



Welcome and thank you for selecting Hanger Prosthetics & Orthotics, Inc., *A Family of Companies.*

We realize that you could have chosen another provider of service for the device your doctor ordered. It means a lot for you to entrust this work to us and we will strive to meet your expectations at all times.

If we can be of assistance to you, or if you have any questions regarding your care, please don't hesitate to phone our office.

We endeavor to ensure your success and satisfaction.

Mission Statement

"To provide our patients with the best value and most advanced clinically excellent O&P services, in a timely, pleasant and professional manner, while maintaining a rewarding atmosphere for our associates and investors."

Bill Of Rights

1. The right to secure appropriate prosthetic and orthotic services regardless of race, religion, color, ethnicity, sex, age, handicap, marital status or sexual preference.
2. The right to a humane service environment which affords appropriate privacy.
3. The right to inspect, or receive for a reasonable fee, a copy of his or her medical record upon request. A third party shall not be given a copy of the patient's medical record without prior authorization of the patient.
4. The right to confidential treatment of personal and medical records, and the right to refuse their release to a person outside the facility except as required because of a transfer to another prosthetic or orthotic provider or as required by law or third party payment contract.
5. The right to receive adequate and appropriate services, in a safe and clean environment, and to receive, from the appropriate individual within the facility, information about his or her prosthetic and orthotic care, in terms the patient can understand.
6. The right to participate fully in all decisions concerning their health, well being and rehabilitation.
7. The right to refuse services to the extent provided by law and to be informed of the consequences of that refusal. When a refusal of services prevents the facility or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.
8. The right to exercise his or her rights as a patient and as a citizen, and to this end present grievances or recommend changes in policies and services on behalf of himself or herself or others to the facility staff, to governmental officials or to another person of his or her choice within or outside the facility, free from restraint, interference, coercion, discrimination or reprisal. A patient is entitled to information about the facility's policies and procedures regarding the initiation, review and resolution of patient complaints.
9. Examine and receive a full explanation of the facility bill regardless of the source of payment. Every patient is informed of the mechanism within the facility to resolve billing questions or problems.
10. Be informed of facility rules and regulations applicable to a patient's conduct. Every patient is informed of the mechanisms within the facility available to resolve problems or conflicts.

Medicare Supplier Standards*

A Medicare Supplier:

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any state health care programs, or from any other Federal procurement or nonprocurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law and repair or replace, free of charge, Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS (formerly HCFA), 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 toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace, at no charge, or repair directly or through a service contract with another company, Medicare covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS (formerly HCFA) any information required by the Medicare statute and implementing regulations.

* Note: This list is an abbreviated version of the current Medicare Supplier Standards. These standards, in their entirety, are listed in 42 C.F.R. part 424, section 424.57(c) and are effective as of December 11, 2000.

Patient Responsibilities

- Keep all appointments when possible.
- Inform the Company of any change in overall health which may affect the wearing of the prosthesis or orthosis.
- Inform the Company of all medications being taken.
- Inform the Company within thirty (30) days after delivery of the prosthesis or orthosis, if any adjustments are necessary.
- Failure to do so will constitute a waiver by the patient of any claim with respect thereto.

Service Policy & Warranty

Item: _____

Our services are provided by qualified professionals dedicated to meeting your individual needs. Patient evaluation, consultation, design, fitting and follow-up adjustments are provided for ninety (90) days at no additional cost to you unless there is a change in your physical condition.

After ninety (90) days, you are responsible for any charges for adjustments or modifications made to your device. Such services may be necessary for reasons such as changes in your physical condition, functional capabilities, or wear and tear or damage to your device.

Your device is warranted to be made to your individual measurements, properly aligned and properly fit, corresponding to your anatomical condition at the time of measurement.

The Company warrants each *custom device made by Hanger Prosthetics & Orthotics* to be free from defective workmanship and/or parts, under normal service and use, for six (6) months from the delivery date. The Company's obligations under this warranty are limited solely to the no-charge repair or replacement of the part or parts determined defective by the Company, at any Hanger Prosthetics & Orthotics Patient Care Center within the United States.

This warranty *does not apply to items or parts that are not manufactured by Hanger Prosthetics & Orthotics*. Items and parts that are manufactured by outside companies or vendors are warranted for the length of the warranty supplied by that manufacturer. These include, but are not limited to: components or parts not manufactured by Hanger that are used in the assembly of a device custom made by Hanger; items that are custom made by other companies but supplied to the patient by Hanger; or items that are manufactured by other companies but are fit or custom fit to the patient by Hanger.

This warranty becomes void immediately, if:

- The device has been adjusted, repaired or altered by anyone other than an active employee of a Hanger Patient Care Center.
- The device or any of its parts have been subjected to misuse, negligence or accident.
- Patient fails to fulfill "Patient Responsibilities", as outlined within this brochure.

This warranty does not cover prosthetic skin coverings or adjustments needed due to anatomical or other medical changes, nor does it cover accessories, such as prosthetic socks, straps, etc.

Any claim whatsoever made by a recipient patient in connection with an orthotic device covered under this warranty shall be limited to the amount received by Hanger from the patient for the subject device. Any claim whatsoever made by a reimbursing source/payer in connection with an orthotic device covered under this warranty shall be limited to the amount received by Hanger from such reimbursing source/payer for the subject device.

This warranty is valid at all Hanger Prosthetic and Orthotic patient care centers in the United States.



The quality of patient care you receive is important to us. If you have comments to share with us please contact our Quality Care Hotline:

**1-877-4 HANGER
(1-877-442-6437)**

For a complete listing of our locations including telephone numbers please log onto our website at:

www.hanger.com