

# SERVICE AGREEMENT

- TREATMENT CONSENT:** I voluntarily consent to the treatment ordered by my physician, with the understanding that the results of treatment cannot be guaranteed. I understand that I have the right to choose my provider of service.
- COMPLAINT RESOLUTION PROTOCOL:** MFB O&P+B supports communication with our patients. Please contact MFB O&P+B at 616.840.8007 with any concerns regarding care, service, or payment policies. All concerns will be forwarded to a manager for investigation and timely follow-up.
- BILLING REQUIREMENTS (PATIENT):** I agree to provide MFB O&P+B with a physician's prescription, current and active insurance cards and any additional and applicable information at the time of service to allow MFB O&P+B to bill insurance on my behalf.
- BILLING REQUIREMENTS:** MFB O&P+B will bill your insurance(s) for services rendered. If you receive a device, your insurance will be billed using the date of delivery. Our staff will verify insurance benefits and authorization requirements to the best of our ability. If you do not wish to wait for prior authorization, you will be responsible for full payment prior to ordering the device. Authorization does not guarantee payment for services.
- FINANCIAL RESPONSIBILITY:** I understand that I am financially responsible to MFB O&P+B for all services and supplies, including those not covered by the insurance. Financial responsibility is only an estimate based on verification of my insurance benefits and is due at the time of service unless payment arrangements have been made. I am responsible for my co-insurance and deductible as determined by my insurance plan.
- BILLING AUTHORIZATION:** I authorize MFB O&P+B to release any billing information and patient records required for insurance processing. I authorize my insurance to pay directly to MFB O&P+B for all services and supplies rendered.
- WARRANTY POLICY:** MFB O&P+B warrants that products will be free from defects in material or workmanship under normal conditions of wear. MFB O&P+B warranty period is 90 days from date of delivery unless there has been a change in your medical condition. MFB O&P+B will honor all manufacturer warranties.
- RETURN POLICY:** Items that are custom-made for a patient or items that have come in direct contact with the skin are non-refundable.
- BILLING FOR UNDELIVERED SERVICES:** After three unsuccessful attempts to schedule delivery, we will consider services rendered. Off the shelf items MAY be returned. Custom fit or custom fabricated devices will be billed to you and or your insurance.
- I have received or been offered a Notice of HIPAA from MFB Orthotics & Prosthetics \_\_\_\_\_  
(Initials)

## MEDICARE PATIENTS:

- I have received the Medicare Supplier Standards (located on the back of this form)
- MEDICARE AUTHORIZATION;** I authorize any holder of medical or other information needed to determine benefits for related services to be released to the Centers for Medicare and Medicaid and its agents. I request that payment of authorized Medicare benefits be made on my behalf for any services furnished by MFB O&P+B.

*I understand that my signature on this form represents acknowledgement of all of the above procedures and policies.*

Date

Signature of Patient or Responsible Party

Relationship to Patient

# MEDICARE SUPPLIER STANDARDS

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 enrollment 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 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 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 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 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 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).
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 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 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.

\* Although CMS has revised payment rules for capped rental items, supplier standard 5 still applies for inexpensive and routinely purchased items that do not fall into the capped rental category and applicable capped rental items (i.e. complex rehabilitative power wheelchairs and parental/enteral pumps, etc.).