ADVANCED PROSTHETIC SOLUTIONS
Innovation in Movement

CORNERSTONE Prosthetics & Orthotics

PATIENT REGISTRATION FORM

Today's Date:	PCP: How were you referred to us? □ Physician □ Phone Book □ Website □ Friend □ Other: _____

PATIENT INFORMATION

Patient's last name:	First:	Middle:	Nickname:

Date of birth:	Age:	Sex: □ Male □ Female	Social Security #:

Occupation: □ Full Time □ Part Time □ Full Time Student □ Disability □ Homemaker □ Unemployed □ Retired	Employer:	Employer phone #:
Marital Status: □ Single □ Married □ Divorced □ Widowed □ Other	Home Phone #: □ Primary □ Secondary	Cell Phone #: □ Primary □ Secondary
Email Address:	May we Email you? □ Yes □ No	Text Appt. Reminders? □ Yes □ No
Address:	City, State:	Zip Code:
Billing Address:	City, State:	Zip Code:
Is this a Skilled Nursing Facility? □ Yes □ No	If yes, Name of Facility:	
Have you received a same/similar device? □ Yes □ No	If yes, from whom & when?	
Referring Physician:	Primary Care Physician:	

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Name of Primary Insurance:	Subscriber's name:	Subscriber's Date of birth:	Patient's relationship to subscriber:
Policy #:	Group #		
Name of Secondary Insurance:	Subscriber's name:	Subscriber's Date of birth:	Patient's relationship to subscriber:
Policy #:	Group #		

Is this the result of a work- related injury? □ Yes □ No If yes, please provide your claim #:

Date of Injury:	Employer at time of injury:	Claims Adjustor's Name:	Claims Adjustor's Phone #:

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.:	Work phone no.:

PRIVATE INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND INFORMATION RELEASE

I authorize payment of medical benefits to Cornerstone Prosthetics and Orthotics for any services furnished to me (or to the patient for whom I am the responsible party) by the Practitioners. I understand that I am financially responsible for any amount not covered by my contract. I authorize you to release to my insurance company information concerning health care, advice, treatment, or supplies provided to me. I understand that I am financially responsible for services provided to me if I am uninsured. **Initial**_____

MEDICARE LIFETIME SIGNATURE ON FILE

I request that payment of authorized Medicare benefits be made on my behalf to Cornerstone Prosthetics and Orthotics for any services provided me by the Practitioners. I authorize any holder of medical information about me to release to the Heath Care Financing Administration and its agents any information needed to determine these benefits or benefits payable for related services. **Initial**_____

FRIENDS AND FAMILY RELEASE

The name(s) listed below are family members or friends to whom I wish to grant access to my health care information. I will rely on the professional judgment of my provider and his/her designee to share such information, as they deem necessary. I understand that information is limited to verbal discussions and that no paper copies of my PHI information will be provided without my signature to release any "sensitive" information. **Initial**_____

The consent will be considered valid until such time that I revoke it. I reserve the right to revoke it at any time. It will be my responsibility to keep this information up to date, as I recognize that relationships and friendships change over time.

Name_____ Relationship: _____ Phone: _____

Name_____ Relationship: _____ Phone: _____

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I certify that I have received a copy of Cornerstone P&O Notice of Privacy Practices. The notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills, or in the performance of Cornerstone P&O health care Operations. The Notice of Privacy Practices also describes my rights and Cornerstone P&O duties with respect to my protected health information. The Notice of Privacy Practices is posted in the front office. Cornerstone P&O reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent to me in the mail or by asking for one at the time of my next appointment.

Election of Privacy Policy

May we call you at home? □ Yes □ No

May we leave a voice message? □ Yes □ No

Patient Signature: _____ Date: _____

You may contact our Privacy Contact, Kelly Gies at (425) 339-2559. You have the right to revoke an authorization at any time which takes effect when Cornerstone receives a written request.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary.

Changes To This Notice

We reserve the right to change the privacy practices that are described in this Notice of Privacy Practices. We also reserve the right to apply these changes retroactively to Protected Health Information received before the change in privacy practices. You may obtain a revised Notice of Privacy Practices by calling and requesting a revised copy to be sent in the mail, asking for one at the time of your next appointment.

Cornerstone Prosthetic & Orthotic Clinic
Primary Business Address
1300 44th ST SE
Everett, WA 98203
(425) 339-2559

1520 Roosevelt Ave
MT. Vernon, WA 98273
(360) 416-6505
3106 NW Ave
Bellingham, WA 98225
(360) 734-0298

566 North Fifth Ave
Sequim, WA 98382
(360) 797-1001

7631 212th ST. SW, Suite 102A
Edmonds, WA 98026
(425) 776-1247

101 E Hastings RD, Suite J
Spokane, WA 99218
(509) 620-9362

Patient Signature: _____ Date: _____

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 and cannot contract with an individual or entity to provide licensed services.
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. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from 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. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
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 directly, or through a service contract with another company, 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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government 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 implementing 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 of those specific products and services (except for certain exempt pharmaceuticals). *Implementation Date - October 1, 2009*
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. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date- May 4, 2009*
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 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

Patient Signature:_____Date:_____

Cornerstone Prosthetics & Orthotics

Notice of Privacy Practices

This Notice Describes How Medical Information About You May Be Used and Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

Protecting Your Personal and Health Information

Cornerstone Prosthetics & Orthotics, Inc. is committed to protecting the privacy of your personal information. We are required by applicable federal and state laws to maintain the privacy of your personal and health information. This notice explains our privacy practices, our legal duties, and our rights concerning your personal and health information. Personal and health information (referred to in this notice as "personal information") means any information that is identifiable to you as your personal information, including information regarding your health care and treatment; identifiable factors including your name, age, address, income, or other financial information. We will follow the privacy practices that are described in this notice while in effect.

How do we protect your personal information?

We protect your personal information by:

• Treating all your personal information that we collect as confidential.

• Stating confidentiality policies and practices in our employee handbooks as well and disciplinary measures for privacy violations.

• Restricting access to your personal information only to those employees who need to know your personal information to provide our services to you.

• Only disclosing your personal information that is necessary for a service company to perform its function on our behalf, and the company agrees to protect and maintain the confidentiality of your personal information; and

• Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your personal information.

How do we use and disclose your personal information?

We won't disclose your personal information unless we are allowed or required by law to make the disclosure, or if you (or authorized representative) give us permission. Uses and disclosures, other than those listed below require your authorization. If there are other legal requirements under applicable state laws that further restrict our use or disclosure of your personal information, we'll comply with those legal requirements as well. Following are the types of disclosures we may make as allowed or required by law.

• Treatment: We may use and disclose your personal information for our treatment activities or for the treatment activities of a health care provider. Treatment activities include disclosing your personal information to a provider to treat you.

•Payment: We may use and disclose your personal information for our payment activities. We may tell your health plan about an orthotic or prosthetic device you are going to receive to obtain prior approval or to determine whether your plan will cover the device.