



## Oso Orthotics & Prosthetics

11983 Tamiami Trail N

Ste 100C

Naples FL 34110

P: 239-766-7940 F: 239-631-8171

### BENEFICIARY INFORMATION

<b>NAME:</b>	<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>	<b>GENDER: FEMALE OR MALE</b> <b>WEIGHT: HEIGHT</b>
<b>HOME PHONE #:</b> <b>OK to leave message at: Home Work Cell</b>	<b>CELL #:</b> <b>EMAIL:</b>
<b>PRIMARY INSURANCE:</b>  <b>SECONDARY INSURANCE:</b>	<b>POLICY HOLDER NAME &amp; DOB:</b>  <b>RELATIONSHIP: SPOUSE PARENT SELF</b>

<b>DOCTOR OF MEDICINE (M.D.) OR A DOCTOR OF OSTEOPATHY (D.O.):</b>  ( WHO IS RESPONSIBLE FOR DIAGNOSING AND TREATING THE DIABETIC SYSTEMIC CONDITION)	<b>PHONE:</b>
<b>REFERRING PHYSICIAN:</b>	<b>PHONE:</b>
<b>QUESTIONS FOR THE BENEFICIARY</b>	

HAVE YOU RECEIVED A BRACE SAME OR SIMILAR WITHIN 5 YEARS? YES NO

HAVE YOU RECEIVED DIABETIC SHOES THIS YEAR FROM ANOTHER SUPPLIER? YES NO

IS THIS RELATED TO AUTO ACCIDENT OR WORK-RELATED INJURY? YES NO

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

## OSO ORTHOTICS & PROSTHETICS ASSIGNMENT OF BENEFITS

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Assignment of Medicare, Medicaid, Medicare supplemental or other insurance benefits to Oso Orthotics & Prosthetics, for medical supplies furnished to me by Oso Orthotics & Prosthetics,
2. Release of my medical information to Medicare, Medicaid, and other insurer(s).
3. Direct billing to insurer(s).
4. Oso Orthotics & Prosthetics to contact me by telephone or mail regarding my medical supplies order.

I agreed to pay all amounts that are not covered by my insurer(s) including applicable co-payments, deductibles, and co-insurances for which I am responsible.

I request that payment of Medicare or other insurance benefits be made on my behalf to Oso Orthotics & Prosthetics for any medical supplies furnished to me by Oso Orthotics and Prosthetics. I authorize any holder of medical information about me to release to Oso Orthotics & Prosthetics and to my primary and/or other medical insurer any information needed to determine or secure eligibility information or reimbursement for covered services.

**Salvage claim statement:** If a custom-made item was ordered but not furnished to a beneficiary because the individual died or because the order was canceled by the beneficiary or because the beneficiary's condition changed and the item was no longer reasonable and necessary or appropriate, payment can be made either on an assigned or unassigned claim basis, based on your expenses. If the beneficiary, for any other reason, cancelled the order, payment can be made to the supplier only. In such cases, the expenses is considered incurred on either.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PATIENT RIGHTS

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to her/his medical equipment service.
4. The patient has the right to make informed decisions about her/his care.
5. The patient has the right to voice grievances without fear of termination of service.

### CONSENT FOR TREATMENT / PATIENT PHOTOGRAPH CONSENT

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after. The photographs will be taken by one of the members of Oso Orthotics & Prosthetics, medical staff. I hereby give my consent for Oso Orthotics & Prosthetics to use the photographs under one of the following circumstances: Photographs taken of me or parts of my body can be used solely for the purpose of my medical care with Oso Orthotics & Prosthetics. The photographs and all details regarding medical services rendered to me will be kept confidential with in my personal medical history file at Oso Orthotics & Prosthetics. I understand that the below signature(s) authorizes consent for treatment, and photograph consent.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

**Patients Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I request and authorize: \_\_\_\_\_

To release/obtain healthcare information to/from: Name:

\_\_\_\_\_

This request and authorization applies to: All healthcare information relating to the following treatment, condition, Other: \_\_\_\_\_

**Patient's Signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

## MEDICARE DMEPOS SUPPLIER STANDARDS

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.Allsuppliersmust 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.Allsuppliersmust 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.Allsuppliersmust 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 section1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

Initials: \_\_\_\_\_

Date: \_\_\_\_\_