



AIM PLUS MEDICAL SUPPLIES NEW PATIENT WELCOME PACKET

Welcome to AIM Plus Medical Supplies! We are honored that you chose us to serve you and your family. Our staff is delighted to get to know you and become an advocate for your medical needs.

At AIM Plus Medical Supplies, our goal is to deliver your products safely, efficiently, and with outstanding customer service.

In this packet, you will find useful information and required forms that will need your signature. We encourage you to fill out and return those items today to ensure a smooth transition.

Call us anytime with questions at 866-919-1246.

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WELCOME LETTER



We understand that receiving packets of information can sometimes be overwhelming. Insurance companies, laws, regulations, and our accrediting body, require us to provide you with all of the information included in our packet. We are also required to receive signed confirmation that it was received, read, and understood. We will need you to read upon receipt and return all REQUIRED forms to us before we can send your next order. We encourage you to do that today!

Our friendly staff at AIM Plus Medical Supplies (APMS) looks forward to getting to know you and ensuring your ordering process is the easiest task on your to-do list.

Welcome to AIM Plus Medical Supplies. Thank you for giving us the opportunity to serve you.

Please read all documents in this packet. It contains all information regarding our company, future orders, how to contact us for any complaints or issues, your rights and responsibilities as a patient, Supplier Standards, and more.

ENCLOSED ARE SEVERAL REQUIRED FORMS THAT MUST BE SIGNED AND RETURNED IN ORDER FOR US TO CONTINUE SENDING YOUR SUPPLIES. THESE REQUIRED FORMS MUST BE RETURNED BEFORE YOUR NEXT ORDER CAN BE PLACED.

One of our friendly customer service representatives will call to set up your next shipment, but we will ship only with your permission. If you require supplies before we call you, please call us toll-free at 1-866-919-1246.

We are open Monday through Thursday from 8:00 a.m. until 4:00 p.m. and Friday from 8:00 a.m. to 12:00 noon CST, excluding holidays and other events that warrant closing. If calling after hours, our voicemail will provide you contact information to reach an employee if needed.

We look forward to working with you and greatly appreciate your business.

Sincerely,

AIM Plus Medical Supplies Staff and Administration

IMPORTANT INFORMATION



AIM Plus Medical Supplies

500 Patriot Pkwy, Ste B, Tuscaloosa, AL 35405

Toll-Free: 1-866-919-1246

Fax: 866-496-7054

www.aimplusmedicalsupplies.com

Director of General Operations: Brandi Lovely Brandi@aimplusonline.com

After-Hours Services:

You may call after hours and leave a message. A customer service representative will return your message the next business day during regular office hours. An emergency number is listed on the answering machine. Clients experiencing a potentially life-threatening event should call 911.

Other numbers for your use if needed:

Cigna Government Services: 1-866-238-9650

ACHC: 1-919-785-1214

Office of Inspector General (OIG): 1-800-447-8477

State Attorney General's Office: 1-800-392-5658

Medicare Regional Carrier: 1-800-Medicare

State Abuse Hotline: 1-800-458-7214

FILL OUT AND RETURN THIS DOCUMENT (REQUIRED)



AUTHORIZATION FORM

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

AIM Plus Medical Supplies, LLC performs billing of Medicare, Medicaid, and other insurances as a service. To agree to this service, read the following statement, then sign, date, and return.

I authorize AIM Plus Medical Supplies, LLC (APMS) to directly bill Medicare, Medicaid, and other insurances on my behalf. Furthermore, I authorize Medicare, Medicaid, and other insurances to pay benefits on my behalf directly to APMS for items and services provided to me by APMS. I agree to pay all amounts owed to APMS not covered by Medicare, Medicaid, or other insurances, including applicable co-payments and deductibles for which I am responsible. I agree to notify APMS immediately of any changes in insurance coverage.

I authorize any holder of medical or other information about me to release to APMS or its billing agent any information for this and any related health claim. Furthermore, I authorize APMS to release medical or other information about me to obtain payment to any individual or entity authorized to receive such information.

I agree to permit a fax or other paper or electronic copy of this form to serve as an original. Upon request, a copy of this form may be sent to Medicare, Medicaid, or other insurances and their agents or assignees. APMS will keep the original form on file. I understand that this authorization will remain in effect until revoked by me in writing.

If signed by someone else other than the patient, I attest that I have the authority to sign on behalf of the patient.

I also acknowledge that I have read and received the APMS Notice of Privacy Practices, my Responsibilities, Complaint Resolution, and Returns Policy.

Patient Name: _____

Name of person completing form: _____

Relationship to patient of authorized person completing this form: _____

Signature {x} _____ Date _____



Consent Form for Disclosure of PHI and Receipt of Privacy Policy

I understand that as a condition of receiving services, AIM Plus Medical Supplies, LLC may use or disclose my personally identified health information for services, to obtain payment for the services provided, and as necessary for the operations of this office. The uses and disclosures are more fully explained in the Privacy Notice that has been provided to me, and which I have had the opportunity to review.

I understand that the privacy practices described in the Privacy Notice may change over time, and that I have a right to obtain any revised Privacy Notice by contacting a company representative to make such a request.

I also understand that I have the right to request AIM Plus Medical Supplies, LLC to restrict how my health information is used or disclosed.

AIM Plus Medical Supplies, LLC does not have to agree to my request for the restriction; but, if AIM Plus Medical Supplies, LLC does agree, AIM Plus Medical Supplies, LLC is bound to abide by the restriction as agreed. Finally, I understand that I have the right to revoke/withdraw this consent, in writing, at any time. My revocation/withdrawal will be effective except to the extent that AIM Plus Medical Supplies, LLC has taken action in reliance on my consent for use or disclosure of my health information. Provision of future services may be withdrawn if I withdraw my consent.

Signature

Date

FILL OUT AND RETURN THIS DOCUMENT (REQUIRED)



AIM PLUS MEDICAL SUPPLIES

AUTHORIZATION TO RELEASE INFORMATION AND REORDERS

I, _____ (PATIENT OR PERSON COMPLETING FORMS) hereby authorize you to speak with the following person(s) to place a reorder and discuss current supplies and patient medical information. I also understand that this documentation will remain in effect unless AIM PLUS MEDICAL SUPPLIES, LLC is notified of changes. The changes must be made by the client/patient or the client's/patient's primary caregiver.

Name/Relationship: _____ Phone Number: _____

Name/Relationship: _____ Phone Number: _____

Name/Relationship: _____ Phone Number: _____

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

PRIMARY CAREGIVER/GUARDIAN/PERSON COMPLETING FORM: _____

(PLEASE STATE YOUR RELATIONSHIP TO PATIENT): _____

EMAIL ADDRESS: _____

(THIS IS IMPORTANT TO HAVE ON FILE, WE DO NOT SPAM)

EMERGENCY CONTACTS

In case of an emergency, please list below two emergency contacts other than yourself that we could contact on behalf of the patient's account. Please also list a **number** and **relationship** for that emergency contact.

Name/Relationship: _____ Phone Number: _____

Name/Relationship: _____ Phone Number: _____

SIGNATURE OF PATIENT OR PERSON COMPLETING FORMS: _____



SIGNATURE PAGE

My signature below indicates that I have received, read, and understand the following information, and I agree to and will comply with the information contained in the following documents:

1. Welcome Letter
2. Important Information
3. Authorization Form with Assignment of Benefits and Release of Information (REQUIRED)
4. Consent Form for Disclosure of PHI and Receipt of Privacy Policy (REQUIRED)
5. Authorization to Release Information and Reorder (REQUIRED)
6. Signature Page (REQUIRED)
7. Perception of Care/Satisfaction Survey (REQUIRED)
8. Rights and Responsibilities
9. Medicare DMEPOS Supplier Standards
10. Grievance/Complaint Procedure and Resolution
11. Privacy Policy
12. Notice of Privacy Practices
13. Estimated Patient Responsibility
14. Product Warranty and Return of Defective Device Information
15. Red Cross Disaster and Emergency Preparedness Plan

I HAVE RECEIVED AND UNDERSTAND INSTRUCTIONS ON USING THE SUPPLIES/ITEMS THAT ARE BEING PROVIDED.

I understand that if I have further questions about this information, I may call 1-866-919-1246 to speak to a customer representative.

PATIENT NAME: _____

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____



Perception of Care/Satisfaction Survey

You are our valued customer, and your opinion is important to us. Completion of this survey will help us provide our services to you and to others who use home care equipment.

| | Very Satisfied | Somewhat Satisfied | Not Satisfied | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Did the medical equipment/supplies arrive in good working order and with a clean and neat appearance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did your medical equipment supplies arrive at the scheduled delivery time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the medical equipment or supplies performed as expected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has our customer service staff helped you in a timely, courteous fashion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has our customer service staff resolved your concerns? If you have not had any concerns, check Not Applicable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

PATIENT NAME ONLY : _____

YOUR RIGHTS



As a recipient of medical equipment from AIM Plus Medical Supplies, you are entitled to be informed of the following Rights and Responsibilities.

YOU HAVE THE RIGHT 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, in advance of care/service being provided and your financial responsibility.
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/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 of care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, 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 (PHI)
13. Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
14. Choose a healthcare provider, including an attending physician, if applicable.

YOUR RIGHTS CONT.



15. Receive appropriate care without discrimination in accordance with physician's orders, if applicable.
16. Be informed of any financial benefits when referred to an organization.
17. Be fully informed of one's responsibilities.
18. Refuse products prior to shipment.
19. To receive manufacturer's information, education, and instruction regarding the maintenance, use and repair of the home medical equipment provided, including how to obtain assistance and repair of the equipment if the provider can no longer provide service.
20. To obtain emergency services/care when medically necessary by contacting your provider or calling 911.
21. To have claims for reimbursement from third party payors developed and submitted in a complete and accurate manner and in compliance with applicable state, federal and private healthcare billing practices.
22. To express concerns or grievances to your home care service or the state authority governing home care service providers or recommend modifications to your home care service or the provider's staff without fear of coercion, discrimination, reprisal or unreasonable interruption of care and services. The Medicare hotline number is 1-800-633-4227.

YOUR RESPONSIBILITIES



YOUR RESPONSIBILITIES ARE TO:

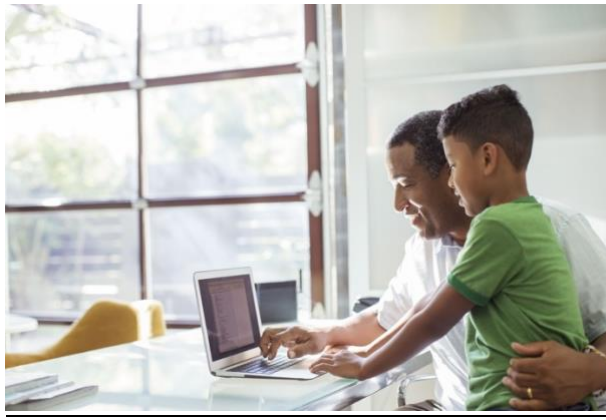
1. **RETURN ALL HIPAA AND SIGNATURE FORMS MAILED/EMAILED TO YOU IN THE NEW PATIENT WELCOME PACKET.**
2. **NOTIFY US OF PHONE NUMBER OR ADDRESS CHANGE.**
3. **NOTIFY US OF INSURANCE OR PHYSICIAN CHANGE.**
4. **BE AVAILABLE AT THE TIME DELIVERIES ARE MADE TO ALLOW AN AIM PLUS MEDICAL SUPPLIES, LLC REPRESENTATIVE OR DELIVERY PERSONNEL TO DELIVER YOUR PRODUCT/SUPPLIES OR EXCHANGE EQUIPMENT AT REASONABLE TIMES.**
5. **NOTIFY US OF CUSTODY AGREEMENTS/CHANGE IN LEGAL GUARDIANSHIP EFFECTING ADDRESS TO WHICH SUPPLIES SHOULD BE SHIPPED.**
6. **INSPECT ALL PACKAGE CONTENTS AND REPORT ANY DAMAGE OR MISSING ITEMS TO AIM PLUS MEDICAL SUPPLIES AT 866-919-1246 WITHIN 3 DAYS OF DELIVERY.**
7. Inform your provider of your equipment/supply usage history.
8. Treat company personnel with respect and dignity without discrimination. Provide a safe environment for staff to provide care and services.
9. Give the provider accurate information about present complaints, past illnesses, hospitalizations, and medications and to report unexpected changes in your condition to your physician and/or provider.
10. Review the provider's and/or manufacturer's safety booklets and actively participate in maintaining a safe environment in your home. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives.
11. Request additional information on any operational aspect of delivered equipment you do not fully understand. Communicate any concerns about you/your/caregiver's/family member's ability to follow instructions or use the equipment provided.
12. Use all equipment with reasonable care, without alterations or modifications, and to return (if rental) the equipment in good condition (normal wear and tear excepted).
13. Care for and safely use equipment, according to instructions provided, for the purpose it was prescribed and only for/on the patient for whom it was prescribed.

YOUR RESPONSIBILITIES CONT.



12. Monitor the quantity of items we supply in your home/school/workplace and reorder in a timely manner to assure products have plenty of time to ship and arrive prior to the time they are needed.
13. Protect equipment from fire, water, theft, or other damage. You agree not to transfer or allow your equipment to be used by any other person without prior written consent of AIM Plus Medical Supplies, LLC and further agree not to modify or attempt to make repairs of any kind to the equipment. Modifying equipment or attempting equipment repairs releases AIM Plus Medical Supplies, LLC from any liability related to the equipment and its uses, and from any resulting negative patient outcomes.
14. Promptly report any malfunctions, damage, or defects in equipment to the home medical equipment provider so that repair/replacement can be arranged.
15. Use the equipment for the purposes so indicated and in compliance with the physician's prescription.
16. Adhere to your provider's plan of service.
17. Permit the provider access to all equipment for repair/replacement, maintenance and/or pick-up.
18. Keep the equipment in your possession and control and at the address to which it was delivered, unless otherwise authorized by the provider.
19. Notify the provider of any hospitalization or change in your health insurance, address, telephone number, physician, or prescribed use and to further notify the provider when the medical need for any rental equipment no longer exists, including when you are admitted to a hospital or skilled nursing facility. Communicate any information, concerns and/or questions related to pain, perceived risks in your care, treatment and/or services, and unexpected changes in your condition.
20. Request that payment of authorized Medicare, Medicaid, or other private insurance benefits be paid directly to the provider.
21. Accept financial responsibility for all medical products/equipment furnished by the provider, including any equipment that is lost or stolen while in your possession, or for which your insurance company does not pay.
22. You are responsible for prompt settlement/payment in full of your accounts.
23. Pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse, or neglect.
24. Pay promptly for equipment rental and sale charges for which your insurance company or companies do not pay.
25. Understand that title to the rental equipment and all parts shall always remain with the home medical equipment service provider unless the equipment is purchased and paid for in full.

MEDICARE DMEPOS SUPPLIER STANDARDS



MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 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 (one whose signature is binding) 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 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 C.M.S. 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 © (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on use of Medicare-covered items and maintain proof of delivery and beneficiary instruction.

MEDICARE DME POS SUPPLIER STANDARDS CONT.



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 C.M.S. 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 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(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 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 A.C.T.) or physical and occupational therapist or a DMEPOS supplier working with custom made orthotics and prosthetics.

GRIEVANCE/ COMPLAINT PROCEDURE & RESOLUTION

Our goal at AIM Plus Medical Supplies is to provide outstanding customer service and high-quality products to you and your family. If a problem does arise, please use the following procedure to contact us.

Complaint Procedure:

- You have the right and responsibility to express concerns, dissatisfaction, or make complaints about services you do or do not receive without fear of reprisal, discrimination, or unreasonable interruption of services. **The telephone number for AIM Plus Medical Supplies, LLC is 1-866-919-1246.** When you call, ask to speak with the Supervisor, General Manager, Performance Improvement Coordinator, or C.E.O.
- AIM Plus Medical Supplies, LLC has a formal grievance procedure that ensures that your concerns shall be reviewed and an investigation started within **five** days. Every attempt shall be made to resolve all grievances within **fourteen** days. You will be informed in writing of the resolution of the complaint/grievance.
- If you feel the need to discuss your concerns with someone other than AIM Plus Medical Supplies, the State of Alabama provides a State Abuse Hotline for your use. The number is 1-800-458-7214.



Complaint Resolution

AIM Plus Medical Supplies, LLC will manage complaints on an individual basis. All complaints will be forwarded directly to the Administrator of AIM Plus Medical Supplies, LLC.

The Investigation process will begin within five days of complaint/issue. Within **fourteen** calendar days of receiving a beneficiary's complaint, AIM Plus Medical Supplies shall notify the beneficiary of the solution.

500 Patriot Pkwy, Ste B

Tuscaloosa, AL 35405

866-919-1246 (Office)

866-496-7054 (Fax)

www.aimplusmedicalsupplies.com

Cigna Government Services: 1-866-238-9650

Office of Inspector General (OIG): 1-800-447-8477

Medicare Regional Carrier: 1-800-Medicare

ACHC: 1-919-785-1214 (9-5 EST)

State Attorney General's Office: 1-800-392-5658

State Abuse Hotline: 1-800-458-7214

PRIVACY POLICY



The following describes the manner in which we will use and disclose your personal health information. Except for the purposes listed below, we will use and disclose your health information only with your written permission. You may revoke permission at any time by writing to our privacy officer. We also will not disclose your PHI for marketing purposes, nor will we make any disclosures that constitute a sale of your PHI. We will disclose health information when required to do so by federal, state, or local law.

Services: We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information.

Payment: We may share appropriate information about you to bill and collect payment for the healthcare services and products we provide, including insurance companies and third parties, which includes family members or other financially responsible parties of which you have informed us. Examples include insurance coverage and eligibility verification. We may also release appropriate information about you to family or friends that are helping you with financial responsibilities incurred while receiving equipment, supplies, or services from us.

Business Operations: We may use and disclose information to monitor and operate our business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state, or local authority (as required by law), or to remind you of equipment, supplies, or services needed.

Legal Requirements: We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and having our staff testify about the care and services that we have provided.

Worker's Compensation: We may release health information for worker's compensation or similar programs.

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.

Public Health: We may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury, or disability.

Data Breach Notification: You have the right to be notified upon a breach of any of your unsecured PHI. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

PRIVACY POLICY CONT.



PRIVACY AND YOUR RIGHTS

Inspect and copy: You have a right to inspect and copy health information which may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this health information, you must make your request in writing. We have up to 30 days to make your protected 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. We 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. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic 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 PHI in the form or format that you request if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Amendments: If you feel that AIM Plus Medical Supplies, LLC has incorrect or incomplete information, 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.

Accounting of Disclosures: You have the right to request a list of certain disclosures we made of health information for purposes other than services, payment and health care operations or for which you provided written authorization. To request an accounting disclosure, you must make your request in writing.

Out-of-Pocket Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that 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 options. 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 Leigh Ann Poole. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected 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.

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. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

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.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint. Complaints may be filed with us at the address below:

**AIM Plus Medical Supplies
500 Patriot Pkwy, Ste B
Tuscaloosa, AL 35405
Email: Poole@aimplusonline.com**

YOUR PRIVACY AND YOUR RIGHTS



PRIVACY AND YOUR RIGHTS

Purpose

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.

AIM Plus Medical Supplies, LLC is required by law to maintain the privacy of Protected Health Information (PHI), to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

AIM Plus Medical Supplies, LLC believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information.

AIM Plus Medical Supplies, LLC maintains the right to update our Privacy Notice. Your personal health information will always be maintained by our current policies designated in our Privacy Notice and we must follow the privacy practices described in this Notice. AIM Plus Medical Supplies, LLC retains the right to change its privacy practices described in this notice at any time. A current copy of our Privacy Notice is prominently displayed at 500 Patriot Pkwy, Ste B, Tuscaloosa, AL 35405. If you have any comments or questions about our Privacy Notice you may call and ask to speak with the manager of AIM Plus Medical Supplies at 866-919-1246.

PRIVACY AND YOUR HEALTH INFORMATION



PRIVACY AND YOUR HEALTH INFORMATION

Most of us feel that our health and medical information is private and should be protected, and we want to know who has this information. Now, federal law gives you the rights over your health information and sets rules and limits on who can look at and receive your health information.

Your Health Information Is Protected by Federal Law

Who must follow the law?

- Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for health care, such as Medicare and Medicaid.

What information is protected?

- Information your doctors, nurses, and other health care providers put in your medical record
- Conversations your doctor has about your care or treatment with nurses and others
- Information about you in your health insurer's computer system
- Billing information about you at your clinic
- Most other health information about you held by those who must follow this law

PRIVACY AND YOUR HEALTH INFORMATION CONT.

The Law Gives You Rights Over Your Health Information

Providers and health insurers who are required to follow this law must comply with your right to:

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing
- Get a report on when and why your health information was shared for certain purposes
- If you believe your rights are being denied or your health information isn't being protected, you can: File a complaint with your provider or health insurer or File a complaint with the US government

You should get to know these important rights which help you protect your health information. You can ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint, from the website at www.hhs.gov/ocr/hipaa

For More Information: This is a brief summary of your rights and protections under the federal health information privacy and your rights in a fact sheet called "Your Health Information and Privacy Rights". You can get this from the website at www.hhs.gov/ocr/hipaa

Other Privacy Rights: Another law provided additional privacy protections to patients of alcohol and drug treatment programs. For more information, go to the website at www.samhsa.gov

Published by: US Department of Health & Human Services Office for Civil Rights

The Law Sets Rules and Limits on Who Can Look at and Receive Your Information: To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared

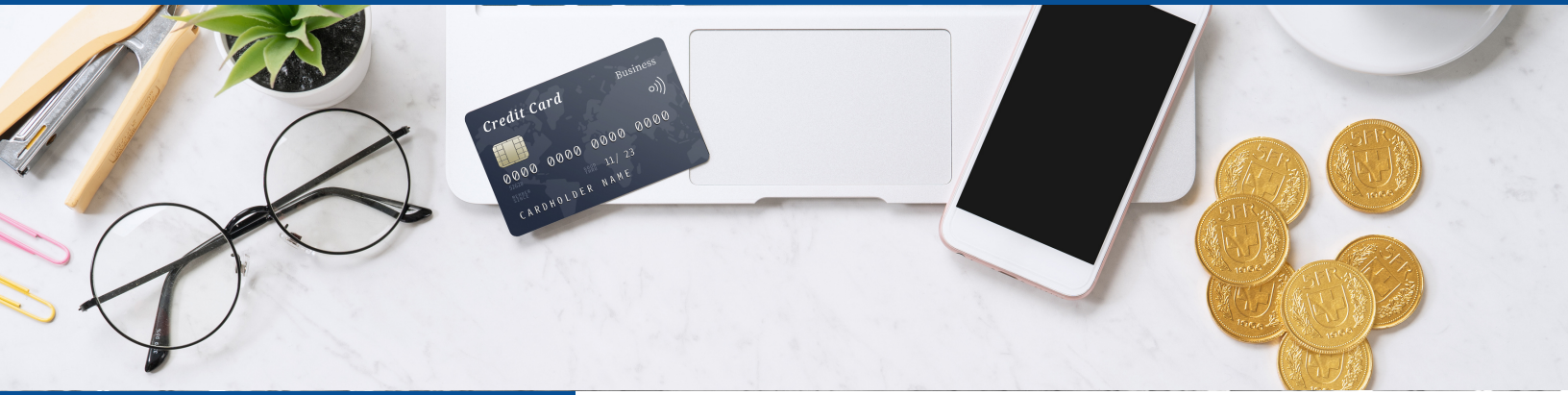
- For your treatment and care coordination
- To pay doctors and hospitals for your health care and help run their businesses
- With your family, relatives, friends, or others you identify who are involved with your health care or your health care bills, if you give permission.
- To make sure doctors give good care and nursing homes are clean and safe
- To protect the public's health, such as reporting when the flu is in your area
- To make required reports to the police; such as reporting gunshot wounds

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot give your information to your employer, use or share your information for marketing or advertising purposes, or share private notes about your mental health counseling sessions.

The Law Protects the Privacy of Your Health Information

Providers and health insurers who are required to follow this law must keep your information private by teaching the people who work for them how your information may and may not be used and shared and taking appropriate and reasonable steps to keep your health information secure.

ESTIMATED PATIENT RESPONSIBILITY



ATTENTION PATIENTS: Any patient responsibility amount provided by AIM Plus Medical Supplies, LLC or their representative is an **ESTIMATE** only. There is no guarantee of payment by the insurance company. It is solely the patient's responsibility to contact the insurance company with any questions about potential financial obligations for the product. AIM Plus Medical Supplies, LLC does not waive patient balances. The patient is responsible for and agrees to pay any portion of the amount due for such device not paid by the insurer, whether resulting from deductibles, co-pays, or otherwise.

ATTENTION MEDICARE PATIENTS: Please be advised that Medicare will **generally pay 80%** of the *billing rate for covered items after any Medicare deductibles have been met. If you have a **secondary insurer**, AIM Plus Medical Supplies, LLC will submit a claim for your **20% coinsurance amount**. You will be responsible for any unpaid coinsurance due on your claim.

ATTENTION MEDICAID PATIENTS: If you have **Medicaid**, you will be **covered up to 100%** for all prescribed products. Please note there could be a small co-pay on certain items depending on the Medicaid coverage that you have. We will make you aware of any items not covered.

ATTENTION ALL PATIENTS: PLEASE BE AWARE that it is your right to choose any supplier but you can NOT receive the same items from more than one company. If you choose AIM Plus Medical Supplies and also get the same supplies from a pharmacy or another company, **YOU WILL BE BILLED FOR THAT AMOUNT**.

PRODUCT WARRANTY



PRODUCT WARRANTY FOR DEFECTS IN MATERIAL OR WORKMANSHIP

Any complaint about our devices should be communicated to Customer Support at 1-866-919-1246, MONDAY – THURSDAY 8:00 a.m. – 4:00 p.m. CST and FRIDAY 8:00 a.m. -12:00 noon CST. AIM Plus Medical Supplies, LLC Customer Support will provide access to technical assistance to determine the extent of the problem or educate the patient on the use of the device. If the device cannot be made to function properly, a replacement device is sent to the patient and the malfunctioning device is brought back for testing and evaluation.

Return Of Equipment Policy

To make a return or exchange, call our Customer Service Department at 866-919-1246 for a Return Authorization. If you receive equipment as a result of an error of AIM Plus Medical Supplies, LLC or the product is defective, AIM Plus Medical Supplies, LLC will pay the return shipping expense and replace equipment accordingly.

Warranty Information

AIM Plus Medical Supplies, LLC offers a minimum of one (1) year warranty against manufacturing defects on all products. Once deemed defective, we reserve the right to repair or replace product at our discretion. Soft goods are guaranteed for six (6) months.

BE RED CROSS READY- GET A KIT



Get a kit. Make a plan. Be informed.

It's important to prepare for possible diseases and other emergencies. Natural and human caused disasters can strike suddenly, at anytime and anywhere. There are three actions everyone can take that can help make a difference. At a minimum, have the basic supplies listed below. Keep supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

- Water – one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
- Food – nonperishable easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
- Flashlight
- Battery-powered or hand crank radio (NOAA Weather Radio, if possible)
- Extra batteries
- First aid kit
- Medications (7-day supply) and medical items
- Multi-purpose tool
- Sanitation and personal hygiene items
- Copies of personal documents (medication list and pertinent medical information, proof of address, deed / lease to home, passports, birth certificates, and insurance policies)
- Cell phone with chargers
- Family and emergency contact information
- Extra cash
- Emergency blanket
- Map of the area

Consider the needs of all family members and add supplies to kit. Suggested items to help meet your additional needs:

- Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
- Baby supplies (bottles, formula, baby food, diapers)
- Games and activities for children
- Pet supplies (collar, leash, ID, food, carrier, bowl)
- Two-way radios
- Extra set of car keys and house keys
- Manual can opener

BE RED CROSS READY – GET A KIT CONT.



Additional supplies to keep at home or in your kit based on the types of disasters common to your area:

- Whistle
- N95 or surgical masks
- Matches
- Rain gear
- Towels
- Work gloves
- Tools / Supplies to secure your home
- Extra clothing, hat, sturdy shoes
- Plastic sheeting
- Duct tape
- Scissors
- Household liquid bleach
- Entertainment items
- Blankets or sleeping bags

BE RED CROSS READY- MAKE A PLAN



Make a Plan

- Meet with your family or household members
- Discuss how to prepare and respond to emergencies that are most likely to happen where you live, learn, work, and play
- Identify responsibilities for each member of your household and plan to work together as a team
- If a family member is in the military, plan how you would respond if they were deployed

Plan what to do in case you are separated during an emergency

- Choose two places to meet:
 - Right outside your home in case of a sudden emergency, such as a fire
 - Outside your neighborhood, in case you cannot return home or are asked to evacuate
- Choose an out-of-area emergency contact person. It may be easier to text or call long distance if local phone lines are overloaded or out of service. Everyone should have emergency contact information in writing or programmed into their cell phones.

Plan what to do if you have to evacuate

- Decide where you would go and what route you would take to get there. You may choose to go to a hotel / motel, stay with friends or relatives in a safe location or go to an evacuation shelter if necessary.
- Practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on your map in case roads are impassable.
- Plan ahead for your pets. Keep a phone list of pet friendly hotels / motels and animal shelters that are along evacuation route.

BE RED CROSS READY – BE INFORMED



Be Informed

Learn what disasters or emergencies may occur in your area. These events can range from those affecting only you and your family, like a home fire or medical emergency, to those affecting your entire community, like an earthquake or flood.

- Identify how local authorities will notify you during a disaster and how you will get information, whether through local radio, TV, NOAA Weather Radio stations or channels.
- Know the difference between weather alerts such as watches and warnings, and what actions to take in each.
- Know what actions to take to protect yourself during disasters that may occur in areas where you travel or have moved recently. For example, if you travel to a place where earthquakes are common and you are not familiar with them, make sure you know what to do to protect yourself should one occur.
- When a major disaster occurs, your community can change in an instant. Loved ones may be hurt and emergency response is likely to be delayed. Make sure that at least one member of your household is trained in first aid and CPR and knows how to use an Automated External Defibrillator (AED). This training is useful in many emergency situations.
- Share what you have learned with your family, household, and neighbors and encourage them to be informed.

Emergency Contact Cards for All Household Members

Get your cards online at: <http://www.redcross.org/prepare/ECCard.pdf>

- Print one card for each family member
- Write contact information for each household member, such as work, school, and cell phone numbers
- Fold the card so it fits in your pocket, wallet, or purse
- Carry the card with you so it is available in the event of a disaster or other emergency

For more information on disaster preparedness, visit RedCross.org