



ESP Healthcare Group – 2025 Hawaii Welcome Packet

Table of Contents

- | | |
|--------------------------------|----------------------------------|
| 1. Welcome & Mission | 7. HIPAA Privacy Notice |
| 2. Hours & Contact Information | 8. Care Plan & PAP Device Setup |
| 3. Your Bill of Rights | 9. Supply Reorder Guide |
| 4. Patient Agreements | 10. Billing & Payment Procedures |
| a. Payment Responsibility | 11. Acknowledgement & Signature |
| b. Rental & Sales Terms | 12. Emergency Contact |
| 5. Returns & Warranty Policy | 13. Payment Authorization |
| 6. Complaint Process | |

1. Welcome & Mission

Aloha!

Welcome to ESP Healthcare Group, LLC. We are dedicated to serving you with compassion and efficiency while providing top-quality healthcare solutions. Our vision: To be the leading provider of home medical equipment and respiratory care in Hawaii. Every day, we strive to improve, innovate, and deliver the best care for you and your loved ones.

2. Hours & Contact Information

- Office Hours: Monday–Friday, 9:00am–3:00pm
- 24-Hour Support: (808) 743-4052
- Website: www.esphealthcare.net
- Main Office: 1335 Kalaninanaole Ave., Room 1, Hilo, HI 96720

3. Your Bill of Rights

As our patient, you have the right to:

- Choose your healthcare providers.
- Request identification for anyone providing services in your home.
- Receive care without discrimination—regardless of age, race, gender, religion, ethnicity, sexual orientation, or ability.
- Be treated with courtesy and respect, free from neglect or abuse.
- Help design and update your care plan.
- Receive all necessary information for informed consent regarding your care.
- Share grievances, offer feedback, or suggest changes without fear of retaliation.



- Contact ESP at (909) 792-0909;
- HQAA at (866) 909-4722;
- Medicare hotline at (800) 213-5452.
- Access complete and current information about your condition and treatment options.
- Receive services promptly, professionally, and with complete transparency.
- Refuse treatment within legal boundaries and understand the consequences.
- Review your own medical records upon request.

4. Patient Agreements

Payment Responsibility

- You are responsible for all charges for services and supplies received.
- You must provide necessary forms, including physician prescriptions, for insurance claims.

Rental Agreement

If you are leasing equipment:

- The equipment remains ESP's property.
- You are responsible for its protection and return.
- Use equipment only as intended; repairs must be handled by ESP.
- Notify ESP immediately for insurance, physician, or care location changes.
- Pay rental promptly each month.
- Insurance payments will be credited to your account; deductibles and coinsurance are your responsibility.

Sales Agreement

If you purchase equipment:

- Pay promptly for equipment and supplies.
- Ownership transfers upon full payment.
- Returns are only accepted in extraordinary cases or at management's discretion.

5. Returns & Warranty Policy

- Items may be returned unopened or in saleable condition within 30 days (proof of purchase required).
- Restocking fees may apply.
- No returns for used, open, or sanitary/disposable items (e.g., masks, oxygen supplies, underpads, diapers).
- Special orders are non-returnable and may require a deposit.



- ESP provides no warranties on equipment; the manufacturer's warranties may apply.

6. Complaint Process

If you are unsatisfied with service:

- Contact ESP: (909) 792-0909 or (714) 321-0507.
- We will investigate and respond within 14 days; Medicare patients receive written responses.

7. Medicare Standards & Information

Products/services from ESP comply with all Medicare supplier standards (see 42 CFR §424.57(c)).

- Full text available at www.ecfr.gov.
- Standards cover operational matters, warranties, and hours.

8. HIPAA Privacy Notice Your health information is protected under HIPAA—see our full privacy notice at www.esphealthcare.net.

9. Care Plan & PAP Device Setup

Goal: By following these instructions, you will understand and safely use your prescribed equipment. Demonstration and setup will be provided.

Device Setup Checklist

- | | |
|----------------------------------|-------------------------------------|
| 1. What is AHI & Apneic Episodes | 7. Adjusting Humidity & Tube Temp |
| 2. Purpose of PAP Therapy | 8. Connecting Tubing |
| 3. Device Assembly | 9. Mask Interface Fitting & Testing |
| 4. Humidification Chamber Use | 10. Maintenance Procedures |
| 5. Control Panel Overview | |

Maintenance Guidelines

- *Daily*: Wipe mask cushion & device, cover to prevent dust.
- *Bi-weekly*: Replace filter, wash tubing, mask, and water chamber; air-dry out of sunlight. Use dishwashing liquid detergent.

Follow-Up

- Schedule review with your sleep practitioner in 30 days.



10. Supply Reorder Guide

Call, text, or email for resupply: Supplies eligible for reorder at specific intervals:

Monthly	Every 3 Months	Every 6 Months	Every 5 Years
2 Filters	Mask Interface	Headgear	PAP Device
2 Nasal Cushions	Tubing	Water Tub	(may require sleep study)
2 Nasal Pillows			
Full Face Cushion			

- Phone/Text: (808) 743-4052
- Email: supplies@esphealthcare.net

11. Billing & Payment Procedures

- Unpaid deductibles, copays, and taxes (4.712%) due at the time of service.
- For rental devices, ownership transfers after 13 months (Medicare).
- Notify ESP of insurance plan changes—coverage may be impacted.
- Setup includes estimates based on your insurance information; actual billing may vary.
Annual Rx renewals required for changes in mask or device settings.
- Insurance requires minimum usage (70% of nights, at least 4 hours/night in first 90 days).
- For billing concerns:
 - Phone/Text: (714) 321-0507
 - Email: biller@esphealthcare.net
 - Local Office Contact: Marietta V Napial
 - 12. Acknowledgement & Signature



By signing below, you acknowledge receipt of:

- | | |
|--|---|
| 1. Welcome Packet & Hours of Operation | 5. Device Setup & Maintenance |
| 2. Rights and Responsibilities | 6. HIPAA Notice |
| 3. Agreements & Policies | 7. Complaint Process & Medicare Standards |
| 4. Billing Information | |

Signature: _____ Date: _____

If signed by someone other than the patient:

- Name: _____ Relationship: _____
- Reason patient unable to sign: _____

13. Emergency Contact

Emergency Contact: _____ Relationship: _____

Phone: _____ | Email: _____

14. Payment Authorization Form

Cardholder Name: _____ Act No: _____ Expiration

Date: _____ Security Code: _____ Billing Zip Code: _____

Email: _____

By signing, you authorize ESP Healthcare Group to charge your card for monthly expenses. This authorization remains until revoked in writing 15 days prior to the next billing date.

Signature: _____ Date: _____

Initial here for monthly charges: _____