

**The Diabetes Store, Incorporated**  
1760 Moriah Woods Blvd. Ste. 2  
Memphis, TN 38117  
Phone: 800-501-1556 Fax: 800-208-0863

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**PATIENT DATA SHEET**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Subscriber ID \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Subscriber ID \_\_\_\_\_

E-mail Address \_\_\_\_\_

☐ The Diabetes Store would like to send you reorder reminders and receipts via email. Please check this box only if you **DO NOT** want us to email you.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you taking insulin injections? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Medicare will pay for 1x day testing non-insulin; up to 3x day if on insulin injections

ICD-10 Code: \_\_\_\_\_



## **PATIENT SERVICE AGREEMENT**

Patient Name: \_\_\_\_\_

**Authorization/Consent for Care/Service:** I have been informed of the home care options available to me and of the selection of providers from which I may choose. I authorize The Diabetes Store under the direction of the prescribing physician, to provide home medical equipment, including diabetes testing supplies, insulin pumps and pump supplies, and /or diabetic shoes and inserts as prescribed by my physician. I acknowledge that I have received training on my medical equipment and received a copy of the manufacturer's owner's manual which includes operating instructions.

**Assignment of Benefits/Authorization for Payment:** I hereby assign all benefits and payments to be made directly to The Diabetes Store, Inc for any home medical equipment, supplies and services furnished to me in conjunction with my diabetes care and benefits and payments to be made directly to The Diabetes Store for all equipment and supplies and medications. I authorize The Diabetes Store to seek such benefits and payments on my behalf. It is understood that, as a courtesy, The Diabetes Store will bill Medicare/Medicaid or other federally funded sources and other payors and insurer(s) providing coverage. I understand that I am responsible for providing all necessary information and for making sure all certification and enrollment requirements are fulfilled. Any changes in my health insurance policy must be reported to The Diabetes Store within 30 days of the event. I have been informed by The Diabetes Store of the medical necessity for the services prescribed by my physician. I understand that in the event services are deemed not reasonable and necessary, payment may be denied and that I will be fully responsible for payment.

**Release of Information:** I hereby request and authorize The Diabetes Store the prescribing physician, hospital, and any other holder of information relevant to service, to release information upon request, to The Diabetes Store, any payor source, physician, or any other medical personnel or agency involved with service. I authorize The Diabetes Store to contact me via email for reorder reminders and special offers. I also authorize The Diabetes Store to review medical history and payor information for the purpose of providing diabetes testing supplies, diabetes shoes/inserts, insulin pumps/supplies, and other related medical equipment and medications.

**Financial Responsibility:** I understand and agree that I am responsible for the payment of any and all sums that may become due for the services provided. These sums include, but are not limited to, all deductibles, co-payments, out-of-pocket requirements, and non-covered services. If for any reason and to any extent, The Diabetes Store does not receive payment from my payor source, I hereby agree to pay The Diabetes Store for the balance in full, within 30 days of receipt of invoice. All charges not paid within 45 days of billing date shall be assessed late charges. I am liable for all charges, including collection costs and all attorney costs. I am responsible for all charges regardless of my payor unless my agreement with my health plan holds me at no fault.

**Returned Goods:** I understand that, due to Federal and State Pharmacy Regulations, ancillary items prescribed for health care cannot be re-dispensed. Therefore, ancillary items cannot be returned for credit. Home Medical Equipment that is rented will be returned after medical necessity for such equipment ends. Sale items cannot be returned. The Diabetes Store must be notified within 72 hours of the set- up if any equipment is defective. In the case of defective equipment, an exchange will be made for the defective item.

**Equipment Warranty Information:** Every product sold or rented by our company carries a 1-year manufacturer's warranty. The Diabetes Store will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. The Diabetes Store will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all DME where this manual is available.

Client/Patient Handouts: I acknowledge that I have received a copy of the Client/patient Handouts which contains *Client/patient Bill of Rights and Responsibilities, Supplier Standards, How to make your home safe for Medical Care, Emergency Planning for the Home Care Patient, and the HIPPA Notice of Privacy Practices*. I acknowledge that the information in the Client/patient Handouts has been explained to me and that I understand the information. I acknowledge that I have been provided training and instruction concerning the medical equipment and supplies provided to me by The Diabetes Store. I understand my right to formulate and to issue Advance Directives to be followed should I become incapacitated. I will furnish The Diabetes Store with a copy of such document. I have also received a copy of my estimated costs. Medicare will pay for 80% of the fee schedule allowed amount. Should you have a secondary or supplement insurance to Medicare, it might pick up the 20% cost that Medicare does not cover.

Grievance Reporting: I acknowledge that I have been informed of the procedure to report a grievance should I become dissatisfied with any portion of my home care experience. I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 800-501-1556 and speak to the Customer Services Supervisor. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body. You can expect a written response within 7 working days of receipt. You may also report a grievance to the Accreditation Commission for Health Care, Inc. at Tel: (919) 785-1214.

Home Health Hotline: You may also make inquiries or complaints about this company by calling your local Social Services Department and/or ACHC.

Client/patient: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Relationship to Patient if not signed by Patient \_\_\_\_\_



## **The Diabetes Store, Inc.**

### **HIPAA NOTICE OF PRIVACY PRACTICES**

EFFECTIVE JANUARY 20, 2017

**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.**

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, The Diabetes Store has created this Notice of Privacy Practices (Notice). This Notice describes The Diabetes Store's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that The Diabetes Store protect the privacy of your PHI that The Diabetes Store has received or created, provide you with notice of The Diabetes Store's legal duties and privacy practices with respect to PHI, and notify you if you are affected by a breach of unsecured PHI.

The Diabetes Store is required to abide by the terms of the Notice currently in effect. For any uses or disclosures that are not listed below, The Diabetes Store will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **The Diabetes Store reserves the right to change The Diabetes Store's privacy practices and this Notice.** Revisions to the Notice will be posted at The Diabetes Store and upon your request, provided to you in a paper format.

### **HOW THE DIABETES STORE MAY USE AND DISCLOSE YOUR PHI**

The following is an accounting of the ways that The Diabetes Store is permitted, by law, to use and disclose your PHI.

**Uses and disclosures of PHI for Treatment:** We will use the PHI that we receive from you to provide health care services ordered by your physician and coordinate or manage your health care.

**Uses and disclosures of PHI for Payment:** The Diabetes Store will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

**Uses and disclosures of PHI for Health Care Operations:** The Diabetes Store will use your PHI to conduct quality assessments, improvement activities, and evaluate The Diabetes Store workforce.

The following is an accounting of additional ways in which The Diabetes Store is permitted or required to use or disclose PHI about you without your written authorization.

**Uses and disclosures as required by law:** The Diabetes Store is required to use or disclose PHI about you as required and as limited by law.

**Uses and disclosure for Public Health Activities:** The Diabetes Store may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability.

**Uses and disclosure about victims of abuse, neglect or domestic violence:** The Diabetes Store may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

**Uses and disclosures for health oversight activities:** The Diabetes Store may use or disclose PHI about you to a health oversight agency for oversight activities that it is authorized by law to conduct.

**Disclosures for judicial and administrative proceedings:** The Diabetes Store may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to The Diabetes Store.

**Disclosures for law enforcement purposes:** The Diabetes Store may disclose PHI about you to law enforcement officials for authorized purposes.

**Uses and disclosures about the deceased:** The Diabetes Store may disclose PHI about the deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

**Uses and disclosures for cadaveric organ, eye or tissue donation purposes:** The Diabetes Store may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

**Uses and disclosures for research purposes:** The Diabetes Store may use and disclose PHI about you for research purposes with a valid waiver of authorization from the research board. Otherwise, The Diabetes Store will request a signed authorization by the individual for all other research purposes.

**Uses and disclosures for special governmental functions:** The Diabetes Store may use and disclose PHI for special governmental functions, such as military, national security, and presidential protective services.

**Uses and disclosures to avert a serious threat to health or safety:** The Diabetes Store may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

**Disclosure for workers' compensation:** The Diabetes Store may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

**Disclosures for disaster relief purposes:** The Diabetes Store may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

**Disclosures to business associates:** The Diabetes Store may disclose PHI about you to The Diabetes Store's business associates for services that they may provide to or for The Diabetes Store.

**Disclosures to individuals involved in your care:** Unless you object, The Diabetes Store may disclose to your relative or close personal friend the PHI directly relevant to such person's involvement with your care or payment for your care. The Diabetes Store may use professional judgment in allowing a person to act on your behalf to pick up filled prescriptions, medical equipment or supplies, or other similar forms of PHI.

### **OTHER USES AND DISCLOSURES**

The Diabetes Store may contact you for the following purposes:

**Refill reminders:** The Diabetes Store may contact you to remind you of items or supplies on such time they are ready to be refilled.

# The Diabetes Store, Inc.

**Information about treatment alternatives:** The Diabetes Store may contact you to notify you of alternative treatments and/or products.

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## **FOR ALL OTHER USES AND DISCLOSURES**

The Diabetes Store will obtain a written authorization from you for any use or disclosure of PHI for marketing purposes, any sale of PHI, and any other use or disclosure not described in this Notice, and The Diabetes Store will only use or disclose PHI for those purposes pursuant to such an authorization. You may revoke such an authorization in writing at any time. To revoke an authorization, please contact The Diabetes Store at the address at the end of this Notice.

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## **YOUR HEALTH INFORMATION RIGHTS**

The following are a list of your rights in respect to your PHI.

**Request restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions of The Diabetes Store's uses and disclosures of your PHI. The Diabetes Store is required to agree to a request to restrict disclosure of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and if the PHI pertains solely to a health care item or service for which you have paid The Diabetes Store in full. Otherwise, The Diabetes Store is not required to accommodate a request. If you wish to request additional restrictions, please obtain the form, *Request for Restriction of Uses & Disclosures*, from The Diabetes Store and return the completed form to The Diabetes Store.

**The right to have your PHI communicated to you by alternate means or locations:** You have the right to request that The Diabetes Store communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require The Diabetes Store to have an accurate address and home phone number in case of emergencies. The Diabetes Store will consider all reasonable requests. If you wish to request a change in your communicating address and/or phone number, please obtain a form, *Request for Alternative Arrangements for Confidential Communication*, from The Diabetes Store and return the completed form to The Diabetes Store.

**The right to inspect and/or obtain a copy your PHI:** You have the right to request access and/or obtain a copy of your PHI that is contained in The Diabetes Store for the duration The Diabetes Store maintains PHI about you. If you wish to inspect or obtain a copy of your PHI, please obtain a form, *Request for Access to Records*, from The Diabetes Store and return the completed form to The Diabetes Store. There may be a reasonable cost-based charge for furnishing documents. You will be notified in advance of incurring such charges, if any.

**The right to amend your PHI:** You have the right to request an amendment of the PHI The Diabetes Store maintains about you, if you feel that the PHI The Diabetes Store has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services, or their appropriate designee, to review such a denial. If you wish to amend your PHI files, please obtain a form, *Request for Amendment to PHI*, from The Diabetes Store and return the completed form to The Diabetes Store.

**The right to receive an accounting of disclosures of your PHI:** You have the right to receive an accounting of certain disclosures of your PHI made by The Diabetes Store. If you wish to receive an accounting of disclosures of your PHI, please obtain a form, *Request for Accounting of Disclosures*, from The Diabetes Store and return the completed form to The Diabetes Store. You should be aware, however, that such an accounting excludes uses and disclosures made for treatment, payment, or health care operations purposes.

**Health related benefits or services:** The Diabetes Store may use your PHI to notify you of benefits and services The Diabetes Store provides.

**The right to receive additional copies of The Diabetes Store's Notice of Privacy Practices:** You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically. If you wish to receive a paper copy of this request, please ask an employee of The Diabetes Store and they will provide you with a copy.

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## **REVISIONS TO THE NOTICE OF PRIVACY PRACTICES**

The Diabetes Store reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all individuals. The Diabetes Store will also post the revised version of the Notice at The Diabetes Store.

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## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with The Diabetes Store and/or to the Secretary of HHS, or their designee. If you wish to file a complaint with The Diabetes Store, please contact \_\_\_\_\_ at the address at the end of this Notice. If you wish to file a complaint with the Secretary, please write to:

U.S. Department of Health and Human Services  
Office for Civil Rights  
Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
Phone (800) 368-1019  
TDD (800) 537-7697

The Diabetes Store will not take any adverse action against you as a result of your filing of a complaint.

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## **CONTACT INFORMATION**

If you have any questions on The Diabetes Store's privacy practices or for clarification on anything contained within the Notice, please contact:

The Diabetes Store, Inc.

Attn: \_\_\_\_\_  
1760 Moriah Woods Blvd., Suite 2  
Memphis, TN 38117  
(901) 312-3150

## **The Diabetes Store - Patient Handouts**

### ***PATIENT BILL OF RIGHTS AND RESPONSIBILITIES***

We believe that all patients receiving services from The Diabetes Store should be informed of their rights.

Therefore, you are entitled to:

1. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
2. Be informed, both orally and 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/patient will be responsible.
3. Receive information about the scope of services that the organization will provide and specific limitations on those services.
4. Participate in the development and periodic revision of the plan of care.
5. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
6. Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
7. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
8. Be able to identify visiting personnel members through proper identification.
9. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
10. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
11. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
12. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
13. Be advised on agency's policies and procedures regarding the disclosure of clinical records
14. Choose a health care provider, including choosing an attending physician, if applicable.
15. Receive appropriate care without discrimination

in accordance with physician orders, if applicable.

16. Be informed of any financial benefits when referred to an organization.
17. Be fully informed of one's responsibilities.
18. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property.

#### **PATIENT RESPONSIBILITIES**

1. Patient agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition (normal wear and tear excepted).
2. Patient agrees to promptly report to The Diabetes Store any malfunctions or defects in rental equipment so that repair/ replacement can be arranged.
3. Patient agrees to provide The Diabetes Store access to all rental equipment for repair/replacement, maintenance, and/or pick-up of the equipment.
4. Patient agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
5. Patient agrees to keep the equipment in their possession and at the address, to which it was delivered unless otherwise authorized by The Diabetes Store.
6. Patient agrees to notify The Diabetes Store of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for the rental equipment no longer exists.
7. Patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to The Diabetes Store for any services furnished by The Diabetes Store.
8. Patient agrees to accept all financial responsibility for home medical equipment furnished by The Diabetes Store
9. Patient agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
10. Patient agrees not to modify the rental equipment without the prior consent of The Diabetes Store
11. Patient agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
12. Patient agrees that title to the rental equipment and all parts shall remain with The Diabetes Store at all times unless equipment is purchased and paid for in full.

13. Patient agrees that The Diabetes Store shall not insure or be responsible to the patient for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God.
14. Patient understands that The Diabetes Store retains the right to refuse delivery of service to any patient at any time.
15. Patient agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

When the patient is unable to make medical or other decisions, the family should be consulted for direction.

All staff members will understand and be able to discuss the Patient Bill of Rights and Responsibilities with the patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Patient Bill of Rights and Responsibilities.

The patient and caregiver(s) will also receive a copy of the DMEPOS Supplier Standards, which is included in the Patient Handouts forms.



## **MAKING DECISIONS ABOUT YOUR HEALTH CARE**

*Advance Directives* are forms that say, in advance, what kind of treatment you want or don't want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared.

This pamphlet has been designed to give you information and may help you with important decisions. Laws regarding Advance Directives vary from state to state. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most.

### *What Kinds of Advance Directives Are There?*

There are two basic types of Advance Directives available. One is called a Living Will. The other is called a Durable Power of Attorney.

A Living Will gives information on the kind of medical care you want (or do not want) become terminally ill and unable to make your own decision.

- It is called a "Living" Will because it takes effect while you are living.
- Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library.
- In some states, you are allowed to simply write a letter describing what treatments you want or don't want.
- In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Durable Power of Attorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an *agent* or *proxy*. This person would then be make medical decisions for you if you should become unable to make them for

yourself. A Durable Power of Attorney can also include instructions regarding specific treatments that want or do not want in the event of serious illness.

### *What Type of Advance Directive is Best for Me?*

This is not a simple question to answer. Each individual's situation and preferences are unique.

- For many persons, the answer depends on their specific situation, or personal desires for their health care.
- Sometimes the answer depends on the state in which you live. In some states, it is better to have one versus the other.
- Many times you can have both, either as separate forms or as a single combined form.

### *What Do I Do if I Want an Advance Directive?*

- First, consult with your physician's office or home care agency about where to get information specific for your state.
- Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your "agent" in the Durable Power of Attorney.
- Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.
- You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregiver(s). The original document should be filed in a secure location known to those to whom you give copies.
- Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

### *How Does My Health Care Team Know I Have an Advance Directive?*

You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.

Many patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney "agent," and how to contact them.

### *What If I Change My Mind?*

You can change your mind about any part of your Advance Directive, or even about having an Advance Directive, at any time.

If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all health care providers, your caregiver(s), your family and friends have a revised copy.

### *What If I Don't Want an Advance Directive?*

You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

### **For More Information,**

This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons, or your home care agency, can best answer more detailed questions, and help guide you towards the best Advance Directive for you.

### **Grievance / Complaint Reporting:**

You may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 901-312-3150 and speak to the Customer Services Supervisor. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body. You can expect a written response within 14 working days or receipt.

You may also make inquiries or complaints about this company by calling your local Social Services Department, Medicare at 1-800- MEDICARE and/or the Accreditation Commission for Health Care (ACHC) at 919-785-1214.

### **Warranty Information**

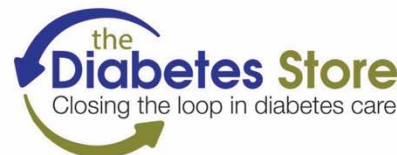
All patients who either purchase or rent equipment will be informed of the manufacturer's warranty coverage and we will honor all warranties under applicable law. The Diabetes Store will repair or replace, free of charge, equipment that is under warranty. Additionally, if available, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment. The patient will be required to sign a form stating that they received and understand the warranty coverage.

## The Diabetes Store, Incorporated

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Memphis, TN 38117

Phone: 800-501-1556 Fax: 800-208-0863



### **HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE**

At The Diabetes Store, we want to make sure that your home medical treatment is done conveniently and safely. Many of our patients are limited in strength, or unsteady on their feet. Some are wheelchair - or bed-bound. These pages are written to give our patients some easy and helpful tips on how to make the home safe for home care.

#### *Fire Safety and Prevention*

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

#### *Electrical Safety*

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

#### *Safety in the Bathroom*

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

#### *Safety in the Bedroom*

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.

- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

### *Safety in the Kitchen*

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:

- Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
  - Basic electric can openers
  - Bottle and jar openers
  - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

### *Getting Around Safely*

If you are now using assistant devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

**What to Do If You Get Hurt ...** In case of emergency, contact: Fire, Police, Ambulance: 911

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Care Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

The Diabetes Store.....Phone 800-501-1556

If you have any questions about safety that aren't in this booklet, please call us and we will be happy to give you recommendations for your individual needs.

## **EMERGENCY PLANNING FOR THE HOME CARE PATIENT**

This pamphlet has been provided by The Diabetes Store to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

### *Know What to Expect*

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent. Find out when you should evacuate, and when you shouldn't. Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

### *Know Where to Go*

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

### *Know What to Take with You*

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

*We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.*

During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

### *Reaching Us if There Are No Phones*

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)

If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

### **An Ounce of Prevention...**

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

### *Helpful Tips*

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.

- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from The Diabetes Store or from a local store. It comes in very handy if you don't have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with The Diabetes Store and your home nursing agency.
- When you return to your home, contact your home nursing agency and The Diabetes Store so we can visit and see what supplies you need.

- Learn what to do for specific hazards. · Practice and maintain your plan.

*An Important Reminder!!*

*During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment or supplies, **you must go to the nearest emergency room or other treatment facility for treatment.***

### **For More information**

There is much more to know about planning for and surviving during a natural emergency or disaster.

Review the information form FEMA

[http://www.fema.gov/areyouready/emergency\\_planning.shtm](http://www.fema.gov/areyouready/emergency_planning.shtm). The information includes:

- Get informed about hazards and emergencies that may affect you and your family.
- Develop an emergency plan.
- Collect and assemble disaster supplies kit, which should include:
  - Three-day supply of non-perishable food.
  - Three-day supply of water - one gallon of water per person, per day.
  - Portable, battery-powered radio or television and extra batteries.
  - Flashlight and extra batteries.
  - First aid kit and manual.
  - Sanitation and hygiene items (moist towelettes and toilet paper).
  - Matches and waterproof container.
  - Whistle.
  - Extra clothing.
  - Kitchen accessories and cooking utensils, including a can opener.
  - Photocopies of credit and identification cards.
  - Cash and coins.
  - Special needs items, such as prescription medications, eye glasses, contact lens solutions, and hearing aid batteries.
  - Items for infants, such as formula, diapers, bottles, and pacifiers.
  - Other items to meet your unique family needs.
- Learn where to seek shelter from all types of hazards.
- Identify the community warning systems and evacuation routes.
- Include in your plan required information from community and school plans.



## The Diabetes Store, Incorporated

1760 Moriah Woods Blvd. Ste. 2

Memphis, TN 38117

Phone: 800-501-1556 Fax: 800-208-0863



## SUPPLIER STANDARDS

### **The Diabetes Store is required to comply with the following standards as required by the Centers for Medicare and Medicaid Service:**

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 cannot 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 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 C.F.R. Section 424.57(c)(11).
12. A supplier is responsible for delivery of 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.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any 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 standards to each beneficiary 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 any information required by the Medicare statute and regulations.
22. A supplier 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 (unless an exception applies).
23. A supplier 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. A supplier 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 C.F.R. section 424.57(d) (unless an exception applies).
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. section 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), physician and occupational therapists or DMEPOS suppliers working with custom made orthotics and prosthetics.

*Patient's financial responsibility if you do not have a secondary insurance to Medicare for testing supplies*

Per 90 Day supply (20% co-insurance applies)

If you are testing your blood sugar 1x day, your estimated costs for strips and lancets is: \$\_\_\_\_\_

If you are testing your blood sugar 3x day, your estimated costs for strips and lancets is: \$\_\_\_\_\_

(if you add a lancing device, batteries, or control solution to your 90 Day order, the above costs will be more.)