



Medical Logistics Solutions, LLC
1310 Coburg Rd Suite 10 Unit 4 | Eugene, OR 97401
(541) 515-6258
Medicallogistics.solutions

SCOPE OF SERVICES

Specialty Programs

DME lumbar brace and cervical collars

Products and Services

Lumbar back brace LSO, Lumbar belt brace, Cervical soft collars, Cervical Hard collars.

Office Hours – Monday through Thursday 11:00 am – 5:00 pm.

After Hours – If you are having a medical emergency, please call 911 or go to your nearest emergency room. We are not equipped or staffed to handle medical emergencies. We are available 24 hours a day, 7 days a week for all equipment related (life threatening) emergencies. All other equipment related issues will be addressed during business hours.

Complaint Process

The owners and staff of Medical Logistics Solutions, LLC, INC are concerned with the satisfaction of their patients and clients. If during the course of your association with this company there are issues that you feel are examples of quality service or are in need of attention, please do not hesitate to call us at one of the above numbers. You will receive a response from us within 5 days of receipt. Unresolved complaints will receive a written response within 14 days. If you feel your complaint was unresolved and you did not get a written response from us, please call the number above and speak with a member of our management team. Thank you for helping us to improve the quality of the services we provide to you and this community.

****In the event your complaint remains unresolved with Medical Logistics Solutions, LLC you may file a complaint with our accreditor, The Compliance Team, Inc. via their website (www.thecomplianceteam.org) or via phone (1-888-291-5353).**

Patient Rights & Responsibilities

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care, may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify the Medical Logistics Solutions, LLC of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Medical Logistics Solutions, LLC.
3. The patient should promptly notify Medical Logistics Solutions, LLC of any changes to their address or telephone.
4. The patient should promptly Medical Logistics Solutions, LLC of any changes concerning their physician.
5. The patient should notify Medical Logistics Solutions, LLC of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.



Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Supplier Standards

Below is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain 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 and cannot contract with an individual or entity to provide licensed services.
 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. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
 8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. 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, 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
 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). *Implementation date- May 4, 2009*
 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 exception



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HIPAA Privacy Notice

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information



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DME & Pharmacy Proof of Delivery-Patient Instruction
Medical Logistics Solutions

Name:	Date of Visit
Address:	<input type="checkbox"/> Initial Delivery
Phone:	<input type="checkbox"/> Follow-up
Alternate Contact:	Phone:

OTHER HOME CARE SERVICES:	Phone:
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EQUIPMENT

Make & Model:	Lot/Serial #
Amount Billed to Insurance:	Approximate Co-Pay:

√ TYPE OF PRODUCT	
<input type="checkbox"/> Lumbar Brace LSO type I Tpye III	L0648
<input type="checkbox"/> Lumbar Belt	L0642
<input type="checkbox"/> Cervical Hard Collar	L0172 L0174 L0180
<input type="checkbox"/> Cervical Soft Collar	L0120 Small Medium Large
<input type="checkbox"/> Other	

ADDITIONAL INSTRUCTIONS

The following has been given to and/or discussed with the patient/caregiver:

Rights & Responsibilities	Warranty Information	<input type="checkbox"/> AOB signature
Service availability (Scope of Services)	Capped Rental/Purchase Letter (signed)	
Privacy Notice	Infection Control Tips/ Equipment Instructions	
Medicare Supplier Standards 30 (link)	Cleaning & Maintenance of equipment	

Complaint Protocol: If you are unhappy with the services provided by this company please call 541-515-6258. We will respond within 5 calendar days. In the event your complaint is not resolved to your satisfaction you can contact our accrediting organization The Compliance Team at www.thecomplianceteam.org or by calling 1-888-291-5353.

ADDITIONAL NOTES

FOLLOW UP/DISCHARGE

FOLLOW-UP VISIT RECOMMENDED FOLLOW-UP BY PHONE & AS NEEDED

Signatures below confirm all applicable information was given to the patient

A copy of this form has been given to the patient/caregiver

(If Patient unable to sign; authorized person complete. If person does not live with patient list contact information)

PATIENT SIGNATURE: _____ Print name/Relationship/WHY the patient can't sign:

EMPLOYEE'S SIGNATURE: _____ Date:

IF THE AUTHORIZED PERSON DOES NOT LIVE WITH THE PATIENT, LIST THEIR ADDRESS/PHONE NUMBER



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EQUIPMENT WARRANTY INFORMATION FORM

Every product sold or rented by our company carries a 1-year manufacturer's warranty.

Medical Logistics Solutions, LLC will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

Medical Logistics Solutions, 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.

If the item falls outside the manufacturer's warranty but is still being rented from Medical Logistics Solutions, LLC (i.e. the 13th month), Medical Logistics Solutions, LLC will honor the product for any issues that would have been covered by the manufacturer's warranty.

Medical Logistics Solutions, LLC does not warranty any issues caused by normal wear and tear or patient abuse or neglect. By signing the DME or Plan of care form, I acknowledge I have been instructed and understand the warranty coverage on the product I have received.

Inexpensive or Routinely Purchased Items Notification for Services- 1/1/2006

I received instructions and understand that Medicare defines the _____ that I received as being inexpensive or routinely purchased item.

FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include:
Lumbar Braces, Cervical collars, Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bedside rails, and traction equipment.
- I select the:

Purchase Option _____ Rental Option _____

Beneficiary Signature

Date

Please sign and return this portion for all items in this category.



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Assignment of Benefits (AOB) This AOB form is required to bill on your behalf!

My signature and date in the box below authorizes each of the following:

1. Assignment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits to Medical Logistics Solutions, LLC for medical supplies and/or medication(s) furnished to me by Medical Logistics Solutions, LLC.
2. Direct billing to Medicare, Medicaid, Medicare Supplemental or other insurer(s).
3. Release of my medical information to Medicare, Medicaid, Medicare Supplemental or other insurers and their agents .
4. Medical Logistics Solution, LLC and/or any of our corporate affiliates to obtain medical or other information necessary in order to process my claim(s), including determining eligibility and seeking reimbursement for medical supplies and/or medication(s) provided.
5. Medical Logistics Solutions, LLC and/or any of our corporate affiliates to contact me by telephone or mail regarding my medical supplies and/or medication(s) order.

I agree to pay all amounts that are not covered by my insurer(s) including applicable co-payments and/or deductibles for which I am responsible.

Your Phone # () _____

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I request that payment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits be made on my behalf to Medical Logistics Solutions, LLC and/or any of our corporate affiliates for any medical supplies and/or medications furnished to me by Medical Logistics Solutions, LLC I authorize any holder of medical information about me to release to Medical Logistics Solutions, LLC my physician(s), caregiver, CMS, its agents and to my primary and/or other medical insurer any information needed to determine or secure eligibility information and/or reimbursement for covered services. I agree to pay all amounts that are not covered by my insurer(s) and for which I am responsible.

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Insurer _____ Policy # _____
(other than or in addition to Medicare)
 Insurer Phone # () _____

Please correct any errors in your name and address below

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Medical Logistics Solutions, LLC health care operations. The Notice of Privacy Practices also describes my rights and Medical Logistics Solutions, LLC duties with respect to my protected health information. The Notice of Privacy Practices is posted in our office. Medical Logistics Solutions, LLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Patient Signature-----