

Precision Medical Solutions LLP

- Montgomery
- Auburn

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PATIENT INFORMATION

Patient Full Name _____ Birth Date _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ SSN _____
Sex Male Female Referring Physician/Therapist _____
E-Mail Address _____
Emergency Contact _____ Phone _____

WE DO NOT ACCEPT UNITED HEALTHCARE OR MEDICARE COMPLETE AS YOUR PRIMARY INSURANCE

PRIMARY INSURANCE	SECONDARY INSURANCE	OTHER INSURANCE
<input type="checkbox"/> Medicare <input type="checkbox"/> BCBS <input type="checkbox"/> Tricare <input type="checkbox"/> Other	<input type="checkbox"/> Medicare <input type="checkbox"/> BCBS <input type="checkbox"/> Tricare <input type="checkbox"/> Other	<input type="checkbox"/> Medicare <input type="checkbox"/> BCBS <input type="checkbox"/> Tricare <input type="checkbox"/> Other
Policy # _____	Policy # _____	Policy # _____
Policy Holder _____	Policy Holder _____	Policy Holder _____
Policy Holder DOB _____	Policy Holder DOB _____	Policy Holder DOB _____
Relationship _____	Relationship _____	Relationship _____
Policy Holder SSN _____	Policy Holder SSN _____	Policy Holder SSN _____

Is this a worker's compensation claim? Yes No If Yes, adjuster's name/phone _____

ASSIGNMENT OF BENEFITS

For goods and services received, I hereby authorize and direct that payment(s) be made directly to **Precision Medical Solutions LLP** for benefits payable under the terms of my policy. I recognize that if payment is made directly to me, the amount received up to the amount due for goods and service rendered, is the property of **Precision Medical Solutions LLP** and should be paid over to **Precision Medical Solutions LLP** immediately. I understand that I am financially responsible for charges not paid by this assignment. I also understand that any equipment, bracing, stockings, etc. that I receive from **Precision Medical Solutions LLP** is non-refundable unless otherwise notes by the manufacturer prior to purchase. Rented products are the exception as long as long as both parties are aware that the product is being rented prior to the exchange of property.

MEDICAL RECORDS AUTHORIZATION

_____ In accordance with HIPPA privacy regulations, I authorize **Precision Medical Solutions LLP** to release all medical records and pertinent medical information to any insurer, governmental agencies providing benefits or to anyone liable for charges. I also authorize release of said information to my referring physician and other medical providers who are or may become involved in my treatment. I further authorize release of medical records from my physician(s) to **Precision Medical Solutions LLP**. My initials indicate that I have received a copy of the HIPPA privacy notice.

HIPAA Notification

You may call me at the number listed above. _____ DO NOT Leave a Message _____ Leave Message with Anyone
_____ Leave Message on Voice Mail _____ Leave Message with _____

FINANCIAL RESPONSIBILITY

I certify that the above information is complete and accurate. I agree to pay **Precision Medical Solutions LLP** for any and all charges for goods and services rendered. I understand that **Precision Medical Solutions LLP** may accept assignment of insurance benefits in lieu of an equal amount of payment at the time of service, but that I am responsible for charges not paid by this assignment. I further understand that **Precision Medical Solutions LLP** may engage a collection agency or attorney to assist with collection of the balance due of which timely payment has not been made. I agree to pay all collection agency fees, including a collection fee 33.33%) of the balance due plus attorney fee and/or court costs, if such be necessary.

You further agree, in order for us to service your account or to collect monies you may owe, **Precision Medical Solutions LLP** and/or our agents may contact you by telephone at any number associated with your account including wireless telephone numbers, text messages, or emails, using any email address you provide to us, which could result in charges to you. Methods of contact may include using pre-recorded/artificial voice message and/or use of automatic dialing devices, as applicable. I/We have read this disclosure and agree that **Precision Medical Solutions LLP**, its employees and/or agents may contact me/us as described.

Medicaid **DOES NOT** cover many of these items for patients over 21 years of age. You may be billed for these items unless you receive prior authorization through Medicaid for these items.

By signing below, you certify that you have read this agreement, that you know and understand the meaning and intent of this agreement, and that you are entering this agreement knowingly and voluntarily.

If patient is a minor (under 19)

Guarantor/Parent Name _____ DOB _____ SSN _____

Guarantor Signature _____ Date _____

HAS AN ITEM EVER BEEN RECEIVED OF THE SAME OR SIMILAR EQUIPMENT AS WHAT IS PRESCRIBED TODAY? Yes No

Precision Medical Solutions
Medicare DMEPOS Supplier Standards (Abbreviated Version)

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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 of and must instruct beneficiaries on the 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 cost either directly, or through a service contract with another company, any 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 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 for 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 CFR § 424.57 (d).
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 CFR § 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.