



Client Info

CLIENT INFORMATION

Office hours are Monday through Friday from 8:30 a.m. - 5:00 p.m. The office phone numbers are available below. After-hours service is available by calling the office telephone number. A standard fee of \$85.00 per hour applies to after-hours calls unless the call is an emergency (failure of life-sustaining equipment). There is no charge for emergency calls. Should a life-threatening situation arise, it is suggested that the client or caregiver dial "911" for care.

SAME OR SIMILAR EQUIPMENT

If you have received similar equipment in the past – your insurer may not cover the item being requested for you. If you have any questions, please contact Health Aid of Ohio Customer Service at (216) 252-3900.

ASSIGNMENT OF BENEFITS

I request that payment of authorized Medicare, Medicaid or private insurance benefits be made to Health Aid of Ohio for any covered services furnished to me by Health Aid of Ohio. I authorize any holder of medical information about me to release to CMS and its agents, Champus and its agents, or to any private insurance company and information needed to determine these benefits or the benefits payable to related service.

INFORMATION RELEASE

I authorize and request my insurer to review my clinical records to examine my personal medical records held by Health Aid of Ohio. These entities may also make copies of these records. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE THE RELEASE OF MY RECORDS AND THAT I AM WAIVING THIS RIGHT BY SIGNING THIS CONSENT. I understand that I may revoke this consent by sending written notice to Health Aid of Ohio. Such revocation shall have prospective effect only. I further authorize these organization to release this information to accrediting organizations for the purpose of compliance with accreditation requirements. Additionally, I authorize thee entities to obtain and review my personal medical records that are held by other agencies for the purpose of submitting claims to my insurance.

PAYMENT AGREEMENT

I understand that by my signature I request that payment be made and authorize the release of information necessary to pay the claim for covered services. If items #1, #9 or #11 of the CMS-1500 claim form are completed, my signature authorizes releasing information to the insurer or agency shown. In Medicare and Medicaid assigned cases, Health Aid of Ohio agrees to accept the charge determination of the carrier as the full charge for the covered



services, and I am responsible for the deductible, coinsurance, and unassigned/non-covered services. I agree to transfer immediately to Health Aid of Ohio any payment made directly to me for services provided by this organization on an assigned basis. Health Aid of Ohio also retains the right to refuse delivery of service to any client at any time. This policy is in the interest of the health and safety of our employees.

All rental equipment remains the property of Health Aid of Ohio who has the title and is the owner of the equipment. It is the responsibility of the client/guardian/estate to contact Health Aid of Ohio to pick up the equipment when it is no longer needed or the client is in a long term care facility or hospital. Any lost or severely abused equipment will be billed as a sale to the client/guardian/estate.

In addition, I agree to be responsible for the full amount of the charges if no payment has been made by 60 days from the date a claim was submitted to an insurance company or if my physician or I fail to provide within 30 days the information necessary to submit the claim for services.

RETURN POLICY

Standard Equipment - May be returned within 30 days if unused and accompanied with a receipt. Unused bathroom equipment in the original packaging may be returned within 7 days when accompanied with a receipt. Health Aid of Ohio will not accept returned merchandise if worn next to the skin, used for sanitary or hygienic purposes or if it is disposable.

Custom Equipment – A deposit of 50% is required upon the order of custom items. Custom items may not be returned. I understand that the device or equipment being ordered on my behalf is considered custom-made and that it can't be returned. I agree to accept responsibility for the payment of such fees if the device is unable to be delivered due to my death, cancellation of the order by me, or change in my condition such that the device is no longer medically necessary or appropriate. Compression stockings, bracing, lift chair, breast pump, custom wheelchair and accessibility product sales are final and these items are not returnable. No exceptions will be made.

State of Ohio Sales and Use Tax Blanket Exemption Certificate (prescribed by the Tax Commissioner and Rule No. 5703-9-03)

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services Health Aid of Ohio and Western Reserve and certifies that this claim is based on purchaser's proposed use of the items or services as aiding human perambulation, hospital bed, wheelchair, supporting device, device used to lift wheelchairs into motor vehicles and/or a device used to supplement impaired functions of the human body.



CLIENT COMMUNICATIONS, PERCEPTION OF CARE AND COMPLAINT/GRIEVANCE PROCESS

In the event that the client has a concern, question or complaint regarding his or her care, the client should contact the company that provided the equipment and services without fear or reprisal by Health Aid or any of its employees. Regardless of any complaint, prescribed/medically necessary services shall continue as ordered without interruption. Complaints that can't be quickly resolved via the telephone will be forwarded to the appropriate department manager and addressed in one business day.

Should you feel that your issues are not being adequately addressed, you are urged to contact the following entities:

- Administar Federal - (877) 299-7900
- State Attorney/Ohio AG Cares - (800) 282-0515
- Office of Inspector General (OIG) - (800) 447-8477
- Ohio Respiratory Care Board - (614) 644-4732
- JCAHO1 - (630) 792-5636