



HME

Home Medical

Quality of Life Comes First

Welcome to HME Home Medical!

Thank you for choosing HME Home Medical as your trusted partner for home medical equipment and services. Since 1986, we've been supporting individuals and families throughout Northeast Wisconsin with reliable solutions for sleep and respiratory care, mobility, mastectomy and lymphedema care, wound care, home accessibility, and more. With decades of experience, our focus has always been simple: providing the right equipment, the right support, and the respect you deserve — every step of the way.

This welcome booklet is here to help you understand important information about our services, policies and procedures, patient rights and responsibilities, and Medicare supplier standards. We encourage you to read through it and keep it for future reference. If questions come up, our team is always happy to help. You can reach us at 800.236.2619 or visit www.HMEHomeMedical.com.

Our mission is to help improve your quality of life by supporting independence, comfort, and confidence at home. We do this through compassionate care, dependable equipment, knowledgeable staff, and a commitment to your overall well-being. We're honored to be part of your care.

HME Home Medical
Quality of Life Comes First

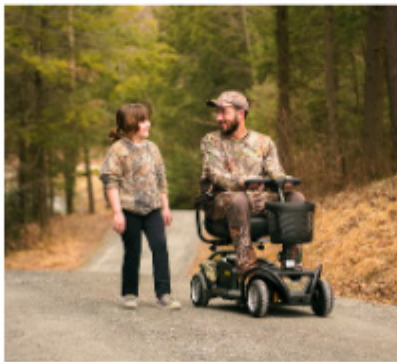


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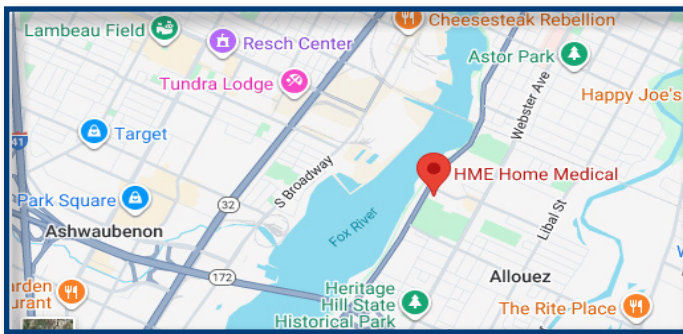
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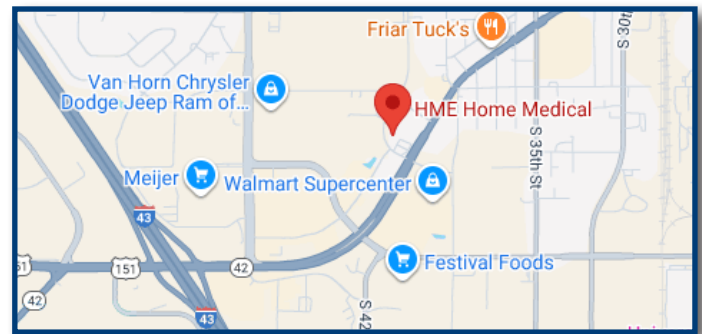
Important Numbers & Information

HME Home Medical Locations

Location	Address	Phone	Fax	Hours
Green Bay	2021 Riverside Dr, Green Bay, WI 54301	800.236.2619	920.465.3003	M-F 9am-5pm
Manitowoc	1651 S 41st St., Manitowoc, WI 54220	800.236.2619	920.465.3003	M-F 9am-5pm



Green Bay



Manitowoc

To Place an Order

- Call or bring a prescription from your physician to one of our stores
- Have your physician fax a prescription to HME at 920.465.3003
- Visit our showrooms for retail purchases

Billing Questions

Billing & Insurance Questions

For questions about bills, statements, or insurance coverage, contact our Billing Department at 800.236.2619, Monday through Friday, 8:00 a.m. to 4:30 p.m. Follow the prompts for Billing. More information is available in **Understanding Your Financial Responsibilities** on page 6.

Changes to Insurance Coverage

Please notify HME Home Medical right away if your insurance coverage changes or if you change insurance providers, as this may affect your billing or services.

Emergencies

HME Provides 24/7 emergency service on life-sustaining equipment. **Call 800.236.2619.** Other equipment will be serviced during normal business hours (9am-5pm, Monday-Friday). After normal business hours a professional and confidential answering service handles all incoming calls and directs them to HME. HME will return your call within a reasonable length of time to determine the nature of your problem.

Equipment Repair & Service

HME Home Medical services equipment purchased from HME, including walkers, rollators, transport chairs, cushions, manual wheelchairs, and mobility scooters. Smaller items must be brought to an HME location for evaluation and service. Larger equipment — such as hospital beds, patient lifts, and lift chairs — can be serviced in your home when repairs are needed. Please call **800.236.2619** to schedule a service appointment. Voicemails are returned within one business day.

Rental Equipment

Any product being rented is the property of HME Home Medical and must be returned to HME when it is no longer needed. It is your responsibility to notify HME upon learning that the equipment you are renting is no longer medically necessary.

Return of Product(s)

Returns of unopened/unused merchandise may be accepted within seven (7) days of purchase. Wisconsin State Law prohibits return of personal hygiene products (including bath aids) or disposable supplies. Returns are subject to inspection by HME Home Medical, and depend on the condition of product(s) when returned.

Custom-fit products, items denied by insurance, or items applied to your deductible cannot be returned.

Defective products may be replaced depending on the terms of the vendor. Credits will be issued based on the form of original payment or applied to future account receivables. Restocking fees may apply to some items.

Satisfaction Surveys

We are always working to improve our services. Your opinion is important to us. We invite you to complete our Customer Satisfaction Survey at www.HMEHomeMedical.com/customer-satisfaction-survey

You may also receive a text message inviting you to complete this survey. We would appreciate your response and feedback. Thanks in advance for your participation!

Warranties

HME Home Medical will evaluate equipment that has been purchased from HME while it is under full warranty. You have received information relating to the applicable warranty on products you have received. Labor may be billed separately.

Financial Responsibilities

Understanding Your Financial Responsibilities

Customers With Medical Insurance Benefits

We participate in most major health insurance plans. We have contracts with many HMOs, PPOs, insurance companies, and governmental agencies, including Medicare and Medicaid. Our business office will submit claims for services rendered and assist you in any reasonable way to get your claims paid. **It is YOUR responsibility to provide all necessary information required to bill insurance.**

If you have a secondary insurance, we will file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly. **It is YOUR responsibility to comply with their request.**

Coverage Changes

If your insurance changes, please notify us before your next visit, so we can make the appropriate changes to help you receive your maximum benefits. You may be responsible for unreimbursed charges due to late notification of insurance changes.

Co-Payments/Deductibles

Your contract/benefits are between you and your insurance company. We follow insurance company guidelines in performing benefit checks and precertification authorizations. **This does not guarantee payment or absolve you of financial responsibility for copayments and deductibles.** Even if insurance covers the cost of our products or services, you are responsible for copays and deductibles as dictated by your contract with your insurer. **Copays and deductibles are collected at time**

of service. For your convenience, we accept cash, checks or the following credit cards: Visa, MasterCard, American Express and Discover. We require a credit/debit card on file for monthly rentals, recurring orders, high-deductible plans, and respiratory equipment.

AutoPay With Credit/Debit Card on File

You are not invoiced until your insurance(s) have processed the charges. After that, you are only invoiced for copays, deductibles, and non-covered items. An invoice will be mailed to you. The invoice will be stamped with a watermark "AutoPay is On" to remind you that you are set up to auto charge your credit/debit card on the due date, approximately 20 days after the invoice billing date.

Third-Party Liability

HME does not bill any third-party liability carriers. We will bill your health insurance company, and if charges are denied, they become the responsibility of the person named on the account.

Workers' Compensation

If you are injured at work, it is your responsibility to notify your employer immediately. We will submit claims to the employer or its workers' compensation carrier for prescription items. If the employer or its insurance carrier determines that your injury is NOT a workers' comp claim, we will bill your health insurance. If you do not have health insurance, the balance becomes your responsibility. HME will NOT bill workers' comp for any non-prescription durable medical equipment item(s).

Non-Covered & Out-of-Network Services

If your insurance company considers medical services to be non-covered, out of network, or not medically necessary, payment is your responsibility. If you are a member of an insurance plan with which we do not participate (out of network), we will refer you to other in-network providers, or you must make payment in full at the time of service.

Customers Without Medical Insurance Benefits

If you do not have group or individual medical insurance, payment for all services is expected at the time of your visit. A credit/debit card must be on file for all monthly rentals and recurring orders.

Financial Assistance

A Financial Assistance Program Application is available upon request. The following documents are required for consideration: 1) Completed application (Social Security # MUST be included); 2) Medicaid eligibility determination (or lack thereof); 3) Requestor's most recent 1040 Tax Form. After review, you will be notified if you qualify for this discount

Patient Statements

HME does not send statements to patients for balances under \$10.00. As a result, you may be asked to pay small balances when presenting for a new purchase without having received a statement.

Patients should remit small balances owed to HME upon receipt of their explanation of benefits from their insurance.

Payments should be sent to HME Home Medical, PO Box 1415, Green Bay, WI 54305-1415. Payments can also be made online at

www.HMEHomeMedical.com, and clicking on Bill Pay.

NSF Checks

You will receive a \$40.00 charge for all NSF checks returned by our bank.

Accounts Receivable

HME mails patient invoices AFTER payment resolution with primary and secondary insurances. As a result, you may be billed months after services were received. Once you receive your bill, accounts must be paid in full within 20 days after receipt.

Delinquent Balances

A late fee of \$15.00 will be assessed on accounts over 60 days.

Patients with a delinquent balance are required to make payment in full prior to us providing future services/product(s). A delinquent account is defined as a patient balance in excess of 30 days without payments or request for Financial Assistance Program Application during this time. If such payment is not made, services may be refused and the account may be referred to a collection agency.

Waiver of Patient Responsibility

It is the policy of HME Home Medical to treat all patients in an equitable fashion related to account balances. We will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as participating agreements with payers. Full or partial financial responsibility may only be waived in accordance with HME Home Medical's Financial Assistance Policy.

Medicare Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 CFR 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment 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 health care programs, or 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 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. 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.

Patient Privacy Notice (Eff. 1/1/15)

This notice describes how medical information about you may be used & disclosed and how you can get access to this information.

Our Obligations

We are required by law to:

- Maintain the privacy of Protected Health Information (PHI)
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

How We May Use & Disclose Health Information

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

For Treatment: We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment: We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations: We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health-Related Benefits and Services: We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster-relief effort.

Special Situations

As Required by Law: We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates: We may disclose Health Information to our business

associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Military and Veterans: If you are a member of the armed forces, we may release Health Information required by military command authorities. We also may release Health Information to foreign military authorities if you are a member of a foreign military.

Workers' Compensation: We may release Health Information for workers' compensation or similar programs that provide benefits for work-related injuries/ illness.

Health Oversight Activities: We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Date Breach Notification Purposes: We may use or disclose your Health Information to provide legally-required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: HME may release Health Information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency to report a crime, location of the crime or victims, or the identity, description or location of the person who committed the crime.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: 1) for the institution to provide you with health care; 2) to protect your health/safety or the health/safety of others; or 3) the safety/security of the correctional institution.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interest based on our professional judgment.

Disaster Relief: We may disclose your Health Information to disaster relief organizations seeking your Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure

whenever we practically can do so.

Medicare Privacy Statement: The legal authority for the collection of information is authorized by Section 1869(a)(3) of the Social Security Act. The information provided will be used to further document your claim. Submission of the information requested is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish may be disclosed to the Centers for Medicare & Medicaid Services or another person or government agency only with respect to the Medicare Program and to comply with Federal laws requiring or permitting the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Health Information will be made only with your written authorization:

1. Uses and disclosures of Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Health Information

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy: You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, make your request, in writing, to: HME Home Medical, 2021 Riverside Drive, Green Bay, WI 54301. HME has up to 30 days to make your Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. HME may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. HME may deny your request in certain limited circumstances. If HME denies your request, you have the right to have the denial reviewed by a licensed healthcare professional not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records: If your Health Information is maintained in an electronic format (known as an electronic medical/health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Health Information in the form or format you request, if it is readily producible in such form or format. If the Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Health Information.

Right to Amend: If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to: HME Home Medical, 2021 Riverside Drive, Green Bay, WI 54301.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to: HME Home Medical, 2021 Riverside Drive, Green Bay, WI 54301.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to: HME Home Medical, 2021 Riverside Drive, Green Bay, WI 54301. HME is not required to agree to your request unless you are asking us to restrict the use and disclosure of your Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out of Pocket Payments: If you paid out-of-pocket (or you have requested we not bill your health plan) in full for a specific item/service, you have the right to ask that your Health Information with respect to that item/service not be disclosed to a health plan for purposes of payment or health care operations.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to: HME Home Medical, 2021 Riverside Drive, Green Bay, WI 54301. Your request must specify how or where you wish to be contacted. HME will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.HMEHomeMedical.com. To obtain a paper copy of this notice, make your request, in writing, to: HME Home Medical, 2021 Riverside Drive, Green Bay, WI 54301.

Changes to This Notice

HME reserves the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. HME will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or the Secretary of the Department of Health and Human Services. To file a complaint with our office, send complaint, in writing, to: HME Home Medical, 2021 Riverside Drive, Green Bay, WI 54301. You will not be penalized for filing a complaint.

Patient Information

Patient/Client Bill of Rights

As an individual receiving HME Home Medical care services, let it be known and understood that you have the following rights:

1. To select those who provide you with home care services.
2. To be provided with legitimate identification by any person or persons who enter your residence to provide home care for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing HME Home Medical who provides treatment or services for you, and be free from neglect or abuse be it physical or mental.
5. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
6. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
7. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
8. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the physician's legal responsibilities of medical disclosure.
9. To receive treatment and services within the scope of your health care plan, promptly and professionally, while being fully informed as to HME Home Medical's policies, procedures and charges.
10. To refuse treatment, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
11. To request and receive data regarding treatment or services or costs, privately and with confidentiality.
12. To request and receive the opportunity to examine or review your medical records.
13. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for Health Care.

Advanced Directives, Life-Sustaining Care & Resuscitation

Dear Patient/Caregiver:

We at HME Home Medical (HME) have provided you with a Bill of Rights and shall honor those rights. We understand that the formation of Advanced Directives and/or Living Wills are part of your rights as a patient. The staff of HME will not assist in the formation of Advanced Directives; we will advise you to contact your physician, attorney, clergy, or Pastoral/Spiritual Care (St. Vincent/St. Mary's Hospitals-Green Bay; St. Clare Hospital-Oconto Falls; St. Nicholas Hospital-Sheboygan) to assist in the formation of such directives.

HME will honor those Advanced Directives that have been directed to us by your physician, to the best of our ability. Due to ethical and moral preferences of the staff, our policy states that we shall not remove life support equipment from a patient. We hope you understand this policy, and if you have any questions you will call us to discuss it with one of our professional staff members.

In an emergency situation requiring Cardiopulmonary Resuscitation (CPR), where there is not an Advanced Directive in place, HME personnel will call 911. HME Home Medical does not require employees to be CPR trained.

Emergency Action for Patients/Clients

In an emergency, a patient/client's primary objective is his/her safety. The following are some general guidelines to keep in mind:

- Remain calm and avoid panic.
- Exercise caution.
- Listen to the local media via television or radio. Have batteries available for portable radios.
- Relocate immediately when directed by the media. Don't waste time taking personal items.

Emergency action suggestions:

- Create a fire safety plan with escape routes for your home.
- Create an inspection plan and schedule to ensure that emergency equipment, such as flashlights, fire extinguishers, emergency generators, smoke detectors, and blankets are available and in good working order.
- Establish an emergency escape route from your location, as applicable.
- Pre-arrange for relocation of medical equipment to a safer location, as applicable.

Patient Information

Responsibilities of the Patient/Client

You and HME Home Medical (HME) are partners in your health care plan. To ensure the finest care possible, you must understand your role in your health care program. As a patient/client of HME, you are responsible for the following:

1. To provide complete and accurate information concerning your present health, medications, allergies, etc., when appropriate to your care/service.
2. To inform a staff member of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself, as needed and as able, in developing, carrying out, and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies.
4. To review the company's safety materials and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your health care plan that you do not fully understand.
6. To notify your attending physician when you feel ill, or encounter any unusual physical or mental stress or sensations.
7. To notify HME when you will not be home at the time of a scheduled home care visit.
8. To notify HME prior to changing your place of residence or your phone number, including admission to a nursing home.
9. To notify HME when encountering any problem with equipment or service.
10. To notify HME if you are to be hospitalized or if your physician modifies or ceases your home care prescription.
11. To make a conscious effort to properly care for equipment supplied, and to comply with all other aspects of the home health care plan developed for you.

Emergency Telephone Numbers

911: _____

Ambulance: _____

Emergency Transportation: _____

Family: _____

Fire: _____

HME Home Medical: _____

Hospital: _____

Neighbor: _____

Other: _____

Paramedics: _____

Physician: _____

Poison Control: _____

Police: _____

Snow Removal: _____



GREEN BAY: 2021 Riverside Drive, Green Bay, WI 54301

MANITOWOC: 1651 S. 41st Street, Manitowoc, WI 54220

PHONE: 800-236-2619

FAX: 920-465-3003

HMEHomeMedical.com

