



# Welcome to the AMDI Family



# Thank you for choosing American Medical Distribution as your supplier of medical supplies!

The following pages are here to help you get started. It may appear to be a daunting task, but don't worry, you really only need to **fill out the last page**. Enclosed you will find a self addressed, stamped envelope to return that page to us, so we are authorized to bill your insurance.

We want to provide you with the best possible experience, so the remaining information is for your reference. This information includes your rights under the Health Information Portability and Accountability Act, (HIPAA), which includes your right to privacy.

**It is our hope to exceed your expectations. Should you need anything, please call 866-327-9194.**

*Your AMDI team.*



## **OUR MISSION:**

To be the provider of quality healthcare products at competitive pricing that is at the leading edge of medical technology.

## **About American Medical Distribution, Inc.**

### **SCOPE OF SERVICES:**

- Medical Equipment
- Specialty Equipment Urological Supplies
- Pouch Supporter

**GEOGRAPHIC COVERAGE:** United States

**COMPLIANCE AND COMMITMENT:** American Medical Distribution, Inc. is committed to complying with all federal and state regulations. If you have any questions or concerns regarding any of our activities, please contact us at the telephone number on the front of this handout. If, after speaking with us, you still feel that we are not in compliance with regulations or that fraud has occurred, you can call the Medicare Fraud Hotline at 1-800-447-8477. If you feel you have complaints about the quality of products or services provided that you have been unable to resolve with us you may contact BOC at 1-877-776-2200.



## PATIENT COMMUNICATION FORM

American Medical Distribution, Inc. strives to provide the highest quality health care services to all our patients. That is why your concerns are our concerns. To ensure that our services meet your complete satisfaction, we ask you to describe any complaint, problem, concern or compliment you may have.

The manager of your servicing location will research your concern in order to resolve all complaints and/or problems.

**After completing this form, remove this page from the handout and mail to:**

American Medical Distribution, Inc.  
ATTN: Byron Dyke, President  
13220 Belcher Road South, Unit 9  
Largo, Florida 33773

**We appreciate your candid comments as well as your assistance in helping us to continually improve our service(s) to our valued customers. Please fill in the fields below.**

Name: \_\_\_\_\_ Date of service: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please describe your complaint/concern/compliment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY

Action taken/resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resolved by: \_\_\_\_\_ Date resolved: \_\_\_\_\_

Manager's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Patient's Bill of Rights and Responsibilities

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## You have the right to:

1. Service that treats you and your property with respect, consideration, and recognition of your dignity and individuality.
2. Obtain appropriate care/services regardless of race, creed, national origin, sex, age, disability, illness, religious affiliation, economic status or source of payment and in accordance with physician orders.
3. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
4. Be advised of policies and procedures regarding the disclosure of clinical records.
5. Confidentiality of all information pertaining to you, your medical care and service, including Protected Health Information.
6. Receive information about the scope of services provided and specific limitations on those services.
7. Select the home medical equipment supplier and health care provider / physician of your choice.
8. Be fully informed in advance about service to be provided, disciplines that furnish care, frequency of visits and any modifications to the plan of care.
9. Make informed decisions regarding, and participate in, your initial and/or periodic care planning.
10. Be informed, both verbally and in writing, in advance of services being provided, payment expected from third parties, and an estimate of charges for which you will be responsible.
11. Agree to or refuse any part of the plan of service, care or treatment after the consequences of refusing services/care or treatment are fully presented.
12. Be informed of the grievance procedure and voice grievances of any kind, or recommend changes in policies or staff, without fear of termination of service or other reprisals.
13. Have grievances/complaints regarding care furnished, care not furnished or failure to respect person or property fully investigated.
14. Be informed of any financial benefits to our company, when referred to another organization.
15. Have your communication needs met.

## You have the responsibility to:

- Ask questions about any part of the plan of service or plan of care that you do not understand.
- Use the supplies for the purpose for which they were prescribed, following instructions provided for use, handling care, safety and cleaning.
- Supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account.
- Be at home for scheduled deliveries or notify us in advance to make other arrangements.
- **Notify us immediately of:**
  - a. Equipment failure, damage or need of supplies.
  - b. Any change in your prescription or physician.
  - c. Any change or loss in insurance coverage.
  - d. Any change of address or telephone number, whether permanent or temporary.

# Service, Delivery and Warranty

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**BUSINESS HOURS:** Our hours of operation are 9:00 A.M. to 12:00 P.M. and 1:00 P.M. to 4:00 P.M. Monday through Friday.

**DELIVERY:** Deliveries are provided via USPS or UPS unless other arrangements made prior to shipment. For routine and repeat orders American Medical Distribution, Inc. will contact you in advance of shipment to confirm your product needs.

**LIMITED WARRANTY:** American Medical Distribution, Inc. hereby warrants that all products sold will conform to all specifications, be free from defect in material and workmanship at the time of shipment, free of patent infringement and comply with all applicable laws and regulations of the U.S. Warranty is limited solely to defects in manufacturing or workmanship as determined by Manufacturers inspection criteria and product specifications.

**WARRANTY EXCLUSION:** Under no circumstances shall American Medical Distribution, Inc. warranty any product which has been used with unapproved devices or any product which has been customized or modified, damaged or misused. The provisions of the foregoing warranties and the warranties set forth in the above section are in lieu of any other warranty, and any other warranties, express or implied, written or oral, including without limitation, the implied warranties

of merchantability and fitness for a particular purpose and non-infringement are hereby disclaimed by American Medical Distribution, Inc.

**RETURN FOR CREDIT:** No return of products shall be authorized or accepted unless product is defective. All returns for credit require written Returned Materials Authorization (RMA) obtained through our Customer Support Department in St. Petersburg, Florida.

Customer Support can be reached via telephone at 866-327-9194 or e-mail at [customer.care@AMDI.us](mailto:customer.care@AMDI.us). American Medical Distribution, Inc. may issue an RMA under special circumstances at American Medical Distribution, Inc.'s discretion. The authorization is valid for 30 days. Credit will be issued only after merchandise is received and examined by American Medical Distribution, Inc.

**PRIVACY NOTICE:** Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment, products, and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your health information.

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## THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

Your confidential healthcare information may be disclosed to employees or business associates of the company when needed to provide you with products and/or services, to secure payment for products and/or services provided, and as needed to operate our business. Employees and business associates of the company will only be provided with the minimum necessary information needed to complete their duties. Your confidential healthcare information may be released to other healthcare professionals for the purpose of providing you with quality healthcare. Your confidential healthcare information may be released to your insurance provider for the purpose of the company receiving payment for providing you with needed healthcare products and services. Your confidential healthcare information may be released to a public health organization or federal organization in the event of the need to report a communicable disease or to report a defective device. Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence. Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice without requesting a specific authorization from you to release information for a specific purpose. You may be contacted by the company to remind you of the need to re-order regular and routine supplies that you currently receive from the company, or to notify you of other health services that may be of interest to you. You have the right to restrict the use of your confidential healthcare

information. If you object to your confidential information being disclosed as described in this agreement you may request a "Restriction of Information / Consent" form. Upon completion of this form the company will abide by the restrictions you request. However, the company may choose to refuse to provide continuing service to you if the restrictions you request would interfere with the company maintaining normal treatment, payment, or healthcare operations in regard to your account. You have the right to receive confidential communication about your health status and the products and services provided to you. You have the right to review and photocopy any/all portions of your healthcare information. You have the right to make changes to your healthcare information. You have the right to know who has accessed your confidential healthcare information and for what purpose. You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper. The company is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information. The company will abide by the terms of this notice. The company reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes. You have the right to complain to the company if you believe your rights to privacy have been violated.

*If you feel your privacy rights have been violated, please mail your complaint to the company: American Medical Distribution, Inc.,  
ATTN: Byron Dyke, President, 13220 Belcher Road South, Unit 9 Largo, Florida 33773*

# Medicare DMEPOS Supplier Standards

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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 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.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. 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 or cell phone 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government 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). Implementation Date – October 1, 2009.
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. 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 supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.



## ASSIGNMENT OF BENEFITS FORM

Thank you for your interest in receiving your Durable Medical Equipment (“DME”) products through American Medical Distribution, Inc. (“AMDI”). Our insurance experts conveniently submit all claims for you to ensure appropriate coverage of the products we provide.

**Please complete this form and use the enclosed self addressed envelope to mail to:**

American Medical Distribution, Inc.  
13220 Belcher Road South, Unit 9  
Largo, Florida 33773

**Please sign this Assignment of Benefits (AOB) form so that we may submit your claims to Medicare and your private health insurance provider.**

1. I understand that signing this form authorizes AMDI to submit claims on my behalf directly to Medicare and my private health insurance provider. AMDI will accept assignment of these benefits. This means that AMDI will receive direct payment for the products provided.
2. I also understand that signing this form authorizes the release of medical or other information for the following purposes: (i) release any information necessary to insurance carriers regarding my illness and treatments; (ii) process insurance claims generated in the course of examination or treatment; and (iii) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.
3. I further understand that fees are due and payable on the date that products are shipped and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this Assignment is to be considered as valid as the original.
4. I further understand that I must return this signed AOB form to AMDI in order for AMDI to continue to provide me with products. If I choose not to sign and return this form, AMDI will be unable to continue to provide me with DME products.

## PATIENT SATISFACTION SURVEY

Your satisfaction with our service is very important to us. We need your help by letting us know if we are doing a good job, or if there are areas where we can improve. Please take the time to fill in this short survey and return it to us.

Check the box which best represents your experiences with American Medical Distribution.

QUESTIONS	Strongly Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Strongly Disagree	Not Applicable
1. The supplies were delivered on time.						
2. The supplies were clean when delivered.						
3. The supplies were in good working order when delivered.						
4. The instructions were adequate for the safe use of the supplies.						
5. The staff was courteous and helpful.						
6. The financial responsibilities about my bill were explained to me.						
7. Overall the services I received were to my satisfaction.						
8. I would recommend your service to my family and/or friends.						

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



