

*Viera Medical Equipment,
LLC*

Customer
Information
Handbook

Phone 321-259-3400

Fax 321-253-3119

Monday through Friday

9am – 5pm

MISSION STATEMENT

Our goal is to provide quality customer care and service with patient satisfaction and continuity of care.

COMPLIANCE ACTIVITIES

Our company is committed to complying with federal and state regulations. If you have any questions or concerns regarding any of our activities, please contact the phone number on the front of the booklet.

BILLING AND PAYMENT POLICY

Customer are responsible for payment with out company's terms. If billed to insurance, assignment of benefits to a third party dose not relieve the customer of the obligation to pay an amounts due after insurance payment.

ASSIGNMENT OF BENEFITS

Viera Medical Equipment, LLC may submit insurance claims on your behalf and direct payment be made to Viera Medical Equipment, LLC. By signing the authorization to assign benefits you are authorizing payment to be made from your insurance to Viera Medical Equipment, LLC. You may be asked to pay at the time of service any coinsurance, co-payment not covered by your insurances prior to services being rendered. This coinsurance amount may change at the time claims are processed. If you owe in excess of the amount collected you will be billed within 30 days of receiving payment from the insurance provider and expected to pay the amount due within 30 days of receipt.

COMPLAINT RESOLUTION PROTOCOL

The beneficiary and family have the right to freely voice and grievances and recommend changes in care, treatment, patient safety issues, or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Complaint Log, and completed forms will include the name, address, telephone number, and health insurance claim number, a summary of the compliant, the date it was received, the name of the person receiving the complaint, and a summary of the actions taken to resolve the compliant.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively up to the owner of the company.

The beneficiary will be notified of this complaint resolution protocol upon time of set-up of any service.

If you have a complaint, please call the office at 321-259-3400, request to speak to the manager, if still unsatisfied request a call from the owner. If you are still not satisfied with either resolution you may reach out to our Accrediting body, CHAPS at 202-862-3413.

DELIVERY AND SERVICE

Our hours of operation are 9am to 5pm Monday through Friday and closed on the weekends. Currently Viera Medical Equipment, LLC does not offer items that are emergency use or life support. All calls for items that are broken or need repair need to be made during normal business hours.

RENTAL EQUIPMENT/WARRANTY

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set up (manufacturer brochure or product insert), additional tips for cleaning equipment are available in the back of this booklet. Service, parts, and labor are provided free of charge on rental equipment (except in case of misuse). If the rented equipment has been damaged through misuse or abuse, the maintenance and repair costs become the customers responsibility. All warranties under rented equipment are honored for 13 months.

PURCHASED EQUIPMENT/WARRANTY

New equipment is subject to the manufacturers warranty but will not exceed one year. All used equipment purchased will have a 90 day warranty.

REFUND/EXCHANGE

Merchandise may be accepted for exchange or refund within 7 days of the purchase when accompanied by a sales receipts. To receive an exchange/refund the item(s) must be new and in the original packaging. Undergarments, stockings, items worn on the skin or in contact with the skin, disposable supplies opened will not be subject to exchange or refund.

NOTICE OF PRIVACY PRACTICES

PROTECTED HEALTH INFORMATION (Effective January 1, 2003)

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

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Viera Medical Equipment, LLC. is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA mandates minimum standards that a covered entity such as Viera Medical Equipment, LLC. must maintain in relation to your protected health information. This Notice of Uses is being provided to help you understand how Viera Medical Equipment, LLC. meets these minimum standards. It is also

meant to inform you of the ways that Viera Medical Equipment, LLC. may use the personal information it collects about you and how it may disclose it.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes protected health information and lays the foundation for determining your plan of care and treatment and allows for a successful means of communication between all healthcare professionals that contribute to your care.

HIPAA protects information found in your medical record from disclosure without your authorization. The information protected by HIPAA includes:

1. Any information related to your past, present or future physical or mental health;
2. The past, present or future payment for health services you have received;
3. The specific care that you have received, are receiving or will receive;
4. Any information that identifies you as the individual receiving the care; and
5. Any information that someone could reasonably use to identify you as receiving the care. This information is referred to as protected health information throughout this Notice.

TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

As a Covered Entity, Viera Medical Equipment, LLC. is required to inform you of how it may use your protected health information. In providing treatment to you, Viera Medical Equipment, LLC. will use your protected health information for the purposes of treatment, payment and healthcare operations.

Treatment - As it pertains to Viera Medical Equipment, LLC, treatment means providing to you drugs, medications, supplies and durable medical equipment services as ordered by your physician. Treatment also includes coordination and consultation with your physician and other health care providers. As Viera Medical Equipment, LLC provides these services to you, information obtained during this process will be recorded in your medical record. Viera Medical Equipment, LLC will use this information, in coordination with your physician, to determine the best course of treatment for you.

Payment - Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by Viera Medical Equipment, LLC. This includes, but is not limited to, eligibility determination, precertification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

Healthcare operations - Operations can include, but are not limited to, review of your protected health information by members of Viera Medical Equipment, LLC's professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by Viera Medical Equipment, LLC. Healthcare operations also include Viera Medical Equipment, LLC's business management and general administrative activities.

OTHER USES AND DISCLOSURES

1. In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, Viera Medical Equipment, LLC must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent Viera Medical Equipment, LLC has taken action in reliance on the authorization.

2. There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. Viera Medical Equipment, LLC may in the following circumstances disclose your protected health information:

3. Viera Medical Equipment, LLC may disclose limited health information about you to notify local agencies (i.e. power, gas, phone company, and emergency medical services), in the event of an emergency (i.e. flood, hurricanes, etc.), of your need for life sustaining equipment or assistance in evacuation due to your medical condition.

4. Viera Medical Equipment, LLC may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to your health care.

5. Viera Medical Equipment, LLC may disclose protected health information to others as required by law.

6. Viera Medical Equipment, LLC may disclose protected health information for certain public health activities and purposes.

7. Viera Medical Equipment, LLC may disclose protected health information to a legally-authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

8. Viera Medical Equipment, LLC. may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.

9. Viera Medical Equipment, LLC may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.

10. Viera Medical Equipment, LLC may disclose protected health information to attorneys, accountants, and others acting on behalf of Viera Medical Equipment, LLC, provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

YOUR RIGHTS AS A PATIENT OF VIERA MEDICAL EQUIPMENT, LLC

In accordance with HIPAA you have the following rights in relation to your protected health information.

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, Viera Medical Equipment, LLC is not required to agree to the request for restrictions.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Uses.
4. You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations.

You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment and healthcare operations.

You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative

You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.

RESPONSIBILITIES OF VIERA MEDICAL EQUIPMENT, LLC

In accordance with HIPAA, Viera Medical Equipment, LLC is required to:

1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute.
2. Provide you with notice of our legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice.
3. Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.
4. Post its Notice of Uses at the location and is provided in this booklet

FOR MORE INFORMATION OR TO REPORT A PROBLEM CONCERNING YOUR HEALTH INFORMATION

If you have questions, would like additional information or, if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

Viera Medical Equipment, LLC, 7640 N. Wickham Road #116, Melbourne, FL 32940

The Office of Civil Rights
Or U.S. Department of Health & Human Services
200 Independence Avenue SW Room 509F HHH Building
Washington, D.C. 20201 1-800-368-1019

TO FILE A COMPLAINT AGAINST VIERA MEDICAL EQUIPMENT, LLC. PLEASE CALL 321-259-3400 AND ASK FOR THE CORPORATE COMPLIANCE OFFICER.

EMERGENCY PREPAREDNESS INFORMATION

HOW TO GET MEDICAL HELP (FIRST/AID/CPR) QUICKLY

- DIAL 911
- GIVE LOCATION OF EMERGENCY
- EXPLAIN WHAT HAPPENED
- TELL HOW MANY PERSONS NEED HELP
- DON'T HANG UP

BE PREPARED

- Have someone designated to check on you if an emergency situation has occurred. This could be a neighbor or family member.
- Determine an evacuation route and alternatives.
- Arrange for a friend or relative in another town to be a communication contact for the extended family.
- Make a habit of tuning in to daily weather forecasts and be aware of changing conditions.
- Find out where the main utility switches are and assign someone to turn them off in an emergency situation.
- Have a flashlight and extra batteries nearby for power outages. Keep extra blankets available in case the heat goes out.
- Try to keep a back-up supply of medications on hand and rotate them so they don't expire.
- If you have oxygen or other medical equipment, be sure you have back up source in case of disaster.
- Always keep a list of emergency phone numbers available, including your medical equipment supplier(s).

SOME TIPS ON INFECTION CONTROL IN THE HOME

Illness can be spread from one person to another by contact with infected body fluids, such as blood, urine, feces, mucous or the droplets that are sprayed into the air when a person coughs or sneezes.

Sometimes infections are spread through items that have been contaminated by drainage for infected sores or discharges from the nose, mouth, eyes, rectum etc.

Controlling the spread of infections means interrupting the way illness travels from one person to another. Maintaining a clean environment helps to keep infections under control. Also maintaining personal hygiene is very important.

GOOD HANDWASHING IS THE SINGLE MOST IMPORTANT WAY TO CONTROL INFECTIONS!

Maintaining Personal Hygiene:

- **Wash or bathe everyday**
- **Wash your hair at least weekly**
- **Brush your teeth and rinse your mouth after every meal and at bed**
- **Keep your nails trimmed and clean**
- **Wear clean clothes and underwear**
- **Change dirty clothes and bed liners as soon as you notice soiling**

WASH YOUR HANDS FREQUENTLY:

- Before preparing, eating and serving food.
- After using the toilet, contact with body fluids or outside activities

WASH YOUR HANDS THOROUGHLY:

- Wet your hands with plenty of soap and water
- Work up a lather on your hands and wrists
- Briskly rub your hands together (making sure to get in cracks and between fingers)
- Clean under your nails
- Rinse your hands thoroughly
- Dry your hands thoroughly

CLEAN CONTAMINATED HOUSEHOLD AND MEDICAL EQUIPMENT:

- Clean medical equipment as instructed by the manufacture
- Wipe all hard surfaces of your medical equipment weekly with a clean, soft cloth
- If exposed to moisture dry immediately
- Any wetted areas should be cleaned with a mild detergent or 50/50 mix of vinegar and water then dry with clean cloth
- Cloth or upholstered surfaces can be cleaned with mild detergent solution, rinsed and wiped dry.
- Change filters and disposable supplies when visibly soiled or worn; refer to manufacturer guidelines.

MEET YOUR HEALTH NEEDS:

- Eat a balanced diet daily
- Drink plenty of water (unless ordered otherwise by your physician)
- Get plenty of rest
- Exercise as tolerated
- Follow doctor's order for medications, including routine use of medications
- Avoid close contact with persons with known illnesses

PATIENTS BILL OF RIGHTS AND RESPONSIBILITIES

Patient's Rights: You have the right...

- To considerate and respectful service.
- To obtain service without regard to race, creed, national origin, sex, age, disability or illness, or religious affiliation.
- To confidentiality of all information pertaining to you, your medical care and service.
- To a timely response to your request for service and to expect continuity of services.
- To select the home medical equipment supplies of your choice.
- To make informed decisions regarding your care.
- To be told what service will be provided to your home, how often and by whom.
- To agree to or refuse any part of the plan of service.
- To an explanation of charges including policy for payment.
- To voice grievances without fear of termination of service or other reprisals.

Patient's Responsibilities: You have the responsibility...

- To ask questions about any part of the plan of service that you do not understand.
- To protect the equipment from fire, water, theft or other damage while it is in your possession.
- To use the equipment for the purpose for which it is was prescribed, following instructions provided for use, handling, care, safety and cleaning.
- To supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered. You are responsible for settlement in full on your account.
- To be at home for scheduled service visits or notify us in advance to make other arrangements,
- To notify us immediately of:
 - Equipment failure, damage, or need of supplies
 - Any change in your prescription
 - Any change or loss of insurance
 - Any change of address or telephone number, whether permanent or temporary
 - When equipment or services are discontinued
- To be respectful of the property of our company and considerate to the staff.

Effective 12-1-2021