

Welcome To Master's Orthotics & Prosthetics!

Thank you for choosing Master's Orthotics and Prosthetics for your orthotic and prosthetic needs. We are committed to providing quality client care and services. Our staff, licensed by the State of Washington and certified by American Board for Certification in Orthotics and Prosthetics, Inc., is fully trained in the fabrication and fitting of orthoses and prostheses. If you should have questions that are not addressed below, please ask any of our staff members.

Office Hours:

We are open 9:00 am. - 6:00 p.m., Monday – Friday, by appointment only. Some holidays are observed.

Emergency Services:

If you need services that cannot wait until normal office hours, please call us at (360) 307-7005.

Client Rights and Responsibilities:

You reviewed a copy of these Rights and Responsibilities on your first visit to our office. If you have forgotten its contents, or would like a copy, please ask the receptionist for a copy.

Notice of Privacy Practices:

You received an abbreviated copy of this Notice on your first visit to our office. If you have lost it, forgotten its contents, or would like the unabridged copy, please ask the receptionist.

Warranty:

Custom orthoses and prostheses are covered by a 90-day warranty for fitting and adjustments. Some components may be covered under longer periods by the manufacturer. Prefabricated, ready-made items will be subject to the manufacturer's product quality warranty, which in most cases is a 30-day period. Prosthetic skin coverings are not under warranty.

Return Policy:

Due to health regulations, products provided by Master's Orthotics and Prosthetics may not be returned for refund or credit. If the device is covered under manufacturer's product quality warranty the client may be eligible for exchange.

Billing Fees:

Charges are incurred only for the item received by the client. There are no office visit fees or fees for evaluation. Charges may be incurred on adjustments and repairs that exceed the warranty period.

Office Billing Policy:

Payment is expected at time of service unless other arrangements have been made in advance. Insurance companies will be billed as a courtesy with deductibles due at time of service. We will send you a statement for any balance owing. Medicare assignment is accepted. Outstanding account balances will have a \$10.00 rebilling fee added after 30 days. Returned checks will have a \$30.00 fee assessed to the account.

Complaint Procedures:

If you should experience any difficulty or dissatisfaction with service or the product that you have received, please notify our office as soon as possible. Every effort will be made to contact you within five days and begin investigation.

Client Questionnaires:

If you are receiving a custom orthosis or prosthesis, you may be asked to complete questionnaire forms. The information given is confidential and will allow us to compare your progress in daily activities as well as your satisfaction with our services.

This notice summarizes our Privacy Practices. If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information:

Notify our Privacy Contact
at (360) 307-7005

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

We are required by law to have you sign an *Acknowledgement of Receipt of Notice of Privacy Practices*. We would appreciate your cooperation by obtaining a copy from the receptionist.

Master's LLC
Orthotics & Prosthetics

Notice of Privacy Practices

Effective: April 14, 2003

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.

Master's LLC
Orthotics & Prosthetics

Silverdale

9975 Mickelberry Road NW
Silverdale, WA 98383
(360) 307-7005

Sequim

530 W. Fir, Suite A
Sequim, WA 98382
(360) 683-8195

We understand that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

When you receive care from us, we may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:

Treatment: We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, we may share your health information with the physician that referred you to our office.

Payment: We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services provided to you to claim and obtain payment from your insurance company or Medicare.

Health Care Operations: We use your health information to improve the quality of care, train staff, provide customer service, manage costs, conduct required business duties, and make plans to better serve our clients.

To use your health information for other than the above uses requires your signed authorization.

There are limited situations when we are permitted or required to disclose health information without your signed authorizations. These situations include:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drug problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.

- For lawsuits and similar proceedings.
- When otherwise required by law.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners, and funeral directors.
- To reduce and prevent a serious threat to public health and safety.
- For other limited situations, see the full copy of our Notice of Privacy Practices.

We are required by law to:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use and share your health information.
- Follow the terms of the notice currently in effect.
- We reserve the right to make changes to this notice at any time and make the new privacy practices effective with all information we maintain. You may request a copy of any notice from our Privacy Contact.

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restrictions.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to some portion of your health information and you may request a review of the denial.
- Request amendments or additions to your health record.
- Request an accounting of certain disclosures of your health information made by us.

All the above requests must be made in writing through our Privacy Contact.

CLIENT REGISTRATION

PLEASE PRINT

Client's Last Name		First		Middle	
Address: Street			Address: Mailing		
City	State	Zip	Date of Birth	Sex M / F	Social Security #
Home Telephone ()	Cell Phone ()	()	Spouse or Parent's Name:	Leave Detailed Messages? () Yes () No	
Client's Employer	Telephone ()	Email:			
Primary Care Physician	Referring Physician	Name & Social Security # or Driver's License # of Person Responsible for Payment			

WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY? PLEASE INCLUDE NUMBER NOT LISTED ABOVE.

Name	Telephone ()	Relationship to Client
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INJURY INFORMATION

Diagnosis Left Right	Date of Injury	Cause of Injury -- what happened and where. Is anyone else liable?	
On-the-job injury? Yes No	If yes, name of employer at time of injury.	Claim Number	State L&I / Name of Self-Insured

PRIMARY

INSURANCE INFORMATION

SECONDARY

Insurance Name	ID#	Insurance Name	ID#
Subscriber's Name	Group#	Subscriber's Name	Group#
Address	Date of Birth	Address	Date of Birth
Home Telephone	Relationship to Client	Home Telephone	Relationship to Client
Employer	Telephone	Employer	Telephone

PLEASE READ AND SIGN

OFFICE BILLING POLICY: Master's Orthotics and Prosthetics accepts Medicare assignment for all Medicare clients. Payment is expected at the time of service unless other arrangements have been made in advance. Exceptions to this include those insurance companies for which we are preferred or participating providers. We will bill those insurances for you, however, any co-payments or deductibles are due at the time of service. All outstanding accounts will have a \$10.00 rebilling fee added after 30 days. You may be held liable for additional costs incurred during the collection process.

RETURN POLICY: Due to health regulations, products provided by Master's Orthotics and Prosthetics may not be returned for refund, credit, or exchange unless the product is covered under the manufacturer's product quality warranty.

RELEASE OF INSURANCE BENEFITS AND MEDICAL INFORMATION: I authorize my insurance benefits to be paid directly to Master's Orthotics and Prosthetics. I am financially responsible for any balance due and also for all court fees, attorney fees, and all other fees necessary to collect this account. I authorize the release of any medical information necessary to process this claim. I understand that my protected health information may be used by Master's Orthotics and Prosthetics to provide treatment, obtain payment, and perform health care operations.

I authorize services to be performed by Master's Orthotics and Prosthetics as prescribed by my physician. By signing below, I acknowledge and agree to the statements above and those listed on the back of this form.

Signature: _____

Date: _____

Client Bill of Right's and Responsibilities:

I have received and understand the rights and responsibilities afforded me as a client of Master's Orthotics and Prosthetics:

Acknowledgement of Receipt of Privacy Practices:

I certify that I have received a copy of Master's Orthotics and Prosthetics' 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 Master's Orthotics and Prosthetics' health care operations. The Notice of Privacy Practices also describes my rights and Master's Orthotics and Prosthetics' duties with respect to my protected health information. The Notice of Privacy Practices is posted in the reception area.

Master's Orthotics and Prosthetics 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 in the mail or asking for one at the time of my next appointment.

Medicare Supplier Standards

I have received and understand the Medicare Supplier Standards upheld by Master's Orthotics and Prosthetics.

Have you received the same or similar item prescribed by your physician within the last five years?

Yes No

If so, when did you receive it, where and from what facility did you get it, did Medicare pay for it, and why is a duplicate necessary.

Insurance Clients

I understand that my insurance company will make determination of medical necessity after a claim for services has been submitted. If my insurance determines not to be medically necessary, or if the services are a non-covered benefit, I agree to be personally and fully responsible for complete payment of these services prescribed by my physician and provided by Master's Orthotics and Prosthetics. I understand this information and all my questions were answered to my satisfaction.

Client Bill of Rights and Responsibilities

As an individual receiving orthotic and prosthetic services from Master's Orthotics and Prosthetics, let it be known and understood that you have the following rights and responsibilities:

- To select those who provide your orthotic and prosthetic devices.
- To be provided with legitimate identification by any person or persons who enters your residence to provide in-home services for you.
- To receive the services prescribed by your physician in a professional manner without discrimination relative to your age, gender, race, religion, ethnic origin, sexual preference, or physical or mental disability.
- To be dealt with and treated with friendliness, courtesy, and respect by each and every individual representing our Company who provides services for you, and to be free from neglect or abuse be it physical or mental.
- To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
- To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
- To request and receive complete and up-to-date information relative to the services you are receiving.
- To receive treatment and services within the scope of your health care plan, promptly and professionally, while being fully informed as to our company's policies, procedures, and charges.
- To refuse treatment, within the boundaries set by law, and be informed of the consequences of such refusal.
- To request and receive information regarding treatment, services, or costs privately and with confidentiality.
- To request and receive the opportunity to examine or review your medical records.
- To express concerns or grievances or recommend modification to your services without fear of discrimination or reprisal.
- To request and receive a copy of Master's Orthotics and Prosthetics' Notice of Privacy Practices.
- To provide a complete and accurate medical history.
- To let it be known whether you comprehend a contemplated course of action and what you are expected to do.
- To provide information about unexpected complications that arise in an expected course of treatment.
- To be considerate of the rights of other clients or our Company personnel and property.
- To provide timely and accurate information concerning your sources of payment and ability to meet financial obligations.

Medicare Supplier Standards

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. 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. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
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.