



Wakefield Medical Inc.

Making your life comfortable and convenient.

Breathe Easy Program Order

123 Capcom Avenue, Suite 3
Wake Forest, NC 27587
Phone: (919) 570-5277
Fax: (919) 570-5377

Office Information

Practice Name: _____ Practice ID #: _____
Phone #: _____ Nebulizer Serial #: _____

Patient Information

Patient's Name: _____ Sex: M F Date of Birth: ____/____/____
(Last) (First) (M.I.)
Address: _____ Phone: (____) _____ (Home)
____ (____) _____ (Work)
____ (____) _____ (Cell)

Insurance Information

Insurance: Medicare Medicaid BCBS UHC Aetna Cigna Other: _____
Primary Insurance: _____ Member ID #: _____ Group #: _____
Policy Holder Nm: _____ Social Security #: _____ Policy Holder DOB: _____

PLEASE ATTACH A COPY OF DEMOGRAPHICS & INSURANCE CARDS (FRONT AND BACK)***

Delivery Confirmation



I have received the Respironics Mini Elite Nebulizer with non-disposable nebulizer kit



I have received the Respironics Asthma Pack (includes: Aerochamber/Spacer & Peak Flow)



I have received an Aerochamber /Spacer-ONLY Medium Large



I have received a Peak Flow Meter-ONLY

ICD Diagnosis Code:

- 493.00 Childhood Asthma
- 493.90 Asthma
- 786.09 Wheezing
- 491.20 RAD
- Other _____

Length of Need: 99+ Lifetime

Detailed Statement of Medical Necessity for Home Treatment:

This patient requires an nebulizer for treatment of the condition indicated. This condition is chronic in nature and the equipment will have a lifetime need. If this therapy could not be performed in the home, hospitalization or emergency room visits would be required. I certify that the above services are medically necessary and are authorized by me. This patient has been by me within the last 90 days and is under my care. The patient is in need of the services specified herein. This document may serve a detailed written confirmation and the information above is contained in the patient's medical records.

Physician's Signature: _____ Date: _____

Terms and Conditions:

Proof of Delivery: I acknowledge receipt of the above equipment in clean and good working order. I have received training instructions on the sage and proper use of the equipment prescribed.
Assignment of Benefits: The undersigned, as or on behalf of Patient, hereby requests that payment of authorized benefits be made to WMI, and authorizes WMI to collect directly all public and private insurance coverage benefits due, for any equipment/supplies/services furnished to Patient by WMI. In the event benefits payments due WMI are paid directly to Patient or the undersigned, the payee will immediately and without request from WMI endorse and remit to WMI all such benefit payment checks. On assigned Medicare claims, WMI agrees to accept the applicable Medicare's allowable amount as payment in full for covered equipment/supplies/services.

Patient/Authorized Person (Release Form): _____ Date: _____

Print Name: _____ Staff/Witness Signature: _____

CLIENT BILL OF RIGHTS AND RESPONSIBILITIES:

Home care clients have a right to be notified in writing of their rights and obligations before treatment is begun. The client's family, with the client's permission, or guardian may exercise the client's rights when the client has been judged incompetent. Home care providers have an obligation to protect and promote the rights of their clients to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations and standards, including the following rights:

YOU HAVE THE RIGHT TO:

1. Be treated, and have your property treated, with dignity, courtesy and respect, recognizing that each person is a unique individual.
2. Have relationships with home care providers that are based on honesty and ethical standards of conduct.
3. Receive a written statement of the scope of care, treatment and/or services that are provided by Wakefield Medical, Inc. directly or through contractual arrangements.
4. Reasonable coordination and continuity of services from referring agency to Wakefield Medical, Inc. Timely response when home care equipment is needed or requested and to be informed in a timely manner of impending discharge.
5. Be fully informed upon admission of the Wakefield Medical, Inc.'s policies, procedures, ownership or control of the local facility and the process for receiving, reviewing and resolving your complaints or concerns about your care, treatment and/or services.
6. Receive complete explanations of charges for care, treatment, services and equipment, including eligibility for third-party reimbursement, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
7. Receive quality home care equipment and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability.
8. Receive home care equipment, treatment and services from qualified personnel and to receive instructions on self care, safe and effective operation of equipment and your responsibilities regarding home care equipment, treatment and services, including pain and pain management modalities.
9. Participate in decisions concerning the nature and purpose of any technical procedure which will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action.
10. Be informed of the anticipated outcomes of care, treatment and/or services and of any barriers in achieving those outcomes.
11. Confidentiality of all your records (except as otherwise provided for by law or third-party payer contracts) and to review and even challenge those records and to have your records corrected for accuracy.
12. Review information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the Wakefield Medical, Inc.'s policies and procedures.
13. Express dissatisfaction and to suggest changes in any service without discrimination, reprisal or unreasonable interruption of services.
14. Be advised of the telephone number and hours of operation of the state's Home Health "Hot Line." The hours are 8:00 AM to 5:00 PM and the number is 1-800-488-8244.
15. Be advised of any change in the plan of care before the change is made.
16. Participate in the planning of the care and in planning changes in the care, and to be advised that you have the right to do so.
17. Receive information in a manner and/or language that you understand.
18. Accept or refuse medical treatment while competent and to make decisions about care/services to be received should you lose competency.
19. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.

YOU HAVE THE RESPONSIBILITY TO:

1. Adhere to the plan of treatment or service established by your physician.
2. Adhere to the Wakefield Medical, Inc.'s policies and procedures.
3. Participate in the development of an effective plan of care which will involve the management of pain, if appropriate.
4. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide services.
5. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by Wakefield Medical, Inc. representatives.
6. Communicate any information, concerns and/or questions related to pain, perceived risks in your care, treatment and/or services, and unexpected changes in your condition.
7. Be available at the time deliveries are made and to allow Wakefield Medical Inc.'s representative to enter your residence at reasonable times to repair or exchange equipment or to provide care, treatment and/or services.
8. Notify Wakefield Medical, Inc. if you are going to be unavailable.
9. Treat Wakefield Medical, Inc. personnel with respect and dignity without discrimination.
10. Provide a safe environment for staff to provide care and services.
11. Care for and safely use equipment, according to instructions provided, for the purpose it was prescribed and only for/on the client for whom it was prescribed. Monitor the quantity of oxygen, nutritional products, medications and supplies in your home and reorder as required to assure timely delivery of the required items.
12. Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.
13. Protect equipment from fire, water, theft or other damage. You agree not to transfer or allow your equipment to be used by any other person without prior written consent from Wakefield Medical, Inc. and further agree not to modify or attempt to make repairs of any kind to the equipment. Modifying equipment or attempting equipment repairs releases Wakefield Medical, Inc. from any liability related to the equipment and its uses, and from any resulting negative client outcomes.
14. Except where contrary to federal or state law, you are responsible for equipment rental and sale charges which your insurance, Wakefield Medical, Inc., or companies does not pay. You are responsible for prompt settlement in full of your accounts unless prior arrangements have been approved by Wakefield Medical, Inc. administration.
15. Wakefield Medical, Inc. should be notified of any changes in your physical condition, physician's prescription or insurance coverage. Notify Wakefield Medical, Inc. immediately of any address or telephone changes whether temporary or permanent.

AFTER-HOURS SERVICES:

An answering service will answer Wakefield Medical Inc.'s phones after normal business hours. You may leave a message or inform the operator that you wish to speak to a Wakefield Medical, Inc. representative and the on-call staff will be contacted. Only equipment requiring emergency maintenance or replacement (i.e., life support, oxygen) will be serviced after hours.

COMPLAINT PROCEDURE:

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. Wakefield Medical, Inc.'s telephone number is 1-(919) 570-5277. When you call, ask to speak with the Operations Manager, Performance Improvement Coordinator, Supervisor or the Administrator/CEO. Wakefield Medical Inc. has a formal grievance procedure that ensures that your concerns shall be reviewed and an investigation started within 48 hours. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance. If you feel the need to discuss your concerns, dissatisfaction or complaints with other than Wakefield Medical Inc. staff, the state provides a Home Health "Hot Line." The hours of operation are 8:00 AM to 5:00 PM and the number is 1-800-488-8244.

CONFIDENTIALITY OF CLIENT INFORMATION:

1. All client records should be secured against unauthorized access.
2. All information concerning client care or services shall be treated confidentially.
3. All staff shall limit discussions of client services to appropriate personnel within the company and/or pertinent individuals under contract.
4. A signed written consent shall be obtained from the client for the release of information to an outside organization (see Client Record policy).
5. Individual client identification shall be eliminated from performance improvement and other reports distributed beyond the group of individuals immediately responsible for the review or completion of data.
6. Information regarding clients shall not be displayed in areas which are available to the public and/or unauthorized staff.

MEDICARE SUPPLIER STANDARDS:

1. Wakefield Medical, Inc. must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. Wakefield Medical, Inc. 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. Wakefield Medical, Inc. must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. Wakefield Medical, Inc. 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. Wakefield Medical, Inc. 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. Wakefield Medical, Inc. 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. Wakefield Medical, Inc. must maintain a physical facility on an appropriate site.
8. Wakefield Medical, Inc. must permit CMS (formerly HCFA), 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. Wakefield Medical, Inc. 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. Wakefield Medical, Inc. 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. Wakefield Medical, Inc. is 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. Wakefield Medical, Inc. must agree for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. Wakefield Medical, Inc. must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. Wakefield Medical, Inc. 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. Wakefield Medical, Inc. 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. Wakefield Medical, Inc. must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. Wakefield Medical, Inc. must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. Wakefield Medical, Inc. must not convey or reassign Wakefield Medical, Inc. number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. Wakefield Medical, Inc. 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. Wakefield Medical, Inc. must agree to furnish CMS (formerly HCFA) any information required by the Medicare statute and implementing regulations.
22. All suppliers of DMEPOS and other items and services must be accredited by a CMS-approved accreditation organization in order to receive and retain Wakefield Medical, Inc. 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 for those specific products and services.
23. All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the supplier location for three months after it is operational without requiring a new site visit.
24. All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill the Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
25. All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.
26. All DMEPOS suppliers must obtain a surety bond in order to receive and retain Wakefield Medical, Inc. billing number.
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.

ASSIGNMENT OF BENEFITS/GUARANTY:

I authorize payment directly to Wakefield Medical, Inc. of any benefits otherwise payable in respect to examination or treatment of client. I agree to pay any charges not covered by insurance benefit plans, excluding Medicare and Medicaid recipients and where payment is prohibited by law.

Insurance pays for _____ % Client pays for _____ or \$ _____ per visit.

RELEASE OF INFORMATION:

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act, or under a policy of insurance is correct. I authorize Wakefield Medical, Inc. or any other holder of medical or other information about the above named client, to release or receive such information to any government agency or insurance company to whom application has been made for payment for services rendered to the above client; to any physicians, hospitals, other healthcare providers or facilities, institutions, or agencies providing treatment to the client or providing continuity of care; and to quality reviewers.