

# **Petsch Respiratory Services**

***CALL US – RELAX – BREATHE EASIER***

## **PATIENT INFORMATION PACKET**

**AVAILABLE 24 HOURS A DAY - 7 DAYS A WEEK FOR  
NEW REFERRALS AND EMERGENCY EQUIPMENT NEEDS**

(NORMAL OFFICE & BILLING HOURS M-F 8:30AM – 5:00PM)

Phone Numbers 706-863-6252

Toll Free 877-863-2199

visit our website at: [www.petschrespiratory.com](http://www.petschrespiratory.com)

**Petsch Respiratory Services**

Martinez, Ga. 30907

**\*\*\*\*\**NEW SUPPLY LINE 706-863-2199*\*\*\*\*\***

call anytime, day or night, to leave a message for:

tank refills \* full apnea monitor \* photobed pickup \* feeding supplies \* or any other non-urgent calls



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## Available Services

- **Home Oxygen**
  - Oxygen Concentrators
  - Portable Oxygen
  - Conserving Devices
- **Ventilation (Invasive and Non Invasive)**
  - Pediatric
  - Adult
- **Sleep Therapy**
  - CPAP & Auto-CPAP
  - BiPAP - Auto-BiPAP - BiPAP ST
  - Masks
  - Tubing
  - Filters
- **Jet Nebulizers**
  - Home or Battery Powered (special order)
  - Masks
  - Medicine Cups
- **Cough Assist Technology**
- **Suction Machines**
- **Apnea Monitors**
- **Phototherapy for infants**
- **Enteral Nutrition**
  - Enteral Pumps
  - Enteral Formula
  - NG Tubes
- **Mobility Aids**
  - Walkers
  - Wheeled Walkers
  - Rollator (seat and basket)
  - Knee Walkers
  - Canes
  - Crutches
  - Wheelchairs
  - Wheelchair Cushions
- **Aids for daily living**
  - Hospital Beds
  - Specialty Support Surfaces
  - Bedside Commodes
  - Raised Toilet Seats
  - Shower Chairs
  - Transfer Shower Benches

Petsch Respiratory Services is able to provide home respiratory services and resources to assist you and your family. We offer respiratory therapy and supplies to support your medical needs. Established medical procedures, pre-discharged assessments and medical support staff enable our programs to be tailored to your specific medical needs.

**Home Oxygen Program**-We provide home setup, instruction and follow-up coordinated with and updated to your physician.

Petsch Respiratory Services accepts third party, commercial insurance, Medicare and Medicaid. We can make arrangements for our private pay customers. For services from Petsch Respiratory Services, ask your physician, discharge planner or call us for complete assistance.

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## Welcome

Welcome to Petsch Respiratory Services:

We are pleased that we have the opportunity to provide you with your home medical services. We are an independent, 2<sup>nd</sup> generation, locally owned company with dedicated and caring professionals. My wife and I are proud to say that your experience with us will have our direct involvement and promise you quality and caring service. We believe in patient care.

We provide the latest and best equipment available. We accept Medicare, Medicaid (Ga. & SC), most insurance plans and private pay. We will explain our billing and payment policies. We will answer any and all your questions that we can and will help you find answers to those we don't know. As a free service, we do all the billing for you including your secondary, or deductibles according to your assignment agreement. We will inform you of any financial obligations you may have prior to services and will work with you on any obligations.

Included in this packet is information you can read at your leisure that answers many of the questions you may have. Feel free to read it and ask about them at any time. We feel it is important for you to understand and be informed throughout your services with us. The information on how to contact us is included throughout this packet and on any of the equipment. We are available 24 hours a day, 7 days a week. If at any time you feel you have a complaint, compliment or even a suggestion on how we can better serve you, we would love to hear it. Thanks again, welcome to Petsch Respiratory Services, and we hope you will always ask for us when you have home respiratory or medical needs.

### **STAFF**

David Petsch and Janice Petsch, RN

*-Founders*

Chad McCrickard

*-General Manager*

Barbara Hanley, Tamara McCrickard, Jeremy Foster

*-Coordinators*

Barbara Hanley, Brenda Stafford, Tim Drake, Machel Rivers, Heather Manahan

*-Respiratory Therapists*

Charlie Henderson, Edward McCrickard

*-Delivery*

Kramer McCrickard, Landry Dickenson

*-Warehouse*

Rosa Ivey, Carson McCrickard Yost, Aprille Foster, Katelynn Usry, Pam Baker, Kacey Rockett, Heather Neal, Stormi Hubble, Trey McCrickard

*-Office Staff*



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## *Mission Statement*

*The mission of Petsch Respiratory Services is to provide quality home respiratory services in the patient's home setting where the patient can relax, breathe easier and continue to enjoy life.*

## **Vision Statement**

Our vision is to assure that people in need of medical respiratory services have them available within their homes and communities at an affordable cost. In order to assure these objectives Petsch Respiratory Services is committed to not only serve the patients in need, but to be active in the community to identify those needs, and help find payment sources. By finding payment sources from our governmental and private payers, we can further stretch the patient's dollars. We will continue to search for more coverage and new opportunities. Petsch Respiratory Services is involved with the manufacturers to help identify better ways to satisfy the needs of the patients and help in obtaining those services. By staying in touch with the latest technologies and educating the decision makers on how to apply them it can help in the battle of increased healthcare costs. This can be accomplished by employing the most knowledgeable staff, purchasing the best equipment and providing the latest training techniques available. More services can be made available cost effectively and equitably, if the service is provided at the local level through local providers. Working harder and smarter to assure quality, efficiency, education and continuity of care, is our goal. Keeping things simple and focusing on patient care will effectively assure our vision.



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## *Patient Bill of Rights*

### **All Patients or their families should have the right to:**

1. Choose the provider for their services and the physician of their choice.
2. To receive information necessary to make decisions regarding your care or equipment needs in a language or form that is understandable.
3. Be promptly and fully informed as well as participate in any changes in services.
4. Refuse services and /or equipment within the confines of the law and be informed of the possible consequences of this action.
5. Be assured that you or your designated representative may participate in patient related ethical issues that may arise during the course of care.
6. Be assured of the right to lodge complaints, suggestions, comments, or grievances without fear of discrimination, reprisal or unreasonable interruption of services and to have them investigated.
7. Be assured the patients medical information will be kept confidential except as provided by law or third-payer contractors or as authorized by the patient.
8. Be assured that you, your property and your residence will be treated with courtesy and respect.
9. Be assured of the right to coordination and continuity of services and/or equipment and to be fully informed within a reasonable time of anticipated termination of service or transfer to other services including any financial benefits to the referring company.
10. Be assured of the right to receive information regarding the company's charge and billing policies including to the extent possible, insurance coverage and other methods of payment and of your responsibility for payment of services.
11. Be assured of the right to courteous, individualized and humane health care that is given without discrimination as to race, creed, sex, national origin or handicap.
12. Be assured of the right to equipment that meets professional and industry standard and supportive services, which are performed by personnel who are qualified through education and/or experience to carry out the services.
13. The right to appropriate instruction and/or education from qualified personnel so that he/she can achieve an optimal level of self-care and learn to operate the equipment in an effective and safe manner.
14. Be given written or verbal notice about your rights and responsibilities (i.e. supplier standards) for receiving services in advance of services provided to you. Expect your rights will be honored and will be made available through written and verbal communications to staff, other providers, and the interested public.
15. Obtain (at a reasonable cost) a copy of the most recent inspection report.



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## *Patient Responsibilities*

**As a Patient of Petsch Respiratory Services you have the responsibility to:**

1. Supply accurate medical, financial, and environmental information.
2. Treat staff with respect and consideration, be cooperative and avoid discrimination of staff because of race, creed, sex, or national origin.
3. Report concerns and problems you have to a company staff member.
4. Participate in the development of your plan of care and comply.
5. Care for / operate / use the equipment in accordance with the manufacturer's recommendations and return rental equipment in good condition.
6. Following expiration of warranty, the client shall assume responsibility for maintaining the equipment when the equipment is the property of the patient.
7. Patients have the responsibility to be available at the time deliveries are scheduled, to promptly notify the company in the event the equipment becomes inoperative, and to allow the company staff to enter the patient's premises at reasonable times to repair equipment or provide adequate patient alternatives.
8. Patients have the responsibility to monitor the quantity of products and services in his/her home and reorder as required to allow for timely delivery.
9. Provide information necessary for the timely processing of a bill and to be responsible for the amount due that is theirs.



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## Emergency Preparedness Information Sheet

In the event of a natural or man-made disaster, your personal safety is our first concern. The following Emergency Preparedness “TIPS” will help you and your family prepare for all types of disasters.

### General Emergency Preparedness Tips

- Always follow guidelines and instructions provided by: Local Law Enforcement, Civil Defense, and Emergency Preparedness Agencies.
- Obtain information about emergency situations unique to your community before they happen (i.e. Florida-hurricanes; Georgia & South Carolina-tornadoes)
- If physically possible, go to the nearest shelter when directed by local authorities.
- Notify PRS of your new location if you need to leave your usual place of residence.
- If unable to contact PRS clinical staff for information or supplies during an emergency, contact a local emergency room for assistance or dial 911.
- Notify local power supply company of power failure, report special needs for back-up generator or priority return of power.
- Notify PRS team or physician whenever a power failure occurs. If a power source is required for your therapy or additional supplies are needed, hospitalization may be required.
- Store a transistor radio, flashlight, pipe wrench (for gas, water, and shut-off valves), plenty of batteries, blankets, fuel (wood or heating oil), food, and bottled water so that you are prepared in case of any emergency.
- Unplug equipment before water comes in contact with it or when power supplies are unsafe or failing.
- Utilize other sources of light such as flash lights or candles (using appropriate safety with open flames and oxygen). **Caution** do not use candles or matches until you have checked for gas leaks.
- If advanced warning of an impending disaster is given, notify PRS if you anticipate a loss of power or will need additional equipment, supplies just prior to or during the event.
- If you are physically unable to get out of bed by yourself, and need to evacuate your residence, instruct your family/caregiver to:
  - Place sheet or strong blanket under the patient.
  - Tie knot at head and foot of sheet.
  - Using the sheet, pull the patient to safety.
  - If two people are available for rescue, make a chair (from rescuers arms) and carry patient to safety.

### OTHER EMERGENCY TIPS FOR SPECIAL SITUATIONS

#### Fire-Flood

- Evacuate home, as directed to, to avoid personal injury.
- Keep oxygen away from open flames.
- Notify PRS after emergency is over.

#### Hurricane-Tornado-Earthquake

- During earthquake, try to stand under an inside or strongly supported door frame.
- During tornado, stay in southeast corner of inside room.
- During hurricane, seek high area, away from flooding.
- Stay away from windows, broken glass, and wear shoes.
- After disaster occurs, check all residents for injury.
- Check home for gas/water leaks and turn off appropriate valves.



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## Home Safety Checklist

|   |
|---|
| <b>Supplies:</b>  |
| 1. Out of reach of irresponsible persons.   |
| 2. Stored appropriately.  |
| 3. Storage clean and orderly.   |
| 4. Contaminated supplies kept away from clean supplies.   |
| 5. Never use broken, damaged supplies(save and return to company personnel).  |
| 6. Dispose of supplies in appropriate manner as instructed.   |
|   |
| <b>Environmental:</b>   |
| 1. Hazards check: throw rugs, furniture obstructions, any and all pathway obstructions.   |
| 2. Stairs: checked for missing boards/bricks, loose treads, lighting, handrail and or difficulty in negotiating with equipment or physical limitations. |
|   |
| <b>Fire Safety:</b>   |
| 1. Do not smoke in house while oxygen in use.   |
| 2. Post no smoking sign if oxygen is in use.  |
| 3. Nearest exit for patient and alternate exit.   |
| 4. Nearest fire extinguisher.   |
| 5. Smoke detector in house and working properly (check every 6 months).   |
| 6. If possible, turn off oxygen if fire occurs.   |
|   |
| <b>Electrical:</b>  |
| 1. No frayed cords or damaged outlets.  |
| 2. Do not overload outlets.   |
| 3. Do not use extension cords for equipment.  |
| 4. Make sure all outlets have outlet "cover-plates" to cover the wire connections.  |
| 5. Flashlights available and working.   |
| 6. Extra flashlights batteries available.   |
|   |
| <b>Bathroom Safety:</b>   |
| 1. Ease of access for patient.  |
| 2. Utilize slip resistant strips where appropriate.   |
| 3. Safe storage for patient hygiene items.  |
| 4. Adequacy of facility (i.e. handrails, shower chair, etc.)  |
|   |
| <b>Refrigerator Storage:</b>  |
| 1. Clean with adequate space for separation of medicines away from food.  |
| 2. Maintains appropriate temperature.   |
|   |
| <b>Miscellaneous:</b>   |
| 1. Free from rodents, insects.  |
| 2. Telephone available.   |
| 3. Keep all medications out of the reach of children.   |





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### **Medicare DMEPOS Supplier Standards** *(effective 9/9/2010)*

Palmetto GBA - PO Box 100142 - Columbia - South Carolina - 29202-3142 (866-238-9652)

The products and/or services provided to you by Petsch Respiratory Services are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at

[Medicare Supplier Standards version 1](#)

or

[Medicare Supplier Standards version 2](#)

Upon written request we will furnish you a written copy of the standards.

### **DME Supplier Standards for Georgia Medicaid Enrollment**

The products and/or services provided to you by Petsch Respiratory Services are subject to the supplier standards contained in the State of Georgia regulations shown at PART II POLICIES AND PROCEDURES for DURABLE MEDICAL EQUIPMENT SERVICES Section 600. These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at

[Georgia Medicaid Supplier Standards](#)

Upon written request we will furnish you a written copy of the standards.



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## **General Information**

### **DELIVERY CHARGES:**

1. We do not charge for routine deliveries. If you require any special type deliveries we can make special arrangements according to your needs.
2. We do not routinely charge for delivery of supplies; but, reserve the right to do so if the circumstances justify.

### **BILLING AND PAYMENT POLICIES:**

Customers are responsible for payment in accordance with the rules and guidelines of the consignment agreements, and our company terms. Assignment of benefits to a third party does not relieve the customer of obligation to assure payment in full. We adhere to all rules and regulations within the Medicare, Medicaid and State guidelines.

**Medicare:** We accept assignment under Part B, billing directly for you and receive the 80% of allowed charges. We then also bill the CO-pay and deductible to your secondary or third party tertiary.

**Medicaid:** We can provide services to Georgia and South Carolina Medicaid recipients upon proof of appropriate coverage. Medicaid rules allow for some small co-pay for some recipients and we would expect those co-pays to be handled at the time of delivery, unless otherwise arranged.

**Private Insurance:** We may bill private insurance carriers upon verification, approval of coverage status and medical necessity requirements being met. However, due to the many different and unique coverage plans and the fact that insurance companies will not guarantee payment, we look to the customer for final obligation. With complete and accurate information we can, normally, avoid any significant financial obligation, on your behalf.

### **RETURNS AND REFUNDS:**

Merchandise may be accepted for returns, exchange and/or refunds within 30 days of the sale, if accompanied by the sales receipt. This does not apply to rental equipment as it can and will be handled as repairs and maintenance is required. Special Orders will be handled with a 50% deposit. A small restocking fee may be levied if the item is later refused and the item can not be returned to the supplier. All special orders can incur a small shipping and handling fee if required.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**For example:** Members of the pharmacy staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

*Business associates:* There are some services provided in our organization through contacts with business associates such as a billing service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing

surveillance information to enable product recalls, repairs, or replacement.

*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Please list any caregiver or personal representatives you would like to designate to act in your behalf:

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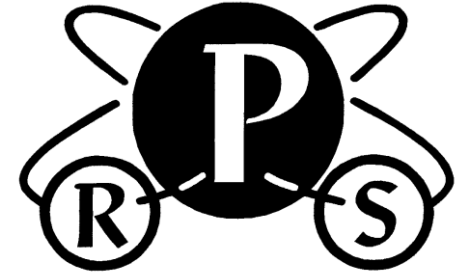
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Revision Number 3  
October 2021



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Martinez GA 30907  
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## **NOTICE OF PRIVACY POLICIES**

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

### **Introduction**

At Petsch Respiratory Services, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Record**

Each time you buy medications or supplies from Petsch Respiratory Services, a record of your visit is made. Typically, this record contains your list of medication and/or the equipment or supplies we provide for you. This information, often referred to as your health or pharmacy record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning,
- A tool with which we can assess and continually work to improve the care we render

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others

### **Your Health Information Rights**

Although your health record is the physical property of Petsch Respiratory Services, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

Petsch Respiratory Services is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice in our office.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also cease to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

If have questions and would like additional information, you may contact our Privacy Officer, Barbara Hanley at 706-863-6252.

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer as listed below. If you feel that your complaint has not been successfully addressed, you may file a complaint with the Office for Civil Rights. We will provide you with the address upon request. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Barbara Hanley, Privacy Officer  
Petsch Respiratory Services  
3845 Martinez Boulevard  
Martinez, GA 30907

### **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

**For example:** Information obtained by the pharmacist or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you.