other than rented Durable Medical Equipment). We cannot issue refunds or credit for any unused product unless the item is defective. If a product is defective, please inform us as soon as possible.

## **Emergency Preparedness**

Keep emergency phone numbers next to the phone in case of an emergency.

- **Emergency: 911**
- Washington Poison Center: (800) 222-1222

Emergency Communications:

- Have a battery-operated radio available and listen for instructions and information.
- Radio stations that provide emergency information to the community:
  - KBAI – AM 930
  - KGMI – AM 790
  - KISM – FM 92.9
  - KPUG – AM 1170

Equipment:



- Electrical infusion pumps/equipment should remain plugged in to ensure the internal battery is charged in the event of a power failure. Please contact our office as soon as possible if power failure is prolonged.

If you need further assistance, please call our office at **(360)933-4892** or Toll Free at **(888) 960-1873**

## **Bill Of Rights And Responsibilities**

### **As a home care client, you have the right to:**

- Receive information before receiving home care services about your rights and responsibilities and to acknowledge this in writing.
- Choose your home care service providers including a healthcare provider, attending physician, or other license practitioner with prescribing authority.
- Know how to contact the staff seven (7) days a week, and what to do if an emergency situation arises.
- Take part in developing and/or changing your plan of care and receive the needed information to take part in your care.
- Assist in making ethical decisions regarding your care.
- Receive verbal and written explanations of the services, care and therapy to be provided by the home care agency and any specific limitations to these services.
- Be informed before admission about changes and costs related to your care including any costs not covered under Medicare or other payers. To be informed in advance if you will be accountable for any charges. To receive prior notice of any changes in covered costs verbally and in writing within 30 calendar days from the date the agency becomes aware of the change.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.
- Be fully informed in advance about care/services to be provided, including the disciplines that furnish care and the frequency of visits.
- Receive timely care.
- Receive information from your physician, in a language or form that you can understand, about your diagnosis, treatment, alternatives, risks, and prognosis.
- Receive proper and professional care at home without discrimination against your race, sex, color, religion, sexual preference, physical limitation, or age.
- Receive therapy with consideration and respect.
- Be treated with dignity and individuality, including confidentiality in treatment in respect for personal property and needs.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of property.
- Be informed regarding the type and purpose of any technical procedures and who will perform them.
- Have your reports of pain believed.
- Receive information about pain and pain relief measures.



- Receive care from a concerned team of health professionals committed to pain prevention and management, and who respond quickly and appropriately to reports of pain.
- Effective pain management.
- Refuse treatment at any time.
- Know about the consequences of refusing treatment, and/or if you desire to participate in experimental treatment or research recommended by your physician.
- Be aware that the nurses and pharmacists who provide services through the agency are qualified to carry out the care for which they are responsible.
- Be aware that if your healthcare needs cannot be met by the agency, you will be referred to a healthcare agency appropriate for your needs. You will be informed of any financial benefits to the agency.
- Be aware of any additional healthcare needs at the end of your treatment.
- Notification of impending termination of your care within a reasonable time.
- Voice grievances or complaints regarding treatment or care, lack of respect of property, recommended changes in policies, personnel, or services without restraint, coercion, discrimination or reprisal. To have any complaints promptly investigated and be notified of the finding and/or corrective action taken.
- Be aware that if the individual is dissatisfied he/she may contact the Infusion Solutions General Manager at 360-933-4892 or the Washington State Department of Health Services at 360-236-4700.
- Be aware that if the individual suspects abuse or neglect of a vulnerable adult or child they can call The Washington State Department of Social and Health Services at 1-866-END HARM (866-363-4276) to report.
- Confidentiality and privacy practices will be implemented in a professional manner according to law and regulation.
- Be verbally informed and to be given written information on Advance Directives, which will not affect the type or quality of care you receive.
- Be informed that their information may be subject to outside review, when required by law, for appropriate billing purposes, or when requested by organizations authorized by the client.

**As a home care client, you have the responsibility to:**

- Give accurate and complete health information about your past medical history, hospitalizations, medications, allergies and all other important health and social information.
- Provide accurate medical and contact information and update the agency with any changes.
- Notify Infusion Solutions immediately of any changes in insurance coverage.
- Submit forms that are necessary to receive services.
- Maintain a safe home environment.
- Maintain any equipment provided, if applicable. Return rented equipment upon discontinuation of services.
- Inform the agency immediately if a scheduled home care or in office appointment cannot be kept.
- Have a working phone at all times and respond promptly.
- Notify Infusion Solutions immediately if you are admitted to a hospital or other facility.
- Assist in developing your home plan of care.

- Remain under a physician's care while receiving infusion services.
- If there is something you do not understand you must request further information.
- Notify the agency if you have any concerns about the care or services provided.
- Notify your physician if you choose to end home infusion therapy.
- Notify the treating providers of participation in the services provided by the organization.

## **Preventing Infection**

It is important that you, your caregiver, and other people in your home take steps to prevent the spread of infection. This information is intended to help you reduce the risk of infection and prevent contamination of medications, medical equipment, and supplies for the safety of you and others in your home.

### **Hand Hygiene**

Proper hand hygiene is one of the easiest and most effective ways you can prevent infection in your home. You and everyone in your home should be familiar with proper hand hygiene technique. The use of alcohol-based hand sanitizers may be used in place of soap and water as long as your hands are not visibly soiled. The Centers for Disease Control and Prevention recommend the following technique:

Perform hand hygiene:

- Before gathering supplies
- Before beginning therapy
- After finishing therapy
- After using the bathroom
- Before and after eating
- After coughing, sneezing, or blowing your nose
- After touching pets

If using soap and water:

- Take off all jewelry on your hands and wrists.
- Wet your hands and wrists with warm water.
- Using soap, work up a good lather, cover all surfaces on the hands, and rub hard for 15 seconds or longer.
- Rinse your hands well.
- Dry your hands well with a paper towel.
- Use a clean paper towel to turn off the water. Throw the paper towel away.

If using a waterless/alcohol-based hand sanitizer:

- Use one application for a gel product.
- Use a golf-ball size amount for a foam product.
- Apply product to the palm of your hand.
- Rub your hands together. Cover all surfaces of your hands and fingers until they are dry.

## **Safety in Your Home**

Certain things may increase your risk for accidents in the home, including difficulty walking, poor vision, increased age, and illness. Here are some suggestions to make your home a safer place.



## **Fire Prevention**

- Install **smoke alarms** near each sleeping area and on each floor of your home.
  - Test smoke alarms once per month.
  - Replace batteries once per year or follow manufacturer's recommendations.
- Keep a working **fire extinguisher** in your home.
- Consider installing **escape ladders** if your home has more than one level.
- Keep **flashlights** throughout the home and check batteries regularly.
- Plan at least 2 **escape routes** from each room and make sure everyone in the household is familiar with them.
- Avoid using space heaters.

## **Fall Prevention**

- **Floors:**
  - Keep floors free from clutter, cords, and small objects.
  - Secure loose rugs and mats.
- **Lights:**
  - Turn on lights before entering a room.
  - Keep night lights turned on in hallways, bedrooms, and bathrooms.
  - Stairways should be light enough to see each step.
- **Bathrooms:**
  - Use non-slip mats in the bathtub or shower.
  - Consider installing grab bars inside tub, shower, and next to the toilet.
- **Stairs:**
  - Handrails should be sturdy and secure.
  - Keep stairs in good condition, flat and free from holes and tears in carpeting.
- **Outdoors:**
  - Add traction to outdoor steps.
  - Keep all entrances and walkways clear of ice and snow.
  - All entrances should be well lit.

## **Equipment Safety**

Medical equipment, such as electronic pumps or IV poles, may be required for your infusion therapy. If electrical medical equipment is not handled and cared for properly, it could cause injury to you, your family, or your property. Keep the Infusion Solutions phone number and the operating instructions for your equipment in a safe place. Please notify us if you have any concerns regarding your medical equipment. The following are some guidelines to help keep you and your family safe from injury that may be caused by your equipment:

- Most electrical medical equipment requires a grounded, three-pronged electrical outlet or a three pronged surge protector.
- Do not use equipment with frayed or cracked cords.
- The electrical plug should fit snugly into the wall outlet.
- Do not plug multiple devices into a single duplex outlet to avoid circuit overload.
- Do not use extension cords. Place equipment as close to the outlet as possible.
- Turn off all equipment before unplugging it.
- Remove plugs from the wall by grasping the plug rather than the line cord. Pull straight out with a steady motion.
- Avoid the use of electrical equipment in areas in which they could potentially come into contact with water or liquids.



- **Never** turn off or cover the alarms on your medical equipment without resolving the alarm or calling your Infusion Solutions nurse.
- Do not roll your IV pole up or down stairs while connected.
- Avoid rolling your IV pole on uneven surfaces (ie: throw rugs).
- If any equipment has broken or defective connectors, knobs, or switches, call Infusion Solutions for a replacement as soon as possible.

## **Advance Medical Directives**

You have the right to make your own decisions about your medical treatment, even if you cannot express your wishes. You can plan ahead by writing an advance medical directive, which outlines the medical treatment you want or the name the person who you trust to make your medical decisions if you can no longer communicate.

Advance directives are legal documents which take effect if and **ONLY** if you cannot communicate your own wishes. They include:

- Durable power of attorney for healthcare: you may name another person to make healthcare decisions for you
- Living will: you may explain in writing which medical treatment you want or don't want if you are seriously ill
- Do Not Resuscitate (DNR): you may request not to be revived if your heart or breathing stops.

After you have filled out advance directive forms, make copies for your doctors and family members so they become part of your permanent medical record in case the need to use them arises. You can obtain these documents from your doctor's office or local hospital. You can also download documents for your state from Caring Connections at [www.caringinfo.org](http://www.caringinfo.org), or call Eldercare Locator at **(800)677-1116** to get the name of a local community service agency that may be able to help you.

It is Infusion Solution's policy to provide resuscitation for any patient without a properly completed DNR order on file. If you have a DNR order signed by your physician, please provide a copy to our office as soon as possible.

## **Patient Satisfaction**

As a patient at Infusion Solutions, your satisfaction is our primary concern. We appreciate your feedback, so please feel free to call or write with comments regarding your care at any time.

You will find a Patient Satisfaction Survey in your introductory materials or on our website. Please take the time to complete the survey during or after your therapy to provide us with feedback on your experience with our infusion services.

If you were pleased with our service, please consider leaving us a review on Google or Facebook. If at any time you are unhappy with your service, please call and ask to speak with one of our managers about your issue, concern, complaint, or grievance at 360-933-4892.

To report a grievance to the Washington State Department of Health, please call:  
**Health Systems Quality Assurance: (360)236-4700**



To report a grievance/complaint to **ACHC (Accreditation Commission for Health Care)**, please call: **855-937-2242**

## Disposal of Unused Medications and Supplies

	Examples	How to Dispose
<b>Medications (NOT including chemotherapy)</b>	<ul style="list-style-type: none"> <li>• Unused/ partially used IV bags, syringes, cassettes or elastomeric pump reservoirs</li> </ul>	<p>If possible, take unused medications to designated kiosks provided by Med-Project. There are also mail-back envelopes available. For locations and instructions, visit:  <a href="https://med-project.org/locations/washington/">https://med-project.org/locations/washington/</a></p> <p>For locations in Whatcom County, visit:  <a href="https://whatcommedreturn.org/">https://whatcommedreturn.org/</a></p> <p>If you do not have access to internet, call Infusion Solutions and a pharmacist can help you locate the nearest site.</p> <hr/> <p>If it is not possible to take your medications to the locations recommended by the websites above, you may discard them in the trash to be picked up by waste management:</p> <ol style="list-style-type: none"> <li>1. <b>Do not flush unused medications.</b></li> <li>2. Take your prescription drugs out of their original containers. (ie: cut the IV tubing or expel the contents of the syringe)</li> <li>3. Mix drugs with an undesirable substance, such as cat litter, sawdust, or used coffee grounds.</li> <li>4. Put the mixture into a disposable container, such as an empty margarine tub or a sealable bag.</li> <li>5. Conceal or remove any personal information, including Rx number, on the empty containers by removing the label or scratching it off.</li> <li>6. Place the sealed container and the empty drug containers in the trash. Do not place in the recycling bin. Make sure your trash cannot be accessed by children, pets, or others who might be looking in the garbage for drugs.</li> </ol>
<b>Sharps</b>	<ul style="list-style-type: none"> <li>• Needles</li> <li>• Syringes with needles attached</li> <li>• Glass medication vials</li> </ul>	<p>Place in <b>sharps container</b> provided by Infusion Solutions. When finished with therapy or container is full, close the container and place in a sealed bag in your regular trash to be picked up by waste management.</p>
<b>Cytotoxic Waste</b>	<ul style="list-style-type: none"> <li>• Chemotherapy medications</li> <li>• Anything which has come into contact with chemotherapy drugs</li> </ul>	<p><b>Any chemotherapy medications or supplies which have come into contact with a chemotherapy drug should NOT be placed in the trash.</b> Refer to instructions provided by the Infusion Solutions nurse who is providing your care.</p>
<b>Other Supplies</b>	<ul style="list-style-type: none"> <li>• IV tubing</li> <li>• Alcohol swabs</li> <li>• Dressings</li> </ul>	<p>Seal in a plastic bag and place in your regular trash to be picked up by waste management.</p>



## Notice of Information Practices

### Purpose

Effective Date 5/16/22

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.**

Infusion Solutions is required by law to maintain the privacy of Protected Health Information (PHI), to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

Infusion Solutions believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information.

Infusion Solutions maintains the right to update our Privacy Notice. Your personal health information will always be maintained by our current policies designated in our current Privacy Notice and we must follow the privacy practices described in this Notice. Infusion Solutions retains the right to change its privacy practices described in this Notice at any time. A current copy of our Privacy Notice is prominently displayed in the Reception Area. If you have any comments or questions about our Privacy Notice you may call Rowena Birnel at 360-933-4892.

### Privacy Policy

The following describes the manner in which we will use and disclose **your** personal health information. Except for the purposes listed below, we will use and disclose your health information only with your written permission. You may revoke permission at any time by writing to our privacy officer. We also will not disclose your PHI for marketing purposes, nor will we make any disclosures that constitute a sale of your PHI. We will disclose health information when required to do so by federal, state or local law.

Services: We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information.

Payment: We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties, which includes family members or other financially responsible parties of which you have informed us. Examples include insurance coverage and eligibility verification. We may also release appropriate information about you to family or friends that are helping you with financial responsibilities incurred while receiving equipment, supplies or services from us.

Business operations: We may use and disclose information to monitor and operate our business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state or local authority (as required by law), or to remind you of equipment, supplies or service needs.

Legal requirements: We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and having our staff testify about the care and services we have provided.

Workers' Compensation: We may release health information for workers' compensation or similar programs.

Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Public health: We may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury or disability.



Data breach notification: We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

## **Your Rights**

Inspect and copy: You have a right to inspect and copy health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this health information, you must make your request, in writing, to Rowena Birnel. We have up to 30 days to make your protected health information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the

Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Breach notification: You have the right to be notified upon a breach of any of your unsecured PHI.

Amendments: If you feel that Infusion Solutions has incorrect or incomplete information, 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 our office. To request an amendment, you must make your request, in writing, to Rowena Birnel.

Accounting of disclosures: You have the right to request a list of certain disclosures we made of health information for purposes other than services, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Rowena Birnel.

Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Rowena Birnel. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Rowena Birnel.



Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Rowena Birnel. All complaints must be made in writing. **You will not be penalized for filing a complaint.** Complaints may be filed with us at the address and phone below:

Rowena Birnel  
477 W Horton Rd  
Bellingham, WA, 98226  
360-933-4892

### **MEDICARE DMEPOS SUPPLIER STANDARDS**

**Note: This is an abbreviated version of 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.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. 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 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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number 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 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).
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. All 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).
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 (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.