

Advent Medical Supplies

Patient Bill of Rights & Responsibilities

As a recipient of our medical equipment, you have the right to:

1. Be given information about your rights and responsibilities relative to Advent Medical Supplies (AMS) equipment.
2. Refuse service or receipt of equipment supplied after the consequences of refusal are fully presented.
3. Choose a healthcare provider and/or supplier of equipment.
4. Be informed of any financial benefits when referred to an organization.
5. Be informed of provider service/care limitations.
6. Receive a timely response from AMS regarding your request for equipment.
7. Be informed, both orally and in writing, in advance of the service being provided, of the charges, including payment for the service expected from third parties and any charges for which the patient will be responsible.
8. Be fully informed in advance and participate in the development and periodic revision of the treatment plan.
9. Be given appropriate and professional quality equipment without discrimination due to your race, creed, color, religion, sex, national origin, sexual preference, handicap, or age.
10. Be treated with courtesy, respect, and privacy by all who issue equipment to you.
11. Be free from physical and mental abuse, neglect, and exploitative practices.
12. Be given proper identification by name and title of everyone who provides services to you.
13. Register any complaints regarding service or supplies with us and/or the appropriate state agencies. The Compliance Manager will utilize grievance procedures and respond to your complain within five (5) business days.
14. Receiving privacy and confidentiality with respect to your personal property, patient information, and medical or home care visits.
15. Voice grievances with staff without being discriminated against.

As a recipient of our medical equipment, you have the responsibility to:

1. Give accurate and complete health and other patient information.
2. Request further information concerning anything you do not understand.
3. Give information regarding concerns and problems you have to a AMS representative.

Any concerns or complaints may be addressed to:

info@adventdme.com
Advent Medical Supplies
635 Senda #56
Irving, TX, 75039

Or you may voice any complaint to:

Accreditation Commission for Health Care, Inc. (ACHC)
139 Weston Oaks Ct,
Cary, NC 27513
Tel: (919) 785-1214
Fax: (919) 785-3011
www.achc.org