

NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION (HIPAA)

Effective April 14, 2003, this Notice for Privacy Practices describes the practices of Neu Medical for safeguarding individually identifiable personal health information and how you can access this information. The terms of this Notice apply to All Patients and Clients of Neu Medical. Please review carefully:

We are required by law to maintain the privacy of our patients' and clients' personal health information and to provide notice of our legal duties and privacy practices with respect to personal health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of the Notice as necessary and to make the new Notice effective for all personal health information maintained by us. Copies of revised Notices will be mailed to active patients and clients. You have the right to request a paper copy of this notice.

Uses and disclosures of your personal health information

Authorization – Except as explained below, we will not use or disclose your personal health information for any purposes unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: *Neu Medical, LLC, 3400 Hopkins Crossroad, Minnetonka, MN 55305*. A form to revoke an authorization can be obtained from the Compliance Officer.

Disclosures for Treatment – We may disclose your personal health information as necessary for your treatment. For instance, an insurance company may request your personal health information in our possession to assist in your care.

Uses and Disclosures for Payment – We will use and disclose your personal health information as necessary for payment purposes. For instance, we may use your personal health information to process or pay claims or to perform prospective reviews. We may also forward information to another insurer in order for it to process to pay claims on your behalf.

Uses and Disclosures for Health Care Operations

We will use and disclose your personal health information as necessary for health care operations. For instance, we may use or disclose your personal health information for quality assessment, quality improvement, conducting or arranging for medical review or compliance. We may also disclose your personal health information to another insurer, health care facility or health care provider for activities such as quality assurance or case management. We may contact your health care providers concerning prescription drug or treatment alternatives.

Other Health-Related Used and Disclosures

We may contact you to provide reminders for appointments; information about treatment alternatives; or other health-related programs, products or services that may be available to you.

Business Associates

Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your personal health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your personal health information.

Family, Friends and Personal Representatives

With your approval, we may disclose to family members, close personal friends or another person you identify your personal health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation and we determine that a limited disclosure is in your best interest, we may disclose your personal health information without your approval. A copy of your POA/Health care surrogate information should be reviewed with the provider representative at the time of service, Verbal authorization of designee will be noted by our representative.

Other Uses and Disclosures

We are permitted or required by law to use or disclose your personal health information, without your authorization in the following circumstances:

- For any purpose required by law
- For public health activities (for example, reporting disease, injury, birth, death or suspicion of child abuse or neglect).
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence.
- For health oversight activities (i.e. Audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions).
- For judicial or administrative proceedings (pursuant to a court order, subpoena or discovery request)
- For law enforcement purposes (reporting wounds or injuries or identifying or locating suspects, witnesses or missing persons.)
- To Coroners or Funeral Directors.
- For certain research purposes.
- To avert a serious threat to health or safety under certain circumstances
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or regarding an inmate or individual incarcerated in a correctional institution.
- For compliance with Workers Compensation programs

Other uses and disclosures of your personal health information can only be made with your consent. We will adhere to all state and federal laws or regulations that provide additional privacy protections. We will only use or disclose AIDS/HIV related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems by state and federal law or regulation.

Your Rights Access to Your Personal Health Information

You have the right to inspect and/or obtain a copy of your personal health information remaining in your designated record set, with a couple of exceptions. To request access to your information, you must send a written request to: *Neu Medical, LLC, 3400 Hopkins Crossroad, Minnetonka, MN 55305*. A form to request your personal health information can be obtained from the Compliance Officer.

HIPAA Privacy Notice (Continued)

Amendment of your Personal Health Information

You have the right to request an amendment to your personal health information to correct inaccuracies. To request an amendment, you must send a written request to Compliance Officer, Neu Medical, LLC, 3400 Hopkins Crossroad, Minnetonka, MN 55305. A form to request an amendment to your personal health information can be obtained from the Compliance Officer. We are not required to grant the request in certain circumstances.

Complaints

If you believe your privacy rights have been violated, you can send a written complaint to us at Compliance Officer, Neu Medical, LLC, 3400 Hopkins Crossroad, Minnetonka, MN 55305 or the Secretary of the US Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions or need assistance regarding this Notice of Privacy Rights, you may contact the Compliance Officer at Neu Medical at 612-430-4107

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.
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.
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 or cell phone 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 calling beneficiaries in order to solicit new business.
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.

NEU Medical Billing Policy

As a convenience to you, the patient, Neu Medical, LLC billing office will bill your insurance carrier for our services. After insurance payment has been received, any remaining balance must be paid by the patient within 30 days. We accept cash, check or most major credit cards.

Private Insurance - Neu Medical, LLC is not a network provider with all private insurance companies. We will submit all claims for the use of our products/services. Your claims are processed according to your policy benefits including deductible and coinsurance. After insurance payment(s) are received, any remaining balance is considered *patient responsibility*. Any disputed or unpaid claim will be considered *patient responsibility*.

At times Neu Medical may subcontract or be subcontracted to deliver products/services to you. This is normally done to maximize your insurance benefits. When we are subcontracted, Neu Medical will handle all product/service issues while the company(s) that subcontracted us will handle all billing and payment concerns.

Workers' Compensation - Neu Medical will submit all claims for the use of our home medical equipment after receiving all information regarding a work related injury. The employer and Workers Compensation carrier information must be provided upon accepting the DME (Durable Medical Equipment). Any disputed or unpaid claim will be considered *patient responsibility*.

Medicare & Medicaid – Some of our products/services are not covered by Medicare or Medicaid. You, as the patient, need to make the decision as to whether you will use and pay for our products/services.

Self-Pay – Self-Pay patients are handled on a case-by-case basis. Payment arrangements are expected to be made prior to equipment delivery.

Questions – Billing questions should be directed to our Billing Department at office@neumedicaldme.com or 612-430-4107.



NEU MEDICAL

PATIENT COMMUNICATION FORM (For Compliments, Complaints and Suggestions)

In an effort to deliver the highest quality service and to respond to patient/caregiver concerns and suggestions, The Neu Medical Compliance Committee is providing this form for you to express your complaints, suggestions, compliments and concerns regarding Neu Medical services. Please take a few minutes to complete this form, we appreciate hearing from you. If you would like someone to contact you about your concern, please provide your name, address and phone number. Otherwise your contact information is optional should you not want to be contacted.

This completed form will be routed directly to the facility manager, who will promptly review this concern and will make verbal or written communications with you to assure you the problems will be corrected and compliments will be shared. Again, we appreciate your comments as well as your assistance in helping us to continually improve our service to our many and valued customers.

CONTACT US: You may mail, fax or email the communication form to us.

MAIL

Neu Medical
ATTN: Compliance Committee
3400 Hopkins Crossroad
Minnetonka, MN 55305

FAX

612-234-4822

Email

office@neumedicaldme.com

Individual completing form: _____ Date: _____

Address: _____ Phone: _____

Medical Insurer: _____

Do you want to be contacted to discuss this compliment, complaint or suggestion? YES NO

Do you give permission to Neu Medical to use your comments for marketing and/or training purposes?

YES NO

Describe incident: (Use backside of this form or additional paper if necessary.)

IF YOU SUSPECT FRAUD OR ABUSE, PLEASE CONTACT:

NATIONWIDE – US Dept Health and Human Services 1-800-HHS-TIPS (1-800-447-8477)

FLORIDA – Florida State Abuse Registry 1-888-419-3456 or Florida State Consumer Complaint Hotline 1-800-435-7352

Signature _____

Corrective Measure (Administrative Use Only)

_____ Review Date (Compliance Committee)

_____ Contacted Patient Date (If Requested)

_____ Corrective Action Implementation Date

Corrective Action: _____



Neu Medical is committed to providing the highest quality durable medical equipment products and services. You can expect a follow-up call shortly after you are initial setup. Phone calls will continue on an on-going basis if you are renting a piece of equipment.

Please take a moment to fill out and return the below survey via fax, US Mail or email. We appreciate being a part of your rehabilitation process.

FAX: 612-234-4822

US MAIL: Neu Medical, LLC

EMAIL: Office@NeuMedicalDME.com

**3400 Hopkins Crossroad
Minnetonka, MN 55305**

Patient Name: _____ Date of Survey: _____

Equipment: _____ Serial# _____

Date of Service: _____

Representative's Name: _____

	YES	NO	N/A
1. Was the device set-up in a timely manner?			
2. Did you have pain at any level before the device was set-up?			
3. Were the proper instructions given at time of application?			
4. Did the device fit comfortably?			
5. Were you given instructions on proper use of the device?			
6. Did the representative review our billing practices?			
7. Do you feel confident to operate/use/apply the device?			
8. Do/did you have pain relief at any level after using the device?			
9. Were you satisfied with the service? Would you recommend to others?			

Please provide any additional comments or suggestions in the space below. Attach additional pages if necessary.