



ADMISSIONS PACKET - PATIENT INFORMATION

Equipment Warranty Information

Every product sold by our company carries a 1-year manufacturer's warranty.

- Tactical Rehabilitation Inc. will notify all beneficiaries of the warranty coverage and we will honor all warranties under applicable law.
- Tactical Rehabilitation Inc. will repair or replace, free of charge, equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

Additional Information

Safety Cleaning Procedures:

Will be provided in the owner's manual for specific equipment issued.

Complaint Protocol:

If you are unhappy with the services and/or equipment provided by Tactical Rehabilitation please call 888-945-8538. We will respond within 3 business day. In the event that your complaint is not resolved to your satisfaction you can contact Compliance Department at (888)945-8539.

You can also contact ACHC at 855-937-2242. For Medicare specific complaints you can contact CMS at 800-633-4227

How To Care For Your Products

Foot Orthotics:

Sole Supports, wash with mild soap and dry thoroughly. Written instructions from the manufacturer are provided in the original packaging.

Tens:

Use (Clorox type) wipes and **dry thoroughly**. Written instructions from the manufacturer are provided in the original packaging.

All braces:

Hand wash gently with mild soap and let air dry. Written instructions from the manufacturer are provided in the original packaging.

Do not wash in a washing machine.

Customer Service

If you have any concerns or questions regarding proper use and care or your products are not fitting/functioning well please call, text, or email us at your convenience.

Main Number (888)945-8538 customerservice@tacticalrehab.com

Office Hours:

Monday-Friday 9am-3pm or by appointment.

After Hours: In Case Of Emergency: If you are having a medical emergency, please call 911 or go to your nearest, emergency room. We are not equipped or staffed to handle medical emergencies. We are available during business hours for all equipment related issues. If after hours leave a message and we will return your call within 72 business hours. For potential disaster emergencies refer to <https://www.ready.gov>.



ADMISSIONS PACKET - Patient Rights & Responsibilities

Patient Rights

- The patient has the right to considerate and respectful service.
- The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
- Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her access to information without patient's written consent.
- The patient has the right to make informed decisions about his/her care.
- The patient has the right to reasonable continuity of care and service.
- The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed in advance, both orally and in writing, of care being provided; of the charges, including payment for care/service expected from third parties; and any charges for which the client/patient will be responsible
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advance Directive, if applicable
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Patient Responsibilities

- The patient should promptly notify the supplier of any equipment failure or damage.
- The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify the supplier in such instances.
- The patient should notify the supplier of any changes to their address or telephone number.
- The patient should promptly notify the supplier of any changes concerning their physician or change in insurance.
- The patient should notify the supplier of discontinuance of use.
- Except where contrary to federal or state law, the patient is responsible for any equipment rental and sales charges which the patient's insurance company does not pay or can not be billed for. All charges associated with Custom items produced at the patient's request, then subsequently refused will be billed to the patient.
- The patient is responsible for all co-payments/co-insurance as indicated by their insurance.



ADMISSIONS PACKET - Availability of Care/Services

Scope of Care/Services

Tactical Rehabilitation's care/service is for delivery of durable medical equipment (DME) including, but not limited to, the following:

- TENS/Interferential & NMES electrical stimulation devices
- Bone Growth Stimulation Devices
- Ultrasound Device
- Off the shelf and Custom Orthosis for upper & lower extremity

Eligibility for Care/Services

- All patients must have a current valid prescription/referral on file for any service to be rendered regardless of payment method.
- Self pay patients must provide payment prior to delivery of any care/services. Custom products will require payment before the item can be ordered from the manufacture.
- All patients utilizing insurance must provide all current policy information for validation prior to delivery of care/service.
- All patients utilizing their insurance will be advised of financial responsibility prior to delivery of care/services.
- Patients will be offered payment solutions prior to delivery of care/services.
- Patients utilizing insurance will be advised of any additional documentation requirement by their insurance to fulfill the providers referral prior to delivery of care/services.

Referral Process for Care/Services

- Prescription/Referral must be received prior to delivery of care/services.
- Prescription/Referral must include, at minimum, all of the following elements:
 - Patient Name & DOB
 - Diagnosis (to define medical necessity)
 - Length of need
 - Product Specification (code/description, quantity of units need)
 - Any/All specific modification(s) requested by the provider
 - Date of the order
 - Physician Signature & NPI
- Referral for insurance patients may require supplemental documentation per their policy coverage guidelines. (i.e. CMN, clinical notes, plan of care, etc.)
- All required documentation must be received prior to delivery of care/services.
- Patients referred for custom products will be offered multiple appointments for service.
 - Initial appointment will include casting/measurements associated with the specific product to be ordered.
 - Secondary appointment will provide fitting and delivery of the product upon receipt from the manufacturer.
 - Shipping options for delivery in place of secondary appointment will be communicated and offered at the time of initial appointment. If this option is preferred by the patient, all information & training will be provided at the time of the initial appointment or via electronic communication after the product has been delivered.



ADMISSIONS PACKET: MEDICARE DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS) SUPPLIER STANDARDS

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 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 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 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 and beneficiary instruction.
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 standards to each beneficiary it supplies a Medicare covered item.
17. A supplier must disclose any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number (i.e., the supplier may not sell or allow another entity to use its Medicare billing number).
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include the name, address, telephone number and health insurance claim number of the beneficiary; a summary of the complaint; and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers 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. A supplier 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 provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f)
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (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.



TACTICAL Rehabilitation

ADMISSIONS PACKET - NOTICE OF PRIVACY PRACTICES

(USED WITH PERMISSION)

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you and notify you in the event of an impermissible disclosure of your identifiable health information. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any office visit.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Privacy Officer, Tactical Rehabilitation Inc. privacyoffice@tacticalrehab.com, (888) 945-8539.

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your identifiable health information:

1. Treatment. Our organization may use your identifiable health information to treat you. For example, we may perform a follow-up interview and we may use the results to help us modify your treatment plan. Many of the people who work for our organization may use of disclose your identifiable health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children, or parents.

2. Payment. Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and for what range of benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will Cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties who may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.

3. Health Care Operations. Our organization may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your health information to evaluate the

quality of care you received from us or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders. Our organization may use and disclose your identifiable health information to contact you and remind you of visits/deliveries.

5. Health-Related Benefits and Services. Our organization may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.

6. Release of Information to Family/Friends. Our organization may release your identifiable health information to a friend or family member who is helping you pay for your health care of who assists in taking care of you.

7. Disclosures Required By Law. Our organization will use and disclose your identifiable health information when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our organization may disclose your identifiable health information to public health authorities who are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths.
- Reporting child abuse or neglect.
- Preventing or controlling disease, injury, or disability.
- Notifying a person regarding potential exposure to a communicable disease.
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- Reporting reactions to drugs or problems with products or devices.
- Notifying individuals if a product or device they may be using has been recalled.
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our organization may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions, civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

3. Lawsuits and Similar Proceedings. Our organization may use and disclose your identifiable health information in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release identifiable health information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe might have resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order,

subpoena, or similar legal process

- To identify/locate a suspect, material witness, fugitive, or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Serious Threats to Health or Safety. Our organization may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. Military. Our organization may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

7. National Security. Our organization may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. Inmates. Our organization may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

9. Workers' Compensation. Our organization may release your identifiable health information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information that we maintain about you:

1. Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Privacy Officer, **Tactical Rehabilitation Inc.**, privacyoffice@tacticalrehab.com, (888) 945-8539. Specifying the requested method of contact or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your identifiable health information for the treatment, payment, or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request, however, if we do agree we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use of disclosure of your identifiable health information, you must make your request in writing to Privacy Officer, **Tactical Rehabilitation Inc.**, privacyoffice@tacticalrehab.com, (888) 945-8539. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure, or both; and (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing Privacy Officer, **Tactical Rehabilitation Inc.**, privacyoffice@tacticalrehab.com, (888) 945-8539. In order to inspect and/or obtain a copy of your identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us. chosen by us.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to Privacy Officer, **Tactical Rehabilitation Inc.**, privacyoffice@tacticalrehab.com. You must provide us with a reason that you believe the information is incorrect or incomplete. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the identifiable. Health information which you would be permitted to inspect or obtain a copy of.

Our organization may not amend the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to requests an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, **Tactical Rehabilitation Inc.**, privacyoffice@tacticalrehab.com. All requests for an accounting of disclosures must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Privacy Officer, **Tactical Rehabilitation Inc.**, privacyoffice@tacticalrehab.com.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, Privacy Officer, **Tactical Rehabilitation Inc.**, privacyoffice@tacticalrehab.com. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified, by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note that we are required to retain records of your care.