AHCC
affordable health care consultants

CUSTOMER INFORMATION SHEETS

POLICY AND PROCEDURE MANUALS

Directions: Save this document to your computer. Complete the Customer information Sheets as applicable The forms are fillable PDF. Save the completed document and email it to fboyer@ahcc.com. The manual will be provided to you within 5 days as a Word document and a PDF.

If the purchaser has more than one (1) location, they must purchase an additional license for each location. Each licensee must be owned by the same individual or corporation and have the same facility name. Multiple locations owned by different individuals or corporations must fill out an individual Customer Information Sheets and purchase a manual in the individual or corporation name with the doing business name (DBA). DBA's must be registered as fictitious names as required by state law. There is an additional fee if other locations are located in another state for the research needed to comply with additional state laws and rules.

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Visit my website at **https://ahcc.com/**

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CUSTOMER INFORMATION SHEETS

Legal Name_____

DBA Name (if applicable)_____

Contact Person_____ Title_____

Address _____

City_____ State_____ ZIP_____

Phone _____ FAX_____ Email _____

Toll Free Phone Number:_____Website:_____

Number of locations_____

List location name(s) if different that the DBA Name. List city and state located for each additional location:

Days and Hours of Operation? _____

List each location Days and Hours of Operation, if different that the main office:

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SCOPE OF SERVICES

Which of the following services does your company provide and/or plan to provide? Check all applicable checkbox(es). The policy and procedure manual to be created will contain policies and procedures for the services that you check. The policy and procedure manual will also contain Forms, Job Descriptions and an Employee Handbook.

Do you transfer any sensitive personal data with foreign entities? Examples, use of foreign call centers, billing companies and/or drop shippers. ❑ YES ❑ NO

Choose accreditation organization: ❑ CHAP ❑ ACHC

Sleep Center Scope of Services

(Please check all services you provide)

- ❑ Polysomnography (PSG) / Sleep Study with scoring
  - ❑ Split night/intervention
  - ❑ PAP titration
  - ❑ Oxygen titration
  - ❑ Multiple Sleep Latency Test (MSLT)
  - ❑ Maintenance of Wakefulness Test (MWT)
  - ❑ Esophageal Pressure Monitoring
  - ❑ Other_____
  - ❑ Other_____
- ❑ Home sleep testing (HST)
  - ❑ Type II monitors (minimum of seven (7) channels)
  - ❑ Type III monitors (minimum of four (4) monitored channels)
  - ❑ Type IV devices (devices that do not meet the requirements of other types)
  - ❑ Other_____
  - ❑ Other_____

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JOB DESCRIPTIONS

Check the job descriptions that you need from the list below. For the job descriptions checked, write in the Job title this person reports to on the line provided.

The pharmacy may use any form of organization, such as a partnership, sole proprietorship, or corporation. Depending on the company structure, examples of leadership positions may include:

- The owner(s),
- Leadership,
- President,
- Chief Executive Officer,
- Governing Body, or
- Other individuals responsible for managing the organization and its services.

- ❑ Leadership ___Check the Leadership's Title below:_____
  - ❑ Owner, or
  - ❑ Owners, or
  - ❑ President, or
  - ❑ Chief Executive Officer, or
  - ❑ Governing Body, or
  - ❑ Other (list title)_____
- ❑ Manager_____Check the Manager's Title Below;_____Reports to Leadership_____
  - ❑ Manager, or
  - ❑ General Manager, or
  - ❑ Director of Operations, or
  - ❑ Other (list Title)_____
- ❑ Performance Improvement Coordinator_____Reports to Leadership_____
- ❑ Compliance Officer_____Reports to Leadership_____
- ❑ Privacy Officer _____Reports to Leadership_____
- ❑ Safety Officer_____Reports to Leadership_____
- ❑ Administrative Assistant Reports to_____
- ❑ Human Resources Director Reports to_____
- ❑ Director of Reimbursement Reports to_____
- ❑ Purchasing Manager Reports to_____
- ❑ Chief Financial Officer Reports to_____
- ❑ Controller Reports to_____
- ❑ Accountant Reports to_____
- ❑ Billing Department Supervisor Reports to_____
- ❑ Billing Clerk Reports to_____
- ❑ Office Manager Reports to_____
- ❑ Customer Service Supervisor Reports to_____
- ❑ Customer Service Representative Reports to_____
- ❑ Intake Coordinator Reports to_____
- ❑ Receptionist Reports to_____
- ❑ Filing Clerk Reports to_____
- ❑ Accounts Receivable Supervisor Reports to_____
- ❑ Accounts Receivable Clerk Reports to_____
- ❑ Sales and Marketing Manager Reports to_____
- ❑ Sales and Marketing Representative Reports to_____

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- ❑ Medical Director — Reports to _____
- ❑ Sleep Technologist(s) — Reports to _____
  - ❑ RPSGT
  - ❑ RCP-SDS
- ❑ Delivery Technician — Reports to _____
- ❑ Warehouse Supervisor — Reports to _____
- ❑ Shipping and Receiving Clerk — Reports to _____
- ❑ Other _____ Reports to _____
- ❑ Other _____ Reports to _____
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- ❑ Other _____ Reports to _____

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OTHER INFORMATION

Which job title from the job description list is designated as the Performance Improvement Coordinator for the company?

_____

Which job title from the job description list is designated as the as temporary leader in the absence of the Manager?

_____

Your Payday is?

- ❑ Weekly
- ❑ Biweekly (every 2 weeks)
- ❑ Monthly, or
- ❑ Other_____

Please describe your holiday policy. Check the appropiate checkboxes. Add to as needed.

- ❑ New Year's
- ❑ Good Friday
- ❑ Memorial Day
- ❑ Juneteenth
- ❑ Independence Day
- ❑ Labor Day
- ❑ Veterans' Day
- ❑ Thanksgiving Day
- ❑ Day after Thanksgiving
- ❑ Christmas Day
- ❑ Chanukah / Hanukkah
- ❑ Passover
- ❑ New Year's Eve
- ❑ Other(s):_____
- ❑ Other(s):_____
- ❑ Other(s):_____
- ❑ Other(s):_____
- ❑ Other(s):_____
- ❑ Other(s):_____
- ❑ Other(s):_____
- ❑ Other(s):_____

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PLEASE DESCRIBE YOUR VACATION POLICY

(Before filling out this page and page 8, see PTO on page 9)

- ❑ My company does not provide vacation.
- ❑ My company provides Paid Time Off instead of vacation.
- ❑ The sample policy below is acceptable.
- ❑ I have revised the sample policy below.
- ❑ I have deleted the sample policy below and pasted my company's policy.

It is the policy of My Facility to provide vacation leave for full time employees. Vacation pay will not be granted until the completion of 12 continuous months of employment. Employees receive 5 days of paid vacation time per year. Vacations will be scheduled at the mutual convenience of the employee, supervisor and the company. Management will assign vacations on a seniority basis.

Employees on sick leave will not accumulate additional vacation pay during the time they are sick. Unused vacation will be paid upon termination and may be used as part of the notice of termination period. The employee's supervisor must approve all vacation requests.

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PLEASE DESCRIBE YOUR SICK LEAVE POLICY.

- ❑ My company does not provide sick leave.
- ❑ My company provides Paid Time Off instead of sick leave.
- ❑ The sample policy below is acceptable.
- ❑ I have revised the sample policy below.
- ❑ I have deleted the sample policy below and pasted my company's policy.

It is the policy of My Facility to provide paid sick leave for full time employees. Sick leave pay will not be granted until the completion of the 90-day probationary period.

Full time employees receive sick leave at a rate of 5 days per year. Sick leave will not be transferred from year to year. Employees on sick leave will not accumulate additional sick leave or vacation pay during the time they are sick. Unused sick leave will be forfeited upon termination and may not be used as part of the notice of termination period.

Employees may use sick leave for personal or immediate family illness or accident. The immediate family is defined as spouse, children, mother, and father. Employees will be paid for the actual amount of time they are absent from work, provided it is accrued. Sick leave cannot be borrowed in advance. Management may request that an employee provide physician documentation of illness/condition, whether due to the employee's illness or illness of an immediate family member.

INSTEAD OF VACATION AND SICK LEAVE you may choose to use Paid Time Off (PTO).

- ❑ My company does not provide Paid Time Off.
- ❑ My company provides vacation and/or sick leave instead of PTO.
- ❑ The sample policy below is acceptable.
- ❑ I have revised the sample policy below.
- ❑ I have deleted the sample policy below and pasted my company's policy.

It is the policy of My Facility to provide Paid Time Off (PTO) for full time employees. PTO accrual begins the completion of the 90-day probationary period. PTO will not be granted until the completion of 12 continuous months of employment.

Full-time employees receive PTO as follows:
1 to 2 years = 40 hours, accrued at 3.33 hours per month
3 to 4 years = 80 hours, accrued at 6.67 hours per month
5 years and over = 120 hours, accrued at 10.0 hours per month

PTO requests must be submitted on the Employee Request for Time Off Form at least 2 weeks in advance. The employee's supervisor must approve all vacation requests.

Unused PTO will not accrue to the following year. Upon resignation or termination unused PTO will not be payable.

Person completing forms:_____ Date:_____

Please complete, save to your computer and email to me at fboyer@ahcc.com. Email me with any questions.

Floyd Boyer
Phone: (919) 368-5565