



NEW PATIENT INFORMATION FORM

Date _____

Patient's Name _____ Social Security # _____

Date of Birth _____ Age _____ Height _____ Weight _____ Shoe Size _____

Accident or Onset Date _____

Home Phone # _____ Cell Phone # _____ Other Phone # _____

Email: _____

Home Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____ Other Phone # _____

Who can we thank for referring you to us? Yellow Pages Therapist Dr.'s Office Website Existing Patient

Name of referral _____

Have you ever had an orthotic or prosthetic device before? _____

If so, what type of device: _____

When did you receive the device? _____

MEDICAL INFORMATION

Referring Physician _____ Phone # _____

Primary Physician _____ Phone # _____

INSURANCE INFORMATION

Primary Insurance _____ Policy # _____ Group # _____

Secondary Insurance _____ Policy # _____ Group # _____

Primary Subscriber information (If other than patient)

Name _____ Date of Birth _____

Social Security # _____ Relationship to Patient _____

By signing below, I acknowledge that I have received Limbionics of Sanford's Documentation that include Limbionics of Sanford's Consent to Treat, Release of Medical Information and Assignments of Benefits guidelines, the Medicare Suppliers Standards, Notice of Privacy Practices, and acknowledge Limbionics of Sanford's Complaint Protocol after hours Policy. I acknowledge all information that I have provided is true and accurate to the best of my knowledge.

(Signature of Participant or Guardian)

(Date)

Limbionics

Consent for Treatment/Release of Medical Information/Assignment of Benefits/Acknowledgement of Receipt of Notice of Privacy Practices

Consent for Treatment: I, the undersigned, hereby consent to the treatment under the recommendations and instructions of the physician and/or therapist. I realize that I am financially responsible for charges incurred once treatment has been performed or products have been special ordered for my use.

Release of Medical Records: I authorize any holder of medical or other information about me to release such information as may be necessary for the completion of my insurance claims to Limbionics . A photocopy of this authorization form is to be considered valid. I also consent to the release of my medical and private health information by Limbionics for use as described in the Notice of Privacy Practices.

Notice of Privacy Practices: My signature below acknowledges receipt of the Notice of Privacy Practices, which 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 Limbionics health care operations. The Notice of Privacy Practices also describes my rights and Limbionics duties with respect to my protected health information. The Notice of Privacy Practices is posted in the Patient Waiting Room. Limbionics reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised copy by calling the office and requesting a revised copy be sent in the mail.

Assignment of Insurance Benefits: I hereby authorize direct payment to Limbionics for my insurance benefits herein specified and otherwise payable to me. I also hereby authorize automated claims to be submitted electronically to Medicare on my behalf.

It is necessary for the patient or representative to give complete and accurate insurance information. If the information is incomplete or incorrect, we will not be able to appropriately bill the insurance company and the responsibility for payment then becomes that of the patient.

Insurance payments are usually received within 30-60 days from the time of billing. If a patient's insurance has not made payment to our office within 90 days, we may request the patient to pay the balance due, and then seek reimbursement from the insurance company when and if it pays.

Our office does not guarantee that the patient's insurance company will pay for services rendered. We will perform our routine insurance billing procedures upon verification of coverage. However, if for some reason the patient's insurance claim is denied, the patient is then considered to be responsible for charges not covered by this assignment. The undersigned further agrees to pay all costs of collection of any such balance including attorney's fees.

For Medicare Recipient's Only: Medicare Authorization-I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its Intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I also authorize Social Security Administrative Dept. to furnish any benefits information regarding my Medicare eligibility to Limbionics. *Medicare will only pay for services that are determined to be "reasonable and necessary" under section 1862(a)(i) of the Medicare law.*

*****I have read and acknowledged the information listed above _____**
(signature/Printer Name)

Date _____

Notice of Supplier Standards

A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.

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.

An authorized individual (one whose signature is binding) must sign the application for billing privileges.

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.

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.

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.

A supplier must maintain a physical facility on an appropriate site.

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.

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 or cell phone is prohibited.

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.

A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.

A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.

A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.

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.

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.

A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.

A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.

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.

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.

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.

A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.

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).

All suppliers must notify their accreditation organization when a new DMEPOS location is opened.

All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.

All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.

All suppliers must meet the surety bond requirements specified in 42 C.F.R.424.57(c).

A supplier must obtain oxygen from a state-licensed oxygen supplier.

A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).

DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.

DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

*****I have read and acknowledged the information listed above _____**

(Initials)



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 stands, 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 services.
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 service (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 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.

Signature of Patient

Date

After Hours and Emergency Policy

Limbionics of Sanford holds clinical hours at 615 Wicker Street Monday through Thursday 9:00am-4:00pm; Lunch 12:00pm- 1:00pm. Appointment is necessary.

In the event of a failure of a device the clinician will make efforts for the recipient have item repaired or replaced as soon as possible. If the device requires adjustment, arrangements will be made for the recipient to be scheduled for the next available appointment.

Protocol for Resolving Patient Complaints

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the *Complaint Log*, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint. The respective office that provided service should be contacted.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively up to the president or owner of the company.

The patient will be informed of this complaint resolution protocol at the time of service.

*****I have read and acknowledged the information listed above _____**
(Initials)

Release Form for Photographs

I, _____, give Limbionics, or its representatives, permission to use any and/or all photographs taken on/or after (date) for publicity and/or documentation purposes. I understand that there is no compensation for these photographs.

(Signature of Participant or Guardian)

(Date)

*****I certify that the information that I have provided is true and accurate to the best of my knowledge.**

By signing below, I acknowledge that I have received Limbionics Patient Information Document that includes Limbionics Consent for Treatment, Release of Medical Information and Assignment of Benefits Guidelines, the Medicare Supplier Standards, Notice of Privacy Practices, a photo release form and acknowledge Limbionics Complaint Protocol and After Hours Policy.

Patient or Representative Signature _____

Name of Patient or Representative _____

Date _____

Limbionics may call to confirm or discuss health information, benefit coverage, financial responsibility, or schedule appointments. Can a representative leave a voice mail regarding any of the above? Yes No

Please provide the name and phone number of a person(s) that Limbionics may contact on your behalf. A representative with Limbionics may contact this person to confirm or discuss health information, benefit coverage, financial responsibility, or schedule appointments.

Contact Name _____

Contact Number _____

Additional Contact _____

Contact Number _____



I, _____ hereby attest that the signature provided for all records with Limbionics (HIPAA and delivery Receipts, etc.) is accurate and signed to the best of my ability.

Signature of Patient

Date

Witnessed By: _____