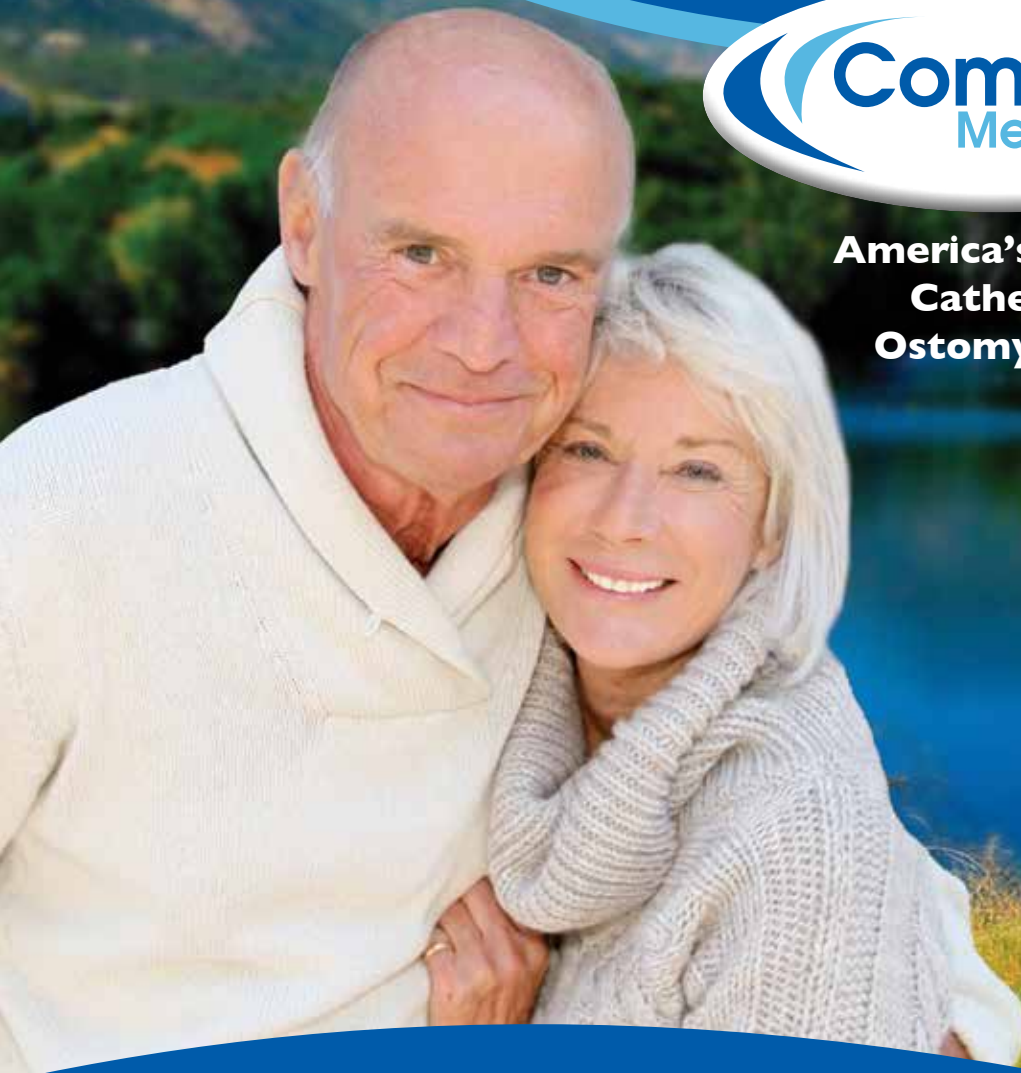


# WELCOME KIT



**America's Choice for  
Catheter and  
Ostomy Supplies**



**1-800-700-4246**

[www.comfortmedical.com](http://www.comfortmedical.com)



# 2

## IMPORTANT FORMS We Need From You!

# 1

### CUSTOMER ACCOUNT FORM

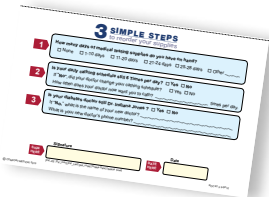
Please review the enclosed form, and make any necessary corrections. Please sign, date, and mail it back to us. If we are missing your secondary insurance information, please include it on the form. This may eliminate any cost to you!



# 2

### REORDER CARD

We will mail you a reorder card prior to your next order. Please sign, date, and mail it back to us so we can send your next shipment **before** you run out of supplies.



# WELCOME TO COMFORT

Thank you for choosing Comfort Medical!

We are committed to providing you with quality products and superior customer service to help you live a healthier, more active life. We make it simple - we handle all your insurance paperwork, we work closely with your doctor, and we deliver your medical supplies directly to your door, FREE of charge!

This Welcome Kit contains valuable information for you. We will be calling you in a few days to make sure you are happy with your supplies, and to answer any questions you may have. You may also call our customer service team at **1-800-700-4246**.

To ensure that your insurance pays for your supplies, please review the enclosed Customer Account Form, sign, date, and mail it back to us in the pre-paid envelope.

We make it easy to reorder supplies! Prior to your next order date, we will contact you by email, phone, or regular mail to get your authorization. You can call us at **1-800-700-4246** to reorder. Please remember to reorder before you run out of supplies!

As always, we are available to answer any questions you may have. Our friendly customer service team is available to speak with you Monday through Friday, 9:00 AM to 5:00 PM EST.

Please feel free to call us toll-free at **1-800-700-4246**.

Sincerely,

Your friends at Comfort Medical



# ABOUT US

## MISSION STATEMENT

To be the provider of choice for home delivery of quality medical supplies to people with urological and/or ostomy needs. Our success is earned by carefully training and motivating our teammates, by partnering with physicians and caregivers, and by ensuring the highest level of service to our customers.

## PRODUCTS AND SERVICES

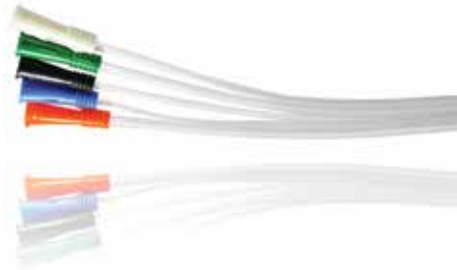
We provide an extensive line of urological and ostomy supplies, including:

### Urological Supplies

- Catheters
  - Intermittent
  - Indwelling
  - External

### Ostomy Supplies

- Pouches
- Waffers
- Eakin Rings
- Prep Wipes
- Skin Barriers
- Adhesive Remover Wipes



And more...

We also provide outstanding customer service, including:

- FREE Home Delivery
- Instruction and Support
- Reimbursement Assistance



## WARRANTIES

We honor manufacturers' warranties, including replacing, free of charge, any Medicare-covered equipment that is under warranty. If you receive any defective products, please call us at **1-800-700-4246**.

## CUSTOMER ADMISSION REQUIREMENTS

At Comfort Medical, we accept only customers whose healthcare needs can be properly satisfied by the products and services we offer. Eligible customers must be diagnosed with a permanent urological condition or have a stoma, and be covered by Medicare or private insurance.

Medicare and most private insurances generally pay 80% of the cost of supplies for qualified beneficiaries after any deductibles have been met.

If you have supplemental insurance, you may be covered for the remaining portion – so you pay nothing at all. However, you will be responsible for any portion (co-pay or deductible) that is not covered by your insurance.

# IMPORTANT HEALTH REMINDER DO NOT REUSE CATHETERS

## STOP REUSING CATHETERS


Medicare, the VA, and the FDA are all in agreement that catheters should not be washed and reused. **Catheters are now made for single-use only.** This is clearly printed on the packaging of all catheter products.

## PREVENT URINARY TRACT INFECTIONS (UTIs)

UTIs are a debilitating and expensive health issue that affects millions of people each year. The cause of most UTIs is bacteria that enters the body while inserting catheters. The bacteria can infect any part of the urinary tract, including kidneys, bladder, urethra, and ureters. **The risk of infection increases drastically when the catheters are reused.** Medical experts agree that single-use catheters provide significantly greater protection against contracting a UTI than repeated use of the same catheter, even when washing the device between uses. Single-use catheters are undisputedly the most hygienic option, and will help reduce (and even prevent) UTIs. This is why Medicare and most private insurances have changed their policies to cover up to 200 catheters per month.

## MEDICARE COVERS UP TO 200 CATHETERS PER MONTH

In April 2008, Medicare increased its coverage for catheters from 4 per month to 200 per month. This was great news for catheter users. Now, each time you cath, up to 6 times per day, you are encouraged to use a new, sterile catheter to ensure prevention of dangerous UTIs.

**WARNING:** Most catheters are single-use only. Check your catheter packaging for this symbol  to ensure safe use of your catheters and to prevent UTIs.



 ReliaMed®

 CURE

 Hollister

 Coloplast

 COVIDIEN  
*positive results for life*

 MENTOR

 Rochester  
MEDICAL

 RUSCH  
A TELEFLEX COMPANY

 BAIRD

 ASTRA  
ASTRA TECH

# NOTICE OF PRIVACY PRACTICES

## COMMITMENT TO PRIVACY

Comfort Medical is dedicated to maintaining the privacy of your healthcare information, and we adhere to laws that maintain the confidentiality of information that identifies you. Any use of healthcare information beyond the uses described below requires your individual written authorization. The Health Insurance Portability and Accountability Act (HIPAA) ensures that Comfort Medical provides you with a copy of our Notice of Privacy Practices, outlining the way we safeguard your health information. Comfort Medical abides by the terms of the Notice of Privacy Practices currently in effect, and reserves the right to revise or amend the Notice, as needed.

## INSTANCES OF DISCLOSURE FOR SERVICE, PAYMENT, AND HEALTHCARE OPERATIONS

We will use your health information for service. Information obtained by our company will be documented in your record, and will be used to provide you with medical supplies. The order from your physician will be part of the record, and will determine the medical supplies you receive.

We will use your health information for payment. In order to determine your eligibility for medical supplies, we may contact your insurance company and disclose healthcare-related information. Also, we will bill you or a third-party payer for products you receive from our company. The health information that identifies you, your diagnosis, and medical supplies may be included on this bill.

We will use your health information for healthcare operations. We may use your health information to evaluate the quality of service you receive from us, to conduct cost management assessments, and to plan business activities. This information is used in an effort to continually improve the quality and effectiveness of the products and services we provide.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare provider that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the Notice of Privacy Practices
- Obtain an accounting of your health information
- Inspect and copy your healthcare record
- Request confidential communication
- Amend your healthcare record
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

## OUR RESPONSIBILITIES

Comfort Medical is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of the Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means

Comfort Medical reserves the right to change our practices, and to make any new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised Notice to your address on file. We will not use or disclose your health information without your authorization, except for services, payment, and healthcare operations.

# OTHER USES OR DISCLOSURES

## BUSINESS ASSOCIATES

There are some individuals who are under contract with Comfort Medical and, from time to time, are engaged in the improvement or financial enhancement of our business. We require any business associate to appropriately safeguard your information so that your health information is protected.

## PUBLIC HEALTH

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

## LAW ENFORCEMENT

We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

## HEALTH OVERSIGHT AGENCIES

We may disclose health information to health oversight agencies for activities authorized by law, including surveys, audits, and compliance inspections.

## FOR MORE INFORMATION

Please contact Comfort Medical's HIPAA Compliance Officer at **1-800-700-4246** if you require additional information, and/or want to pursue your rights, including:

- Requesting restrictions
- Inspecting and copying your record
- Securing an account of disclosure
- Requesting additional disclosures
- Revoking authorizations at any time
- Filing a complaint

If you believe your privacy rights have been violated, you may contact our HIPAA Compliance Officer. You may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights). Include your name, address, and phone number. There will be no retaliation for filing a complaint.

## RETURN POLICY

If for any reason you would like to exchange or return products from Comfort Medical, you may return it to Comfort Medical within thirty (30) days of the purchase date according to the policy below.

- All returns and exchanges must have a Return Authorization (RA) number. Obtain an RA number by calling customer service at **1-800-700-4246**.
- If you ordered an item from Comfort Medical and we shipped the wrong item, or the item is defective, we will gladly exchange the order for the proper items provided the exchange is requested within thirty (30) days of the date of service.
- All products and packaging must be returned in the condition in which they were received in order for Comfort Medical to process refunds. Any product(s) showing signs of wear will not be accepted for exchange or return.
- Refunds for product returns will be credited to the insurance company. If Medicare or your insurance company paid for the order, we will send them a refund. Comfort Medical will only credit a customer's account if the order was paid for directly by the customer.

Thank you for choosing Comfort Medical for your medical supplies. Please call **1-800-700-4246** if you have any questions or concerns.

# CUSTOMER RIGHTS & RESPONSIBILITIES

## CUSTOMER RIGHTS

1. To be fully informed in advance about care/service to be provided as well as any modification to the plan of care
2. To be informed both verbally or in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client will be responsible
3. To receive information about the scope of services that the organization will provide and specific limitations on those services
4. To participate in the development and periodic revision of the plan of care
5. To refuse care or treatment after the consequences of refusing care or treatment are fully presented
6. To have one's property and person treated with respect, consideration, and recognition of client dignity and individuality
7. To be able to identify visiting personnel members through proper identification
8. To be free from mistreatment, neglect, or mental, physical, sexual, and verbal abuse, including injuries of unknown source, and misappropriation of client/patient property
9. To voice grievances/complaints regarding treatment or care that is furnished or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
10. To have grievances/complaints regarding treatment or care that is furnished investigated
11. To be assured that the privacy, confidentiality, and security of information in the client record and all Protected Health Information is secured
12. To be advised on agency's policies and procedures regarding the disclosure of clinical records
13. To choose a healthcare provider, including choosing an attending physician, if applicable
14. To receive appropriate care/supplies without discrimination in accordance with physician orders
15. To be informed of any financial benefits when referred to an organization
16. To be fully informed of ones responsibilities (see below)

## CUSTOMER RESPONSIBILITIES

1. To dial 911 whenever a life threatening medical emergency arises
2. To comply with your physician's orders and treatment plan
3. To report any changes in status, including address, medical condition, physician, billing information, or insurance coverage to Comfort Medical promptly
4. To fulfill all financial obligations to Comfort Medical as promptly as possible
5. To provide, to the best of your knowledge, accurate and complete information about matters relating to your care that may impact products provided by Comfort Medical
6. To report any unexpected changes in your condition that may impact the services provided by Comfort Medical
7. To show consideration and respect for the rights of Comfort Medical personnel when communicating with Comfort Medical staff
8. To use and care for medical supplies as instructed, and to not allow use by anyone else



## COMPLAINT PROCEDURE

1. If you have any concerns about the products or services provided to you by Comfort Medical, you may express these concerns by e-mail, telephone, or in writing. Direct your call or letter to our Customer Service Manager or to our Compliance Officer:
  - E-mail: [customerservice@comfortmedical.com](mailto:customerservice@comfortmedical.com)
  - Address: 4385 NW 124th Avenue, Coral Springs, FL 33065
  - Telephone: **1-800-700-4246**
2. If we are not able to respond to you verbally at the time reported, you will receive a response by telephone within five (5) business days. A written complaint will be responded to within five (5) business days.
3. In addition to the complaint procedures listed above, if you do not receive satisfactory resolution from us, you can contact our accrediting organization, The Compliance Team, at 215-654-9110, or if you are a Medicare beneficiary, you can contact Medicare at 1-800-633-4227. Our mission is to provide superior customer service to you.
4. Medicaid fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. The Office of the Inspector General at the Agency for Health Care Administration accepts complaints regarding suspected fraud and abuse in the Florida Medicaid system. To report suspected Medicaid fraud, please call toll-free at 1-866-966-7226 or on the agency website at:
  - [http://ahca.myflorida.com/executive/inspector\\_general/medicaid.shtml](http://ahca.myflorida.com/executive/inspector_general/medicaid.shtml)
5. To report abuse, neglect, or exploitation of a disabled adult or an elderly person, please call toll-free 1-800-962-2873.

**PLEASE CALL US:  
1-800-700-4246**



# MEDICARE SUPPLIER STANDARDS

**Note:** This is an abbreviated version of the supplier standards that every Medicare DMEPOS supplier must meet in order to obtain and retain its billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c). For additional information go to [www.cms.gov](http://www.cms.gov).

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. A supplier must have an authorized individual (whose signature is binding) sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any state healthcare 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 and must maintain a visible sign with posted hours of operation. The location must be 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.
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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery and must instruct beneficiaries on the use of Medicare-covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.

# MEDICARE SUPPLIER STANDARDS (cont.)

14. A supplier must maintain, 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, rented, or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose 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 with any information required by the Medicare statute and 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 for those specific products and services (except for certain exempt pharmaceuticals).
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. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57(d).
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 CFR § 424.516 (f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.



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