

PATIENT SURVEY (continued)

Are there other products and services that you would like to be able to receive from One Source Medical Group.

Do you plan on continuing to use One Source Medical Group for the services you received? Yes No

If the answer is no, please explain _____

How would you rate Medicare's rules regarding home medical equipment and the impact these rules have on your access to the products and services you believe you require?

Excellent Good Fair Poor

Comments: _____

Signature: _____

Date: _____

Please mail to:

One Source Medical Group, LLC
13910 Lynmar Blvd.
Tampa, FL 33626
866-834-7473, 813-792-3560, 727-239-4946

THANK YOU!



Corporate Office
13910 Lynmar Blvd.
Tampa, FL 33626
813-792-3560, FAX 813-569-1758

Texas Office
5626 Randolph Blvd.
San Antonio, TX 78233
210-493-8378, FAX 210-408-0722

CALL US TOLL FREE 1-866-834-7473
TOLL FREE FAX 1-877-490-9111

Hours of Operation:
8:30—5:00 PM M-F

Customer Handbook

Welcome...

Thank you for choosing **One Source Medical Group**, a privately owned company, to provide you with your medical equipment needs.

Our Mission: One Source Medical Group is committed to excellence in providing compassionate, personalized health care by delivering quality products and services to those entrusted to our care. We believe that consistent, ethical and quality performance with our customers, vendors, employees and community will result in loyal, long-term relationships. By working together, we will improve the health of those we serve.

This booklet provides you with information regarding:

- After Hours Calls
- Scope of Services
- Patient Rights and Responsibilities
- Privacy Practices
- Warranty and Grievances
- Special Needs Registration
- Financial Responsibility
- Medicare Supplier Standards
- Accreditation
- Infection Control
- Home Safety
- Disaster Preparedness
- Community Resources
- Patient Survey

Please read the following information carefully. If you have any questions please call us directly at 1-866-834-7473.

AFTER HOURS CALLS:

Our hours of operation are 8:30 AM—5:00 PM. Our phones are working 24 hours per day, 7 days per week. After hours callers may leave a message on our answering machine if you would like a return call the next business day. For callers that can not wait until that time, a recorded message will instruct you on the number to call if you need to speak with someone before our next business day.



PATIENT SATISFACTION SURVEY
(Please detach and return in the envelope provided)

At One Source Medical Group, LLC your satisfaction is very important to us. Our goal is to continuously improve our services and develop a long-term relationship with all of those entrusted to our care.

Patient Name: _____

Address: _____

City State Zip: _____

Please indicate the products you have received:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Diabetes testing supplies | <input type="checkbox"/> Insulin pump/ supplies | |
| <input type="checkbox"/> Breast pump | <input type="checkbox"/> Diabetic Shoes | |
| <input type="checkbox"/> Ambulator aid (walker, other orthotic) | <input type="checkbox"/> crutch, <input type="checkbox"/> cane | <input type="checkbox"/> Brace or |
| <input type="checkbox"/> Catheters | <input type="checkbox"/> Ostomy products | |
| <input type="checkbox"/> Other _____ | | |

How satisfied were you with the service you received?

- Satisfied Very Satisfied Dissatisfied

Do you agree or disagree with the following statements about your most recent order/communication with One Source Medical Group, LLC?

The One Source Representative was

	Agree	No Opinion	Disagree
Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave accurate information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional & Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerned about my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMUNITY RESOURCES
IN CASE OF EMERGENCY CALL : 9-1-1
For Local Support call : 2-1-1**

- American Diabetes Association** 800.342.2383
1701 North Beauregard Street Alexandria, VA 22311
www.Diabetes.org
- CDC Diabetes Public Health Resources** 800.CDC.INFO
4770 Buford Highway NE, Mailstop K-10,
Atlanta, GA 30341 www.CDC.gov/diabetes
- Center for Medicare and Medicaid** 800.MEDICARE
7500 Security Boulevard Baltimore MD 21244-1850
www.Medicare.gov
- Florida Department of Health** 850.245.4444
2585 Merchants Row Boulevard
Tallahassee, FL 32339 www.FloridasHealth.com
- Juvenile Diabetes Research Foundation (Tampa Chapter)**
5959 Central Avenue #202
St. Petersburg, FL 33710
727.344.2873 www.JDRF.org/Tampabay
- National Diabetes Information Clearing House (NDIC)**
1 Information Way
Bethesda, MD 20892
1.800.860.8747 www.Diabetes.niddk.nih.gov
- Texas Health and Human Services** 877.787.8999
Office of the Ombudsman, MC H-700
PO BOX 85200 Austin, TX 78708-5200
- US Department of Health and Human Services**
200 Independence Avenue SW, Washington, DC 20201
1.877.696.6775 www.HHS.gov
- Translation Assistance**
ATT Special Needs Hotline 800-833-3232
American Red Cross Volunteer Translation Service 813-251-0921
American Council of the Blind 800/424-8666

One Source Medical Group is pleased to offer the following home medical equipment and services:

Catheters & Urologic Supplies—For intermittent Self-Catheterization including single use self-caths, closed system kits, male external catheters, leg bags and urine collection systems. Latex free products also available.

Canes, Walkers and other ambulatory equipment

Diabetes Testing Supplies- Including meters, test strips, lancing devices, lancets and control solution. Ask about the latest technology including non-coding meters that talk.

Continuous Glucose Monitoring Supplies Dexcom and Medtronic brands.

Enteral Nutrition & Supplies—Formula, feeding kits, feeding pumps and related supplies including Kangaroo Joey, Infinity Moog.

Insulin Infusion Pumps and Supplies- We provide insulin pumps and supplies for Accucheck Spirit, Animas, Medtronic, Tandem and OmniPod insulin pumps.

Incontinence Supplies- Diapers, briefs, pullups, pads, wipes and underpads.

Ostomy Supplies - wafers, pouches, barrier rings, stoma powder, and other skin care items.

Respiratory Equipment and Supplies-Pediatric and adult. Nebulizers, peak flow meters, metered dose Inhalers (Aerochambers) with or without masks.

Suction pumps and related supplies

Surgical and Wound Care equipment and supplies

Tracheostomy supplies

One Source continues to expand our Products and Services and appreciates the opportunity to fulfill your medical equipment needs.

PATIENT RIGHTS AND RESPONSIBILITIES

Patients of One Source Medical Group have the Right to:

- You will 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.
- You will be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- You will receive information about the scope of services that the organization will provide and specific limitations on those services
- You will participate in the development and periodic revision of the plan of care.
- You can refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- You will have your property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- You will be able to identify visiting personnel members through proper identification.
- You will be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- You will be able to voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- You will have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Your confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information will be maintained.
- You will be advised on agency's policies and procedures regarding the disclosure of clinical records. Your records will only be shared with those you have given consent to review.
- You will be able to choose a health care provider, including choosing an attending physician, if applicable
- You will receive appropriate care without discrimination in accordance with physician orders, if applicable.
- You will be informed of any financial benefits when referred to an organization.
- You will be fully informed of your responsibilities.
- You will have your property and person treated with respect, consideration, and recognition of your dignity and individuality
- Choose a health care provider, including choosing an attending physician
- You will receive appropriate care without discrimination in accordance with physician orders

To report Abuse, neglect or exploitation please call 888-419-3456 in Florida, and 1-800-252-5400 in Texas.

Patients of One Source Medical Group have the Responsibility to:

- Give accurate and complete information pertinent to your equipment and supply needs.
- Assist in providing and maintaining a safe environment.
- Notify our office if a scheduled visit needs to be changed.
- Notify our office if the equipment or supplies you receive malfunction or become unusable.
- Adhere to the manufacturer's guidelines for the recommended use of the medical equipment provided to you.
- Notify our company of any changes in your physician or other provider that will affect the services you receive from our company.
- Request information concerning anything pertaining to your medical equipment / supplies that you don't understand.
- Notify us of any concerns, problems or dissatisfaction with the services we provide to you.
- Notify us of immediately of any change in your insurance plan or Payor source.

HOME SAFETY

Falls are the leading cause of injuries, death and the most common cause of nonfatal injuries. *Did you know that most falls can be prevented?*

Ways to reduce the risk of falling:

BEGIN A REGULAR EXERCISE PROGRAM

Exercise is one of the *MOST* important ways to reduce your chances of falling. Exercise will make you stronger and helps you feel better. Exercise that improves balance and coordination (like Tai Chi) are the most helpful.

MAKE YOUR HOME SAFER

About half of all falls happen in the home. To make your home safer:

- Remove things you can trip over, such as papers, books, clothes, and shoes from stairs and places where you walk.
- Remove small throw rugs or use double sided tape to keep rugs from slipping.
- Keep items you use often in cabinets you can reach easily without having to climb or use a step stool.
- Have grab bars installed next to your toilet and in the tub or shower.

DISASTER PREPAREDNESS

Any disaster brings chaos to people and their environments. An emergency such as hurricanes, floods, earthquakes, terrorist threats, etc. can cause situations that can seriously affect your health. You should plan and prepare beforehand even if the event is loss of electricity for a few hours. It is essential for you to have a disaster plan and kit which should provide for all your family's basic needs during this time. For a copy of our Diabetes Disaster Preparedness Plan, please visit our website at www.onesourcemg.com or ask a representative to mail a copy to you.

If you are displaced from your home for any reason, we will make every effort to get your supplies to you by contacting the emergency number we have on file. It is important to update this information with your service representative as needed. If either of our offices are closed due to emergency situations, we will make every effort to provide your supplies from an alternate location.

MEDICARE DMEPOS SUPPLIER STANDARDS

The products and/or services provided to you by One Source Medical Group are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c).

These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

ONE SOURCE MEDICAL GROUP ACCREDITATION

One Source Medical Group has been awarded accreditation through Accreditation Commission for Health Care. ACHC accreditation demonstrates that One Source Medical Group operates at a level of quality, integrity and effectiveness consistent with its standards. Through ACHC accreditation, One Source Medical Group is also certified as a Medicare provider.

One Source wants you to be thoroughly satisfied with your products and services. If you have made a complaint with our company **that has not been resolved**, you may contact ACHC at 855-937-2242 or go to <http://achc.org/contact/complaint-policy-process>.

INFECTION CONTROL

Handwashing can prevent infection and illness from spreading from family member to family member and, sometimes, throughout a community. The basic rule is to wash hands before preparing food and after handling uncooked meat and poultry, before eating, after changing diapers, after coughing, sneezing, or blowing one's nose into a tissue, after using the bathroom, and after touching animals or anything in the animal's environment.

WASH YOUR HANDS THE RIGHT WAY

Wet your hands with clean running water and apply soap. Use warm water if it available. Rub hands together to make a lather and scrub all surfaces. Continue rubbing hands for 15-20 seconds. Need a timer? Imagine singing "Happy Birthday" twice through to a friend. Rinse hands well under running water. Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.



PRIVACY PRACTICES **ALL CUSTOMER HEALTHCARE INFORMATION** **WILL BE KEPT PRIVATE**

One Source Medical Group, LLC may be required to use information in the following ways:

- Treatment. We may utilize or possibly disclose your health information to your healthcare provider only in order to assist in our supplying of medical products and/or equipment and in the treatment of your condition.
- Payment. We may be required to disclose your health information in order to collect payment from third parties for services rendered or supplies provided.
- Delivery Reminders. One Source Medical Group, LLC may need to use your personal information in order to be able to contact you.
- Release of information to family/friends. We may need to provide information to an individual if you are being cared for by a family member or friend.
- Disclosures required by law. Our organization will disclose health information when we are required by federal, state, or local law.
- Public Health risks, Health Oversight Activities, Workers Compensation. Lawsuits, Law Enforcement, Threats to Health and Safety, Military, National Security.

Your Rights regarding your identifiable health information:

- Confidential Communications. You have the right to request that our organization communicate with you about you and your health. In addition you may request that this communication take place in a confidential environment. This request must be given in writing.
- Requesting Restriction. You may request a restriction in the use or disclosure of your personal health information to individuals involved in dispensing of medical supplies. This request must be given in writing.
- Inspection and Copies. You have the right to request a copy of the identifiable health information that we may utilize for your care. This request must be provided in writing.
- Amendment. You may request that we amend your information if you think that we have incorrect information in our records. This request must be provided in writing.
- You have a right to a copy of this notice.
- You have the right to file a complaint if you believe your privacy rights have been violated. Contact us at the address or phone listed below. You can file a complaint with the US Dept. of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. SW Washington DC 20201, calling 1-877-96-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

For a more comprehensive list of your information, rights and responsibilities, please visit www.onesourcemg.com

WARRANTY AND GRIEVANCES

WARRANTY

Every product sold or rented by our company carries a minimum of a 1-year manufacturer's warranty. One Source Medical Group, LLC will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. One Source Medical Group, LLC will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

GRIEVANCES

One Source Medical Group, LLC wants you to be satisfied with the products & services that you receive from our company. We will be happy to accept returns of substandard or unsuitable items. If you are unhappy with any item you have received, please contact us directly. If at any time you are concerned, have a problem, or wish to voice a grievance, you may do so without fear of reprisal. We encourage you to let us know when you are not satisfied. You may call us during our normal hours of operation at 1-866-834-7473, or you may email us at customerservice@onesourcemg.com.

The General Manager will investigate your grievance within 72 hours of receipt and make every reasonable effort to resolve the concern to your satisfaction. If the General Manager is unable to resolve your concern, the President, CEO or COO will review your complaint and will advise you within 14 days of the findings, conclusions and any corrective action that was done to resolve the problem.

In accordance with State Law, you may also call to report abuse, neglect or exploitation; Florida 888-419-3456, Texas 800-252-5400, Georgia 888-774-0152.

SPECIAL NEEDS REGISTRATION

If you are dependent on equipment which requires power or are disabled, live alone or live with other disabled persons, you are encouraged to register with your local County Emergency Management Agency. Upon request, we will provide you with details on how to register as well as related educational and informational materials and an application for the county in which you reside.

FINANCIAL RESPONSIBILITY

One Source Medical Group will bill your insurance company as a courtesy to you. However, billing your insurance company is not necessarily a guarantee of payment. If your insurance company does not cover the equipment and/or supplies, you will receive a bill. All co-payments, deductibles and items not covered will be billed to you. If your insurance coverage changes during the time you are receiving equipment or supplies you are responsible for notifying One Source Medical Group. Failure to do so may result in a charge billed to you. If you do not have secondary coverage and are financially unable to pay your copay, please contact our billing office to discuss other options. If you have any questions regarding any of the above information please contact our billing department at 1-866-834-7473. If you have a Third Party Administrator such as Care Centrix, your financial responsibility may be discussed and managed through their customer care representatives.

Medicare Reimbursement Information Estimate For Services Provided*

Item	Code	Medicare Approved Amount	Medicare Payment	Secondary or Patient Responsibility
Straight Tip Catheter	A4351	2.04	1.63	.41
Coude Catheter	A4352	6.15	4.92	1.23
Ostomy Seals	A4385	5.74	4.59	1.56
Ostomy 1 pc Pouch	A4428	7.33	5.86	1.47
Ostomy Wafer 2 pc system	A4414	5.54	4.43	1.11
Ostomy 2 pc Pouch	A4425	4.03	3.22	.81
Ostomy 2 pc Pouch	A4419	1.95	1.56	.39
Ostomy 1 pc pouch	A4390	10.81	8.65	2.16

*Prices based on 1st quarter 2018 reimbursement for Florida residents. This is a sample of some of the items and billing codes provided. Not all supplies have the same billing codes. If you live in another state, these prices may fluctuate slightly. If we provide services for items other than those listed above, we will make this information available at the time of service.

For beneficiaries with other insurance or a Medicare Advantage plan, the approved amount, copays and deductibles are determined by your plan. We will inform you of your financial responsibility at the time of intake.