



CUSTOMER INFORMATION CHECKLIST

Includes: Customer Information, Customer Complaints, Customer Rights and Responsibilities, HIPAA Privacy Notice and Medicare Supplier Standards

Acceptance of Services

I understand that by signing this agreement, I authorize provision of products and/or services to me by Aids for Daily Living, Inc. I also understand that the products and services provided are prescribed by my physician and that it is necessary that I remain under the supervision of my attending physician during the course of my care.

Same or Similar Supplies/Equipment

I acknowledge that I cannot receive the same or similar healthcare supplies/equipment from another medical supply provider. I further understand that my insurance carrier will not cover duplicate supplies/equipment and payment for the duplicate supplies/equipment received will become my financial obligation.

Release of Information

I hereby authorize release to Aids for Daily Living, Inc. any and all of my medical records pertaining to my medical history, services rendered, or treatments received from my physician(s), or hospital. In order to process insurance claims, I also hereby authorize Aids for Daily Living, Inc. to furnish to my insurance carrier(s), any medical history, services rendered, or treatment needed, and/or required.

Assignment of benefits

I authorize direct payment of insurance benefits by my insurance company to Aids for Daily Living, Inc. In the event that my insurance carrier does not accept "assignment of benefits", I understand that payment may be sent directly to me and that I am obligated to endorse and directly send such payments to Aids for Daily Living, Inc. for payment of my bill.

Financial Responsibility

I understand that I am responsible to Aids for Daily Living, Inc. for all charges not covered by my insurance. I recognize that in the event that my insurance company, employer, or any other third party payer refuses to pay the rental and/or purchase price(s) of the supplies/equipment provided, or delays payment beyond 90 days of my receipt of the supplies/equipment, or in the event that I have no insurance coverage or third party payer, that I will be responsible for said payments and will make prompt reimbursement within 30 days of notification by Aids for Daily Living, Inc. for all applicable charges.

Patient Instruction Reviewed with Customer/Care Provider by Aids for Daily Living, Inc. Representative

- ✓ Reviewed printed education materials – including usage and precautions
- ✓ Explained need to comply with physician’s order
- ✓ Provided Aids for Daily Living, Inc.’s address, phone number, business hours and On-Call service availability
- ✓ Explained Delivery Policy and Follow-Up Policy
- ✓ Explained need to contact Aids for Daily Living, Inc. in any changes occur regarding patient status, address change and/or change in insurance coverage.

OUR MISSION AND PURPOSE

Aids for Daily Living, Inc. is dedicated to providing quality service, products, and supplies for individuals with disabilities. All associates of Aids for Daily Living, Inc. aspire to the highest degree of professionalism, compassion, and advocacy in order to increase the comfort, function, and independence of the clients we serve.

CUSTOMER INFORMATION

Our normal business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. A voice message system is available to answer Aids for Daily Living, Inc.’s incoming calls outside of normal business hours. However, our On-Call Technician is available outside of regular business hours for enteral feeding pump and nutrition customers by calling 916-824-6418. For all other customers, if your call is an emergency and cannot wait until normal business hours, it is suggested that the customer or caregiver dial “911” for professional emergency services.

CUSTOMER COMPLAINTS

Any customer who feels his/her rights have been denied, who desires further clarification of rights, or who desires to lodge a complaint or express satisfaction with any aspect of service or equipment, including concerns about patient safety and the risk of falls, should contact us through our main telephone number (916-624-0900), without fear of reprisal by the company or by any of its employees. If the issue cannot be resolved via a telephone call with a customer service representative, the matter will automatically be forwarded to the appropriate corporate manager.

JOINT COMMISSION INFORMATION

The public may contact the Joint Commission’s Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission accredited healthcare organization by either calling 800-994-6610 or send an email to: complaint@jointcommission.org.

CUSTOMER RIGHTS – YOU HAVE A RIGHT TO:

- Be given timely, appropriate, and quality professional home care services without discrimination.
- Be provided with proper products and services as ordered by a qualified healthcare professional.
- Receive products in proper operating condition according to the manufacturer’s specifications.
- Receive fair treatment.
- Request a detailed explanation of your bill for products and services.
- Be communicated with in a way that you can reasonably understand.
- Refuse equipment, products or services, accepting full responsibility for that refusal.

- Choose your provider of home care services.
- Be assured of confidentiality, to review your records, and to approve or refuse the release of records.
- Have competent and qualified people carry out the services for which they are responsible.
- Voice your grievances and recommend changes without fear of reprisal.
- Report concerns about patient safety without fear of reprisal.
- Be given reasonable notice of discontinuation of service and information on optional available providers.

CUSTOMER RESPONSIBILITIES – IT IS YOUR RESPONSIBILITY TO:

- Dial 911 whenever a life-threatening medical emergency arises.
- Provide complete and accurate information regarding your medical history and billing information.
- Comply with your physician’s orders and plan of care.
- Use and care for the equipment provided and not allow use by anyone other than the authorized patient or care providers.
- Contact us about any equipment malfunction or defect, and allow our staff opportunity to correct the problem.
- Advise us of any changes in your status, including address, medical condition, and billing information.
- Assume payment responsibility for services not covered by your insurance carrier, except when not allowed by law.
- Maintain a safe home environment for the proper utilization of equipment.
- To report to us any concerns about patient safety or occurrences of patient falls.
- Pay for the replacement costs of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.

WARRANTY INFORMATION

Every product sold by Aids for Daily Living, Inc. carries a one (1) year manufacturer’s warranty. Aids for Daily Living, Inc. notifies all Medicare beneficiaries of the warranty coverage and we honor all warranties under applicable state law. Aids for Daily Living, Inc. will replace, free of charge any Medicare covered item that is under warranty.

I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS DOCUMENT

Customer Name: _____ Date: _____

Responsible Party Name/Relation: _____ Signature: _____

Delivery Technician: _____ Date: _____