

# Patient Registration, Admitting and Discharge Information

WELCOME TO CARLE MEDICAL SUPPLY

Carle Medical Supply - Champaign  
1813 W. Kirby Ave. | Champaign, IL 61821  
(217) 383-3487 | (800) 851-3373

Carle Medical Supply - Bloomington  
1404 Eastland Dr., Suite 104 | Bloomington, IL 61701  
(309) 604-9690

Carle Medical Supply - Danville  
2300 N Vermilion St, Suite 100 | Danville, IL 61832  
(217) 446-0577 | (800) 917-1901

Carle Medical Supply -Mattoon  
200 Lerna Rd. South, Suite 101 | Mattoon, IL 61938  
(217) 258-7600 | (800) 233-6907

On-Call services available 7 days a week, 24 hours a day by calling the store nearest you.

Please visit [Carle.org/MedicalSupply](http://Carle.org/MedicalSupply) for locations hours of operation.

**Please call in changes or refill requests before the day of your scheduled delivery.**

Patient Name:

Delivery Day:

Respiratory Therapist:

Delivery Technician:

Manager:





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# Welcome

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Carle Medical Supply considers it a privilege to have you as our customer.

We are dedicated to providing respiratory services, home medical equipment, and medical supplies within our service area, in a high quality, customer-focused manner. Our services are designed to meet your individual needs. Under direction from your medical provider, our trained and qualified team will work to provide planned and coordinated care.

This booklet provides an overview of the services, care and treatment you can expect from Carle Medical Supply. It also contains general information regarding your rights and responsibilities as a client. As state and federal regulations change, there may be additions or changes to this booklet.

If you have any questions, please let us know.

## ADMISSION CRITERIA INCLUDE:

- For customers needing prescription equipment, the customer must be under the care of a physician. The customer's physician must order the equipment.
- The customer and/or family must desire home care equipment and will provide a written signature of acceptance of delivery.
- The customer must reside within the geographical area that the company services.
- The physical facilities and equipment in the customer's home must be adequate for safe, effective care.
- Services and care must conform to current standards of practice for the respective discipline.
- Acceptance for equipment is realistically based on the customer's willingness and ability to function in a non-institutional environment. Family support or assistance is required for a child, customers who are unable to manage their care, or with certain equipment.

## SCOPE OF SERVICES

### Home Medical Equipment/Supplies:

- Hospital Beds
- Wheelchairs/Power Mobility/Repair (non-custom)
- Ambulatory Aids
- Breastfeeding Supplies
- Wound Care Supplies
- Bathroom Safety Accessories
- Bedside Commodes
- Orthopedic/Foot Comfort Products
- Compression Hosiery
- Pediatric Products
- Incontinence/Enuresis Products
- TENS Units
- Light Therapy
- Ostomy Supplies
- Aids to Daily Living
- CPMs
- Support Surfaces
- Diagnostic Equipment
- Repair Services

### Respiratory and Therapy Equipment/Supplies/Therapy:

- Licensed Respiratory Care Practitioners
- Nebulizer Aerosol Therapy
- Event Recordings
- CPAPs and Accessories
- Bi-Level Therapy
- Oxygen Delivery System
- Apnea Monitors
- Tracheostomy Supplies
- Suction Machine and Supplies
- Respiratory Care Products

# Patient Rights and Responsibilities

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The staff and doctors at Carle respect the dignity and rights of each individual and take seriously our responsibility to provide the highest quality of medical care available.

You and your family have rights and responsibilities under state and federal law. We want you to understand these rights and responsibilities. If for any reason you do not understand these rights and responsibilities, we will provide assistance, including an interpreter. For other assistance, please contact:

- Patient Relations Liaison at (217) 326-8560, toll free at (855) 665-8252 or [patient.relations@carle.com](mailto:patient.relations@carle.com).
- For the Greater Peoria communities, Patient Advocates at (309) 672-5529 M - F, 8 a.m. – 4 p.m., and after hours at (309) 671-8209.

## YOU AND/OR YOUR REPRESENTATIVE HAVE THE RIGHT TO:

- Receive fair treatment regardless of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity and sex characteristics) or ability to pay.
- Have visitors during designated visiting hours during your visit to Carle and the right to have any visitors you deem appropriate, regardless of age, gender, race, national origin, religion, sexual orientation, gender identity, or disability.
- Receive considerate and respectful care in a clean, comfortable and safe environment free from unnecessary punitive or coercive restraints and/or seclusion. You have the right to be free from physical or mental abuse, and corporal punishment while visiting Carle.
- Know the name and position of the doctor who will be in charge of your care and any staff involved in your care.
- Receive emergency care if you need it.

- Have your pain managed effectively. This includes:
  - Staff who tells you about pain and pain relief measures.
  - A concerned staff committed to pain management who responds quickly to your complaints of pain.
- Access protective services. Protective services cover child abuse and neglect, and victims of sexual assault.
- Ask for a second opinion about any treatment. If your insurance does not cover the cost of a second opinion, you will be responsible for payment.
- Ask that a family member, representative and your own doctor be notified promptly upon your admission.
- Prepare advance directives including a living will or durable power of attorney for health care and receive care that meets your wishes.
- Be fully informed of the reasons if you need to be transferred to another healthcare facility.
- Be told about your illness, treatment and chances for recovery in the language and words you understand.
- Receive as much information as you may need in order to give or refuse consent for any planned procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- Refuse treatment and be told what effect this may have on your health. This includes leaving the hospital against your doctor's advice.
- Refuse to take part in research. You have the right to a full explanation so you can decide whether to participate.
- Confidentiality and personal privacy. All communications and records pertaining to your care will be treated in confidence.
- Consults, exams, treatment, and discussions about your care will be conducted as discreetly as your condition allows.
- Ask for emotional and spiritual support.
- Ask the ethics committee for help with medical decisions.
- Ask questions or voice concerns about care or service by talking with a staff member, including management staff and/or a patient representative in:
  - Patient Relations Liaison at (217) 326-8560, toll free at (855) 665-8252 or [patient.relations@carle.com](mailto:patient.relations@carle.com).
  - For the Greater Peoria communities, Patient Advocates at (309) 672-5529 M - F, 8 a.m. – 4 p.m., and after hours at (309) 671-8209.

### File a complaint with:

- Carle by using our internal complaint and grievance procedures (as indicated in above paragraph).
- For complaints applicable to Carle Health Methodist Hospital, Carle Health Pekin Hospital and Carle Health Proctor Hospital and clinic issues, contact The Joint Commission's Office of Quality and Patient Safety by submitting a patient safety event or concern form online at [www.jointcommission.org](http://www.jointcommission.org) or by mail at: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181.
- Illinois Department of Public Health, Office of Health Care Regulation, Deputy Director, by calling (217) 782-2913, TTY (800) 547-0466. Or by calling the Central Complaint Registry's 24 hour hotline (800) 252-4343. By email: [dph.illinois.gov](mailto:dph.illinois.gov). By mail: 525 W. Jefferson St., 5th Floor, Springfield, IL 62761-0001.
- Accreditation Commission for Health Care, INC. (ACHC), Complaints Department at (919) 785-1214 or toll-free at (855) 937-2242 and ask for the complaint line or their website <http://www.achc.org/contact/>. The ACHC is the accrediting company for Carle Home Health Services.
- Office of the Medicare Beneficiary Ombudsman. If you are a Medicare Beneficiary and have concerns or complaints regarding your medicare rights and protections by using their website <https://medicareadvocacy.org/medicare-info/other-resources/> or call (800) 633-4227
- The Illinois State Medical Society at (312) 782-1654.
- The American Medical Association at 312-464-4782.
- Review your medical record without charge and obtain a copy for a reasonable charge and in a reasonable timeframe.
- Receive an itemized bill and an explanation of all charges.
- Know the hospital rules and policies that apply to you, your family and your visitors.
- Refuse care by students in training.
- Have all medical communication interpreted by a certified interpreter in patient's language. Carle healthcare providers will contact the Communications Center for an interpreter for patients with limited English proficiency.

### PATIENT RESPONSIBILITIES

As a patient, you have responsibilities as well as rights. You can help yourself by taking responsibility in the following ways:

- Participate actively in decisions about your care and treatment.
- Know the name and position of the doctor in charge of your care and the staff involved in your care.
- Treat staff and other patients with respect and dignity.
- Respect other patients' privacy.
- Be thoughtful to other patients, families and staff and follow hospital rules about patient and visitor conduct.
- Respect Carle property.
- Let us know if you have any questions or concerns about your treatment or care. Help us control any pain you may experience:
  - Ask your doctor or nurses what to expect about pain and pain management.
  - Discuss pain relief measures with your doctors and nurses.
  - Work with your doctors and nurses to develop a pain management plan that lessens pain without interfering with your recovery.
  - Ask for pain relief when pain first begins.
  - Tell your doctor or any clinical staff if your pain is too great.
  - Tell your doctor or any clinical staff about any worries you have about taking pain medication.
- Give accurate and complete information about your health.
- Answer all questions honestly and accurately.
- Ask questions so that you understand what is happening and why.
- Follow the treatment your care providers have planned.
- Tell us about any changes in your condition.
- Know what you should do about your health care when you leave the hospital, including follow-up care. Know your complete treatment plan. This includes making and keeping scheduled appointments.
- Provide accurate and complete information about your family's health insurance or other arrangements to pay your bills.
- Pay your bills in a timely manner. Ask about our Financial Assistance Program if you need financial assistance. Learn more by visiting [carle.org](http://carle.org) or calling Patient Accounts at (888) 712-2753. Patients of Carle Health Methodist Hospital, Carle Health Pekin Hospital, Carle Health Proctor Hospitals and associated services may contact Patient Accounts at (844) 849-1260.
- Abide by our no-smoking policy. In the interest of improved health, Carle maintains a smoke-free environment in all of our facilities. Visitors may not smoke in any patient room, anywhere inside Carle buildings or in any designated non-smoking areas outside the buildings.

**Patients and customers receiving home medical equipment have additional rights regarding home medical equipment including:**

- Select the home care company and healthcare provider(s) who provide your equipment and/or services. This includes choosing an attending physician, if applicable.
- Receive information about the scope of services provided, including any limitations to these services.
- Be provided legitimate identification by staff that enters your residence.
- Be fully informed in advance about the care and services provided. This includes the disciplines that furnish care the the frequency of visits as well as any modification to the plan of care. Patients will participate in the development and periodic revision of the plan of care.
- Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse including injuries of unknown source and misappropriation of customer/patient property.
- Be provided with adequate information from which you can give informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
- Receive notification about capped rental and inexpensive or routinely purchased items, and have choice to rent or purchase accordingly.
- Have grievances/complaints regarding treatment or care that is or fails to be furnished, investigated. This includes lack or respect of property.
- Have your cultural, psychosocial, spiritual, and personal values and beliefs and preferences respected.
- Be provided with a written statement of the scope of care, treatment, and services provided directly or by contracted arrangement.
- Be fully informed, in advance both orally and in writing, of the charges for care being provided, including payment for care/ service expected from third parties and any charges for which you will be responsible.

**You have the responsibility to:**

- Involve yourself, as needed and as able, in developing, carrying out, and modifying your home care services plan, such as properly cleaning and storing your equipment and supplies.
- Review our safety material and actively participate in maintaining a safe environment and report any perceived safety risks.
- Follow instruction and follow rules and regulations explained by Carle Medical Supply staff.
- Notify your attending physician when you feel ill, or encounter any unusual physical or mental stress sensations.
- Notify us:
  - When you will not be home at the time of a scheduled delivery or home care visit;
  - Prior to changing your place of residence or your telephone number;
  - When encountering any problem with equipment or service;
  - As soon as possible of an unexpected incident involving staff or injury from using the equipment/device; and/or
  - If you are to be hospitalized or if your physician modifies or ceases your home care prescription.
- Make a conscious effort to properly care for equipment supplied.
- Accept consequences if you do not follow rules and regulations explained by Carle Medical Supply employees.
- Show respect and consideration.
- Meet financial commitments.

# Discrimination is Against the Law

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Carle Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity and sex characteristics) or ability to pay.

Carle Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity and sex characteristics) or ability to pay.

Carle Health provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters plus written information in other formats (large print, audio, accessible electronic formats).

Carle Health provides free language services to people whose primary language is not English, such as qualified interpreters plus information written in other languages.

If you need these services, contact Carle Interpreter Services at (217) 326-0340.

For interpreter services at BroMenn and Eureka, contact the Clinical Coordinators Office at (309) 268-5389.

Patients in Greater Peoria communities may contact an Interpreter at 1-877-746-4674.

If you believe that Carle Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Carle Patient Relations:

- (217) 326-8560 or toll free at (855) 665-8252
- By email at [patient.relations@carle.com](mailto:patient.relations@carle.com)
- By mail at Carle Health, Attention: Patient Relations, 611 W. Park Street, Urbana, IL 61801
- If you need help filing a grievance, Patient Relations is available M – F, 8 a.m. – 5 p.m.

For Greater Peoria Communities, Patient Advocates:

- (309) 672-5529 M – F, 8 a.m. – 4 p.m.
- After Hours at (309) 671-8209
- By mail: Attention: Patient Advocates, 221 NE Glen Oak Avenue, Peoria, IL 61636

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019 or 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

A person who believes that the act or its rules may have been violated may submit a complaint to the Illinois Department of Public Health (IDPH) by calling the hotline at 800-252-4343 during regular business hours or address written complaints by mail to:

Illinois Department of Public Health  
525 W. Jefferson Longterm Care CCR  
Springfield, Illinois 62761-0001

**SPANISH**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-217-383-2543.

**CHINESE (MANDARIN)**

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-217-383-2545.

**VIETNAMESE**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-217-383-2546.

**KOREAN**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-217-383-2547 번으로 전화해 주십시오.

**TAGALOG**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-217-326-0340.

**RUSSIAN**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-217-326-0340.

**ARABIC**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 6-0340

**FRENCH**

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-217-383-2544.

**POLISH**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-217-326-0340.

**ITALIAN**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-217-326-0340.

**GERMAN**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-217-326-0340.

**HINDI**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-217-326-0340 पर कॉल करें।

**GUJARATI**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-217-326-0340.

**URDU**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-217-326-0340

**GREEK**

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-217-326-0340.



# Carle Health and Affiliate Privacy Notice

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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.

The HIPAA Privacy Rule (HIPAA) gives you the right to be informed of the privacy practices of Carle Health and some of its affiliates and subsidiaries ("Carle"). Carle uses health information for the treatment of patients, to obtain payment for treatment, and for purposes of healthcare operations.

This notice explains our legal duties to protect your Protected Health Information (PHI) and describes how Carle may use and disclose your medical information. If you have any questions, contact Carle Corporate Compliance at (217) 902-5391.

## I. WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information (PHI) is information that can identify you as a patient of Carle. The information can be paper, electronic, or another format. Examples of PHI include:

- Medical records such as doctors' notes, doctors' orders, X-ray films, and lab reports
- Demographic information such as
- your name,
- address and date of birth, if combined with your medical information
- Billing and payment information.

## II. WHO WILL FOLLOW THIS NOTICE?

This notice describes the privacy practices of all clinical organizations providing medical services that are owned or controlled by Carle Health which are required to have a Notice of Privacy Practices. A complete listing of organizations is available by contacting Compliance. Our Affiliated Covered

Entities (legally separate covered entities under common ownership or control), our medical staff, employees, volunteers, and students may share PHI for the joint management and operation of these entities for your treatment, payment of your claims, and for health care operational purposes. This sharing does not mean that one organization is responsible for the activities of another, but means we are all committed to protecting our patients' privacy rights.

## III. OUR PLEDGE REGARDING MEDICAL INFORMATION

We are required by law to create and maintain medical records, charts, and files of the care and services you receive at Carle. We also use this information to provide quality care to our patients. We understand that your health and medical care are personal. We are committed to protecting your information.

We are required by law to:

- Make sure your PHI is private and secure
- Notify you after a breach of your unsecured PHI, if required by law
- Provide this notice of our legal duties and describe ways we may use and share your PHI
- Follow the terms in this notice, and
- Follow Illinois laws that may provide greater protection of your information.

## IV. HOW WE MAY USE AND SHARE YOUR MEDICAL INFORMATION

The following categories summarize ways we may use and share your medical information without your permission to:

- Provide you with care.
- Obtain payment for that care.
- Operate our business.

**For Treatment:** We may use and share your medical information to provide treatment or services to you. We may disclose your health information to doctors, therapists, clinical students, office staff or other personnel involved in your care, whether at Carle or at another facility.

*For example, a provider treating you for high blood pressure may need to know if you have other medical conditions or if you are taking medications that impact your care.*

**Individuals Assisting with Your Care:** We may share your medical information to people involved in your care, such as family members, close friends, clergy, parents, legal guardians or another person you identify as someone to contact in an emergency or being involved in your care.

**For Payment:** We may use and share your information to obtain payment from you, your insurance company, or another person/entity you identify for services received.

*For example, we may disclose PHI regarding a service you received from us so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a service you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.*

**For Health Care Operations:** We may use and share information about you for business tasks necessary for our operations. Examples of how we may use and disclose our patients' information for our internal operations include:

- Reviewing our treatment and services, and to evaluate the performance of our staff in caring for you.
- Deciding what additional services Carle might offer, what services are not needed, and whether certain treatments are effective.
- Providing you with general information about Carle and our services in newsletters and other communications.
- Teaching purposes and to provide training to doctors, nurses, technicians, medical students, and others involved in authorized training programs, and
- Comparing our services with the services of other health care providers to see where we can make improvements in the care we provide.

**Community Connect Partners:** Carle shares its electronic medical record system with other health care providers, called Community Connect Partners, in the region. Use of a common system allows providers to better coordinate patient care, share medical information for treatment, obtain payment, and carry out healthcare operations. Once a patient's medical information is combined into one system, it cannot be separated.

**Health Information Exchanges:** Carle participates in Health Information Exchange (HIE) networks that enable the sharing of electronic health records with other participating providers for the purpose of our patients' treatment. Carle may share your health information with other providers when they

request it or Carle may request medical information about you to provide your care. Information typically available includes demographics, diagnoses, allergies, medications, laboratory results and radiology reports. Information available through the HIE may be limited to electronic health records and may not include older health records collected on paper. Health records will be available to the HIE unless an individual chooses to opt-out. Any patient registration representative can assist you or you can contact Carle's Health Information Management department (contact information located at the end of this document) to opt-out. An individual's decision to opt-out of HIE participation will not adversely affect his or her ability to receive care. However, it may affect the ability of the provider to obtain medical information to provide care. It does not affect the sharing of health information for treatment through more traditional methods, such as having records faxed or mailed. After choosing to opt-out of HIE participation, an individual may later decide to opt back in by contacting the Health Information Management department.

**Publicly Available Data:** Carle may collect publicly-available information to inform the best care and support possible for you. This information allows us to help you address limitations you may have in getting services you need or taking steps to maintain and improve your health.

**Business Associates:** We may disclose PHI to our business associates to enable them to perform services for us, or on our behalf, relating to our operations. Some examples of business associates are auditors, accrediting agencies, consultants, and billing and collections companies. Our business associates are required to maintain the same standards of safeguarding your privacy that we require of our own employees and affiliates.

**Facility Directory:** If you are admitted to Carle, we may list information about you in our facility directory, including your name, location in the facility, and general condition. We will only disclose this information to those who ask for you by full name. If you provide your religious affiliation, we will only share your religious affiliation with members of clergy. If you ask, we will refrain from sharing your name on the facility directory with the public. You may request to remain anonymous while at our facility. Upon admission, please alert our hospital registration staff you wish to be made anonymous.

**Fundraising:** We may use and disclose your information to contact you to raise funds for Carle, which are used to support our mission of providing health care services to the communities we serve. If you do not wish to be contacted regarding fundraising, you will have the opportunity to opt-out.

**Research:** Carle may use or share your information for research studies when the research meets regulatory requirements regarding protection of your privacy. You may also be contacted to participate in a research study. Community Connect Partners may also have permissible access to your records for research purposes.

**Uses and Disclosures Requiring Authorization:**

- Most uses and disclosures of “psychotherapy notes” (your mental health provider’s private notes separate from your medical record).
- Use of your information for some marketing purposes.
- Uses and disclosures of your information that constitute the sale of your information.

**V. SPECIAL SITUATIONS**

Carle may use or share your information in the following special situations:

**Required By Law:** We will disclose your information to authorities as required by federal, state or local law. Examples include:

- To respond to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person.
- To provide information about a crime victim if, under certain limited circumstances, we are unable to obtain the person’s agreement.
- In mandatory reporting situations, including reason to suspect domestic, child or elder abuse or neglect.
- To report a death we believe may be the result of criminal conduct.
- To inform the Illinois Department of Human Services FOID reporting system when an individual receiving mental health treatment is developmentally or intellectually disabled or is a clear and present danger to themselves or others.
- To report criminal conduct at a Carle facility.
- To assist the Federal Food and Drug Administration with tracking medical devices and products, and
- To enable a government agency to conduct audits, investigations, or inspections.

**For Public Health, Safety and Oversight Activities:** We may use and share your information when required for public health, safety, and oversight activities, or as necessary to prevent a serious threat to the health and safety of you, the public or another person. We may share your information to report, prevent, or control disease, injury, or disability.

**Coroners, Medical Examiners and Funeral Directors:** We may share your information with coroners, medical examiners, or funeral home personnel in order for them to carry out their duties.

**Disaster Relief Efforts:** We may use or share your information with disaster relief organizations to notify your family or other persons involved in your health care about your location, general condition, or death. We will not make such disclosures if you object, unless we believe restricting the disclosure would interfere with the ability to respond to the emergency.

**Organ and Tissue Donation:** If you are or may be an organ donor, we may share your information to organizations that handle organ, eye, or tissue procurement, to facilitate organ or tissue donation and transplantation.

**Military, Veterans and Government Functions:** If you are or were a member of the armed forces, we may disclose your information as required by military command authorities. We also disclose information about foreign military personnel to the appropriate foreign military authority. We may also disclose information to the government for national security and protection activities.

**Inmates:** We may share information about an inmate in a correctional institution or in the custody of a law enforcement official to the correctional institution or law enforcement official as needed for the institution to provide health care, to protect the health and safety of the inmate or others, or for the safety and security of the correctional institution.

**VI. POTENTIAL IMPACT OF OTHER APPLICABLE LAWS**  
HIPAA generally does not override other laws that give people greater privacy protections. As a result, if any applicable state or federal privacy law requires us to provide you with more privacy protections, then we must follow that law.

Certain types of information may have special protections or restrictions under federal or state law. Examples may include mental health records, certain genetic test results, HIV/AIDS test results, and federally assisted alcohol and substance abuse treatment program records.

## VII. YOUR PRIVACY RIGHTS

You have the following rights regarding your Protected Health Information that we maintain:

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of most of your medical information we maintain. You may be required to submit your request to inspect and/or obtain a copy of your information in writing to the Health Information Management department. There may be costs associated with requests for copying or mailing. We may deny your request to inspect or copy your information in limited circumstances. If we deny you access to certain information we maintain, you may request the denial be reviewed. A licensed health care professional chosen by Carle will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend Certain Records:** You have the right to request an amendment (correction or additional information) to your medical information we maintain. If you feel the medical information we have is inaccurate or incomplete, you may request an amendment by submitting a written request to the Health Information Management department. The request must include the reason for the amendment. You may also request an amendment by using our form *Request for an Amendment of Health Information* which can be obtained from our Health Information Management department.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information:

- Not created by us.
- Not part of the medical information we maintain in our files.
- Restricted by law, or
- Deemed accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an Accounting of Disclosures. This is a list of disclosures we have made of your medical information outside of Carle, other than those:

- Specifically authorized by you.
- Related to your treatment.
- To obtain payment for products or services we provided to you.
- Used for our healthcare operations, and
- Certain disclosures authorized by the government.

To request an Accounting of Disclosures, you must submit a written request to the Health Information Management department. You must specify the period of time for which

the Accounting will span, which may not be longer than six (6) years. The first request within a 12-month period will be free. We may charge you a nominal fee for additional lists, but will notify you of the cost so you may choose to stop or change your request before costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your medical information for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to those involved in your care or with the payment for your care, like a family member or friend.

We are not required to agree to your restriction request. If we agree to a restriction, we will comply unless the information is needed to provide emergency treatment or services. To restrict medical information, submit your written request to the Health Information Management department. Your request must include:

- The information you want to restrict.
- Whether you want to limit our use, disclosure or both, and
- To whom you want the limits to apply (for example, disclosures to your spouse).

If you restrict our use or sharing of your medical information for payment purposes, you will be financially responsible for all products and services you receive from us.

**Right to Request Confidential Communications:** You may ask us to send documents that contain your medical information to a different location than the address you gave us or using other means. You may ask us to contact you in a specific way, such as home or office phone. You will need to ask us in writing. We will try to grant any reasonable requests for confidential or alternate communications.

**Right to Additional Copies of This Notice:** Additional copies of this Notice can be obtained at [carle.org](http://carle.org), by visiting any Carle entity, or by calling Carle Compliance at (217) 902-5391.

## VIII. CHANGES TO THIS NOTICE

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide you with a revised notice at your next visit after the revision or electronically as permitted by applicable law. In all cases, we will post the revised notice on our website. We reserve the right to make any revised notice effective for information we already have or may receive in the future.

## IX. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Carle Compliance by calling (888) 309-1566. You can also contact Patient Relations by calling (855) 665-8252. For the Greater Peoria communities, Patient Advocates at (309) 672-5529 M - F, 8 a.m. – 4 p.m., and after hours at (309) 671-8209. You can also file a complaint with the Office for Civil Rights. You will not be retaliated against for filing a complaint.

## X. OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of your medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide written authorization you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the purposes covered by your written authorization; however we are unable to take back any disclosures we have already made.

## XI. CONTACT INFORMATION.

Direct access to medical information is available via your MyChart account. Additionally, to get a copy of your medical information or to request an amendment, record restriction, or an accounting of disclosures, submit your written request to:

### Carle Health

611 W. Park Street | Urbana, Illinois 61801  
ATTN: Health Information Management  
(217) 902-6500

### Carle Health Methodist, Proctor and Pekin Hospitals 5409 N.

Knoxville Ave. | Peoria, Illinois 61614  
ATTN: Health Information Services  
(309) 691-1047

The Effective Date of this Notice April 14, 2003

AS AMENDED AND REVISED August 1, 2013;  
July 1, 2016; January 8, 2019; October 7, 2019;  
July 1, 2020; April 1, 2023

# Advance Directives

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You have the right to make decisions about the health care you get now and in the future.

An advance directive is a written statement you prepare about how you want your medical decisions to be made in the future, if you are unable to make them for yourself.

You can give a copy of your Advance Directives to your nurse during your hospitalization, bring a copy with you to your next appointment, upload it through your MyCarle portal, or send a copy to: Carle—Health Information Management, 3310 Fields South Dr., Champaign, IL 61822.

Patients of Carle Health Methodist, Proctor and Pekin Hospitals can send a copy to: Health Information Services, 5409 N. Knoxville Ave., Peoria, IL 61614.

Federal law requires that you be told of your right to make an advance directive when you are admitted to a healthcare facility. Advance Directives include, but are not necessarily limited to, a power of attorney for health care, a living will, a mental health treatment preference declaration, an organ donor card, a religious no blood directive, and an Illinois Department of Public Health DNR/POLST form.

You may choose to discuss these different types of advance directives with your healthcare professional and/or attorney.

After reviewing information regarding advance directives, you may decide to complete more than one document. For example, you may choose to complete a power of attorney for health care and a living will.

It is important that you tell your healthcare professional about any advance directive documents you have completed and provide a copy so that the documents can be scanned into your medical record. You should also provide a copy to those you appoint to make decisions for you and to other family members as you see fit.

The webpage <https://dph.illinois.gov/> provides advance directive forms, the Illinois Department of Public Health (IDPH) Uniform Practitioner Order for Life-Sustaining Treatment (POLST) Form,

and guidance regarding these documents. You may also ask your healthcare provider for more information.

## POWER OF ATTORNEY FOR HEALTH CARE (POAHC)

The Power of Attorney for Health Care document allows you to choose someone to make healthcare decisions for you when you can't make decisions for yourself (when unconscious, cognitively impaired, or unable to communicate due to injury or illness). In the POAHC document, you are called the "principal" and the person you choose to make decisions is called your "agent."

As long as you are able to make healthcare decisions, you will retain the power to do so. Your agent can only act on your behalf when you are unable to make decisions unless you grant permission for the individual to make decisions for you prior to your loss of ability. You can name a backup agent to act if the first one cannot or will not take action. You may also give your agent specific directions about the health care you do or do not want.

You may use a standard power of attorney for health care form or write your own; however, if you write your own, it must be substantially similar to the state form or it may not be accepted by some healthcare facilities.

The agent you choose cannot be one of your healthcare providers. Someone who is not your agent and not related to you must witness your power of attorney for health care document and that person must sign the witness section of the form.

The power of your agent to make healthcare decisions on your behalf is broad. Your agent would be required to follow any specific instructions you give regarding care you want provided or withheld. For example, you can say whether you want all life-sustaining treatments provided in all events; whether and when you want life-sustaining treatment ended; instructions regarding refusal of certain types of treatments on religious or other personal grounds; and instructions regarding anatomical gifts and disposal of remains. Unless you include time limits, the power of attorney for health care document continues in effect from the time it is signed until your death. You can cancel your power of attorney at any time, either by telling someone or by canceling it in writing. Cancellation in writing is recommended so that all parties involved have evidence of the cancellation. If you want to change your power of attorney, you must do so in writing and is best done by completing a new document.

## LIVING WILL

The Living Will Declaration states that if you have a terminal condition, you do not want to receive death-delaying procedures. A living will, unlike a healthcare power of attorney, only applies if you have a terminal condition. A terminal condition means an incurable and irreversible condition such that death is imminent and the application of any death-delaying procedures serves only to prolong the dying process.

Even if you sign a living will, food and water cannot be withdrawn if it would be the only cause of death. Also, if you are pregnant and your healthcare professional thinks you could have a live birth, your living will cannot go into effect.

You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures you do or do not want.

Two people must witness when you sign the living will. Your healthcare professional cannot be a witness. It is your responsibility to tell your healthcare professional if you have a living will. You can cancel your living will at any time, either by telling someone or by canceling it in writing. Canceling in writing is recommended.

If you have both a power of attorney for health care and a living will, the agent named will be involved with decisions regarding your living will.

## MENTAL HEALTH TREATMENT PREFERENCE DECLARATION

A mental health treatment preference declaration lets you say if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness and are unable to make these decisions for yourself. It also allows you to say whether you wish to be admitted to a mental health facility for up to 17 days of treatment.

You can write your wishes and/or choose someone to make your mental health decisions for you. In the declaration, you are called the “principal” and the person you choose is called an “attorney-in-fact.” Neither your healthcare professional nor any employee of a healthcare facility in which you reside may be your attorney-in-fact. Your attorney-in-fact must accept the appointment in writing before he or she can start making decisions regarding your mental health treatment. The attorney-in-fact must make decisions consistent with any desires you express in your declaration unless a court orders differently or an emergency threatens your life or health.

Your mental health treatment preference declaration expires three years from the date you sign it. Two people must witness

the declaration. The following people may not witness your declaration: your healthcare professional; an employee of a healthcare facility in which you reside; or a family member related by blood, marriage or adoption. You may cancel your declaration in writing prior to its expiration as long as you are not receiving mental health treatment at the time of cancelation. If you are receiving mental health treatment, your declaration will not expire and you may not cancel it until the treatment is successfully completed.

## PRACTITIONER ORDER FOR LIFE-SUSTAINING TREATMENT (POLST)

You may also ask your healthcare professional about a POLST form. When completed and signed by a Qualified Health Care Practitioner, this form serves as medical orders that travel with the person across all settings of care including, but not limited to, hospitals, nursing homes, assisted living facilities, home care services and transportation via EMS.

This form includes the option to choose that cardiopulmonary resuscitation (CPR) shall not be attempted if your heart and/or breathing stop. The POLST also allows an individual to document their wishes regarding other medical interventions.

In the event of a hospitalization, you or your legally authorized representative may choose to have a DNR order without completing a POLST form. This DNR order would end at the time of discharge. If a DNR order is entered into your medical record, medical interventions other than resuscitation measures will be provided to you.

## WHAT HAPPENS IF YOU DON'T HAVE AN ADVANCE DIRECTIVE?

Under Illinois law, a healthcare “surrogate” may be chosen for you if you cannot make healthcare decisions for yourself and do not have an advance directive. A healthcare surrogate will be one of the following persons (in order of priority): guardian of the person, spouse, any adult child(ren), either parent, any adult brother or sister, any adult grandchild(ren), a close friend, or guardian of the estate. If there are multiple surrogate decision makers at the same priority level in the hierarchy (for example, more than one adult child), it is the responsibility of those surrogates to make reasonable efforts to reach a consensus as to decisions on your behalf.

The surrogate can make healthcare decisions for you, with certain exceptions. A healthcare surrogate cannot tell your healthcare professional to withdraw or withhold life-sustaining treatment unless you have a “qualifying condition,” which is a terminal condition, permanent unconsciousness, or an incurable or irreversible condition.

A “terminal condition” is an incurable or irreversible injury for which there is no reasonable prospect of cure or recovery, death is imminent and life-sustaining treatment will only prolong the dying process. “Permanent unconsciousness” means a condition that, to a high degree of medical certainty, will last permanently, without improvement; there is no thought, purposeful social interaction or sensory awareness present; and providing life-sustaining treatment will only have minimal medical benefit. An “incurable or irreversible condition” means an illness or injury for which there is no reasonable prospect for cure or recovery, that ultimately will cause the patient’s death, imposes severe pain or an inhumane burden on the patient, and for which life-sustaining treatment will have minimal medical benefit.

If a healthcare surrogate decision maker believes it is in your best interest to withdraw or withhold life-sustaining treatment, two qualified healthcare practitioners must certify that you cannot make decisions and have one of the stated qualifying conditions before such actions can be taken.

A healthcare surrogate, other than a court-appointed guardian, cannot consent to certain mental health treatments, including treatment by electroconvulsive therapy (ECT), psychotropic medication or admission to a mental health facility. A healthcare surrogate can petition a court to allow these mental health services.

#### FINAL NOTES

You should talk with your family, your healthcare professional, your attorney, and any agent or attorney-in-fact that you appoint about your decisions regarding advance directives. If they know what health care you want, they will find it easier to follow your wishes. If you cancel or change an advance directive in the future, remember to tell these same people about the change or cancelation and inform your healthcare provider.

Completion of advance directives is voluntary. No healthcare facility, healthcare professional, or insurer can make you execute advance directives as a condition of providing treatment or insurance. Should they object to following your advance directives, they must tell you or the individual responsible for making your healthcare decisions. They must continue to provide care until you or your decision maker can transfer you to another healthcare provider who will follow your advance directives.

It is Carle Health policy and Carle Medical Supply policy to comply with applicable law and to promote patient self-determination by encouraging the use of advance directives and knowing the treatment preference expressed by the patient in their advance directives, so long as law allows those preferences. In doing so, it is Carle Medical Supply policy not to condition care or discriminate against individuals who execute an advance directive. Carle Medical Supply recognizes that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care.

- All adult patients (over 18) will be informed of the state and federal regulations regarding Advance Directives at the time of admission before care is provided.
- Valid advance directives will be followed to the extent permitted and required by law. In the absence of a POLST form indicating Do-Not-Resuscitate (DNR) and if Carle Medical Supply employee has been certified in CPR, they will perform CPR and call 911. If not certified, they will call 911 and remain with the patient until help arrives.
- The patient has the right to revoke or change the advance directive verbally or in writing.



# Medicare Supplier Standards

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Note that this is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order 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 (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 Center for Medicare and Medicaid Services 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 the local directory or a toll-free number available through directory assistance. The exclusive use of 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 C.F.R. §424.57(c)(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.
13. A supplier must answer questions and respond to complaints of the 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 the Center for Medicare and Medicaid Services any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a Center for Medicare and Medicaid Services-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 the 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 Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

Palmetto GBA: National Supplier Clearinghouse

P.O.Box 100142—Columbia, SC 29202-3142—1-866-238-9652

A CMS Contracted Intermediary and Carrier

# Charges and Medical Claims

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At or before you receive products or services, Carle Medical Supply will give you a written copy of charges.

We will also talk to you about payment methods. Information about non-covered or non-reimbursable charges will also be reviewed.

We accept payment for services from Medicare, Medicaid, workers' compensation, private insurance, or private pay. Coverage of medical supplies and equipment vary based on insurer. Your insurer may require pre-certification. Some products and services may require an office visit with your medical provider, so that your medical condition and need for supplies and equipment can be assessed.

At the time your physician orders your equipment/supplies, Carle Medical Supply will verify coverage. A request will be made to have payments sent directly to Carle Medical Supply. It is your responsibility to make sure Carle Medical Supply receives full payment in a timely manner for the services and equipment provided. You will be responsible for any deductibles, co-payments, or amount not covered by insurance.

In order to file your medical claim in a timely manner, we also need to be notified immediately if:

- You change your name or phone number;
- You change insurance companies;
- Your insurance terminates;
- You become eligible for Medicare or Medicaid;
- You enter a hospice or home care program;
- You enter a skilled nursing facility;
- Your secondary insurance should become primary;
- You are hospitalized or your physician modifies or discontinues your home care prescription;
- You change doctors; or
- You change equipment companies

Should any change be made in this policy regarding services or charges, you or your responsible party will be advised.

For questions about your bill, call (217) 902-6400.

# Sales, Warranties and Travel Assistance

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If you are purchasing the equipment, you will be requested to inspect the equipment at the time of delivery as equipment is accepted in its “as is” condition.

Customers are required to pay the stated purchase price for the equipment. Carle Medical Supply will credit the Customer's account for payments received from any medical insurance program or from any third party.

Carle Medical Supply does not prescribe the equipment and we do not make any warranty (expressed or implied) of merchantability or fitness for purpose of the equipment. Carle Medical Supply is not a manufacturer of equipment and is not responsible for the adequacy or defects in the equipment, or for any defects or problems that appear from its use and maintenance. The Customer agrees to accept whatever warranties are offered by the manufacturer of new equipment in lieu of any warranties of Carle Medical Supply. We are not responsible for any damage relating to the sale or use of the equipment.

The Customer agrees to indemnify and save Carle Medical Supply harmless from and against any claim which may be brought by any persons arising from the sale, delivery, and use of equipment.

## EQUIPMENT WARRANTY

Carle Medical Supply will repair or replace, free of charge, Medicare-covered equipment that is under warranty. A proof of purchase receipt is needed for warranty work. Carle Medical Supply covers warranty for used equipment during the rental period. We'll apply a two-year warranty to purchases of used CPAP machines and a five-year warranty to purchases of used nebulizers.

Carle Medical Supply will always provide instructional literature, where applicable, on the operation of equipment and instruction by a qualified technician (i.e., turning the equipment on and adjustments, as in oxygen and suction), but we cannot administer care to the patient.

In the event your equipment is purchased by Private Insurance, Medicare, Medicaid, and/or Self Pay, please note the following:

Carle Medical Supply maintains a qualified technician to assist with equipment repair and replacement parts at a reasonable cost. If repairs cannot be done in house for any reason, we will make our best efforts to assist with returning items under warranty to the manufacturer. Equipment no longer under warranty will be the financial responsibility of the client. All shipping and handling charges, whether under warranty or not, will be the customer's responsibility.

## CLIENT TRAVEL ASSISTANCE

Carle Medical Supply can provide patients who use oxygen devices with contact information for a travel oxygen supplier. As a courtesy to our customers, we can also provide you with a copy of your current oxygen prescription. Carle Medical Supply cannot accept liability for products or services from other durable medical equipment providers.

## RETURN POLICY

All Carle Medical Supply sales are final. We offer an exchange for items still within their warranty period and considered defective. A receipt must accompany the defective item. A product is deemed defective if any characteristic of the product hinders its usability for the purpose for which it was designed and manufactured.

Hygiene products which relate to personal hygiene and self care are non-returnable. Hygiene products, toileting products, bathroom products, body brace foam cushions, wheelchair cushions, stockings, splints and products that come in contact with the body; cannot be returned as they are single use patient items.

# Discharge, Transfer and Referral

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Discharge, transfer, or referral from our company may result from several types of situations including the following:

- Treatment goals are achieved;
- The level of care you need changes;
- Company resources are no longer adequate to meet your needs;
- Situations may develop affecting your welfare or the safety of our staff;
- Failure to follow the attending physician's orders;
- Nonpayment of charges;
- Failure to meet Medicare and other insurance coverage guidelines; and/or
- A personal decision made by you

You will be given advance notice of a transfer to another organization or discharge, except in case of emergency. If you should be transferred or discharged to another organization, we will provide the information necessary for your continued care. All transfers or discharges will be documented in your records. When discharge occurs, a needs assessment will be take place, and instructions will be provided for any needed ongoing care, treatment or services. We will coordinate your referral to available community resources as needed.

# Financial Assistance

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At Carle, we believe that the cost of healthcare should not stop anyone from receiving necessary care. Our patients may be able to receive free or discounted care through one of our financial assistance programs. Completing a financial assistance application will help Carle determine if you may be eligible to receive free or discounted services. Additional information such as the Carle Financial Assistance Program application, participating providers, plain language summary and policies are available at [carle.org/FinancialAssistance](http://carle.org/FinancialAssistance).

## ELIGIBLE SERVICES

Eligible Services are those services provided in accordance with the generally accepted standards of medical practice by one of the following Carle entities\*:

- Arrow Ambulance, LLC
- Carle Foundation Hospital
- Carle Home Care
- Carle Home Infusion
- Carle Hospice
- Carle Medical Supply
- Carle Physician Group
- Carle Danville Surgery Center
- Carle Champaign Surgery Center
- Carle Therapy Services

## CARLE HOOPESTON REGIONAL HEALTH CENTER AND CLINIC LOCATIONS:

- Carle Cissna Park
- Carle Danville Medical Office Center at The Riverfront
- Carle Mattoon on Hurst
- Carle Milford
- Carle Rossville
- Carle Tuscola
- Carle Watseka
- Carle Hoopston at Charlotte Ann Russell
- Hoopston Community Memorial Hospital

## CARLE RICHLAND MEMORIAL HOSPITAL AND CLINIC LOCATIONS:

- Carle Bridgeport
- Carle Olney - Family Practice Clinic
- Carle Olney - Primary Care Clinic
- Carle Richland Memorial Hospital
- Carle West Salem

## CARLE BROMENN MEDICAL CENTER AND CLINIC LOCATIONS:

- Carle Physician Group
- Carle BroMenn Outpatient Center
- Carle BroMenn Comfort Care and Suites

## CARLE EUREKA HOSPITAL AND CLINIC LOCATIONS:

- Carle Eureka
- Carle El Paso

## You can apply for assistance by:

- Downloading an application through Carle's website at [carle.org](http://carle.org).
- Obtaining a financial assistance application at any of our registration desks throughout our facilities and clinics.
- Requesting an application be mailed to you by:
  - Calling Patient Financial Services at (888) 71-CARLE, (888) 712-2753, or
  - Writing Carle Financial Assistance Program at PO Box 4024, Champaign, IL 61824-4024.

Eligibility will be determined once a completed application is received by Carle. Staff will review your application, and if approved, match you with the most beneficial financial assistance program at Carle.

Patients will not be charged more for care than Amounts Generally Billed (AGB) to those patients who have insurance.

\* Additional providers may provide services at a Carle location who are not participating under the CFAP. View listing of excluded services at [carle.org/FinancialAssistance](http://carle.org/FinancialAssistance).

2023 Carle Financial Assistance Programs (CFAP)					Effective date 3/1/2023
Family Size	200%	300%	400%	600%	
1	\$29,160	\$43,740	\$58,320	\$87,480	
2	\$39,440	\$59,160	\$78,880	\$118,320	
3	\$49,720	\$74,580	\$99,440	\$149,160	
4	\$60,000	\$90,000	\$120,000	\$180,000	
5	\$70,280	\$105,420	\$140,560	\$210,840	
6	\$80,560	\$120,840	\$161,120	\$241,680	
7	\$90,840	\$136,260	\$181,680	\$272,520	
8	\$101,120	\$151,680	\$202,240	\$303,360	
Add per each additional person	\$10,280	\$15,420	\$20,560	\$30,840	
Program Eligibility*	100% CFAP	CFAP 50% and CHRHC/CRMH IL Uninsured Discount Income Max	CAP 40% of Income	CFH/CBMC/CEH IL Uninsured Discount Income Max	

Amounts Generally Billed (AGB) to Carle Financial Assistance Program participants will be determined by Medicare fee-for-service together with all private health insurers, during a prior 12-month period.

1. AGB determined through calculations of sum of all payments plus the sum of all bad debt and charity care adjustments divided by the sum of all charges in the time frame.
2. Time frame included in method is for October 1 through September 30 of the prior calendar year.

\*This discount table may not be applicable to patients of Carle Health Methodist Hospital, Carle Health Pekin Hospital, Carle Health Proctor Hospital and associated clinics.

For information related to Carle Health's Financial Assistance program for the Greater Peoria Region please go to [Carle.org/FinancialAssistance](https://Carle.org/FinancialAssistance)

# Infection Control

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## HAND HYGIENE

Good hand hygiene is the best way to prevent the spread of infections. Practice **good hand hygiene often**. Use soap and water if your hands are visibly dirty. If your hands are not visibly dirty, then you can use an alcohol-based hand gel to clean them. It only takes 15 seconds to practice good hand hygiene.

Ask those around you to practice good hand hygiene. You and your visitors should clean your hands before eating, after using the restroom, after coughing or sneezing, and after touching pets. Consider asking friends and family who are ill, to postpone visits to your home.

## RESPIRATORY HYGIENE

Germs are spread into the air whenever you sneeze or cough. Please avoid spreading infections by:

- Turning away from other people before you cough or sneeze.
- Cover your mouth or nose with a tissue when you cough or sneeze. Discard the tissue in the trash.
- If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Always clean your hands after coughing or sneezing

## SHARP OBJECTS

Sharp items include many items found in home health care environments. This can include items such as needles, syringes, IV catheters, razors and lancets.

Always dispose of sharp materials by placing them in a container designed for sharp disposal. If you don't have a disposal container, place used sharps in a clean, hard plastic or metal container. Seal the lid to the container with heavy duty tape, and mark the container. Your trash hauler may have additional rules you must follow.

## CLEANING YOUR EQUIPMENT

When your equipment is delivered, Carle Medical Supply staff will give you detailed instructions on how to clean and care for the products.



# Falls, Fires, Hazard and Medication Safety

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Making changes at home can help prevent falls, hazards and fires - and help keep you and your visitors safe.

## Kitchen

- Place a barstool in the kitchen to use when washing dishes or cooking.
- Use a wheeled utility cart to transport multiple items.
- If you use a walker, attach a bag or basket to help transport things.
- Put heavy items or things you use a lot on the counter. This will reduce your need to bend and reach.

## Bathroom

- Place nonskid strips or a mat on the bottom of your tub or shower.
- Install grab bars on the walls of your tub or shower.
- Use liquid soap or soap on a rope to prevent dropping soap.
- If your toilet seat is low, purchase a raised seat with arms.
- Consider a hand-held shower head and shower bench.

## Bedroom

- Put a lamp and telephone on a close bedside table.
- Get up slowly after you sit or lie down.

## General

- Keep clutter off floors and stairs.
- Remove throw rugs to prevent tripping.
- Check stairs and handrails to make sure they are secured the right way.
- Post emergency phone numbers on each phone.
- Install nightlights that turn on automatically so you don't have to bend to turn them on.
- Make sure furniture is stable and placed to allow for a clear walking path.
- Measure stairs and doorways to make sure assistive devices fit.

- Remove loose wires and cords. Tape down those that can't be moved.
- Have regular health checkups. Ears, eyes and medication use can impact balance.
- Repair and remove cracks, transitions, uneven surfaces or thresholds. If these areas can't be repaired or removed, consider highlighting the area or adding a ramp.

## FIRE SAFETY:

Knowing how to reduce the chance of a home fire can help keep you safe.

- Have easy access to a telephone in case of a fire.
- Have a fire escape plan and practice it every six months.
- If you have a fireplace or wood-burning stove, keep items far enough away so they don't get warm enough to ignite.
- Do not put flammable items near high risk areas. High risk areas include water heaters, furnace, ignition sources or places with clutter.
- Keep a fire extinguisher within reach in your kitchen, bedroom and other living areas. Check the extinguishers monthly, including the expiration date.
- Smoke detectors should be placed in bedrooms, kitchen and other living areas. Check to make sure they work every month, and replace the batteries every 6 months.
- Make sure electrical appliances are not exposed to liquids.
- Turn pan handles away from burners and the edge of the stove.
- Do not leave the stove unattended while cooking.
- Use oxygen only as directed.
- Do not smoke when using oxygen (including e-cigarettes). Post "No Smoking" signs in the home.
- Store oxygen cylinders away from the heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Never store oxygen in a confined space such as a cabinet or closet.
- Keep oil/petroleum products, grease, and flammable material away from your oxygen system. Avoid using aerosols near oxygen.
- While transporting oxygen in a vehicle, ensure containers are secure and positioned properly.



#### Hazardous Items

- Do not mix products containing chlorine or bleach with other chemicals.
- Store hazardous items in their original containers.
- Keep hazardous products out of reach of children and confused or impaired adults.
- Dispose of hazardous items and poisons as directed.

#### Medical Equipment

- Keep instructions with the equipment.
- Perform routine and preventative maintenance according to the manufacturer's instructions.
- Provide adequate electrical power for medical equipment such as ventilators, oxygen concentrators and other equipment.
- Test equipment alarms periodically to make sure that you can hear them.
- Have equipment batteries checked regularly by a qualified service person.
- Bed side rails are properly installed and used only when necessary. Do not use bed rails as a substitute for a physical protective restraint.
- If bed rails are split, remove or leave the foot-end down so the patient is not trapped between the rails.
- Mattress must fit the bed. Add stuffers in gaps between the rail and mattress or between the head and foot board and mattress to reduce gaps.
- Register with your local utility company if you have electrically powered equipment such as oxygen or ventilator.

#### MEDICATION SAFETY:

- If you have any questions about your medications including how, when, and why, ask your doctor, pharmacist, or nurse.
- Always follow your doctor's directions when taking medications. There are important reasons to take your medication at a specific dose and time.
- Keep a list of your current medications, including the times and reasons you take each one. This will help your health care providers adjust your medications and identify potential interactions. Also include over-the-counter drugs, herbal medicines, and supplements to this list.
- Read new prescriptions before leaving the doctor's office and ask questions if you find the instructions unclear. Do the same with the medication label when you receive the medication from your pharmacy.
- Do not take any medications that are prescribed to someone else.
- Store medications in a dry place at room temperature, away from direct sunlight and out of reach of children. Some medications may require refrigeration.
- Federal disposal guidelines for medications: Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medications down the sink or toilet unless this information specifically instructs you to do so. Some communities have pharmaceutical take-back programs that allow you to return unused medication so that it can be properly disposed. If your community does not have this program available, take the medication out of its container and mix it with an undesirable substance, such as used coffee grounds or kitty litter. Place the mixture in a sealable bag, empty can, or other container to prevent the drug from leaking or breaking out of the garbage bag.

# Severe Weather and Emergencies

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Planning ahead for severe weather and emergencies can help you stay safe and have access to the equipment you need.

Carle Medical Supply is prepared to work during severe weather conditions. Traffic conditions or storm related issues could impact our performance.

If a delivery or follow-up visit is planned during several weather or emergency situations, Carle Medical supply with call to provide updates. For life threatening emergencies, always call 911.

## POWER LOSS

If you use respiratory equipment which uses electricity, switch to your back-up system. Upon switching to back up, call Carle Medical Supply to let us know the amount of time you have on your back-up equipment.

## ALTERNATE SHELTER

Some disasters many require you to relocate. This includes power outages where service may not be restored quickly.

When relocating to a safe, alternate location, bring your medical equipment and supplies with you. Many emergency shelters offer power through use of generators.

If you plan to relocate, call Carle Medical Supply with updated contact information including the address and phone number. This will allow us to provide updates and services to you once we can safely and legally do so.

## LIGHTNING

If you are outside during a lightning storm:

- Avoid things like trees and other natural lightning rods in open areas.
- Get as far away as possible from anything metal.

If you are inside:

- Stay away from all windows.
- Avoid using phones with cords unless it is an emergency.
- Avoid sinks, faucets, and tubs as metal pipes conduct electricity.

## TORNADO

Go to a pre-designated area such as a safe room or a small interior windowless room on the lowest level, below ground in a basement, or storm cellar, is best. Use a closet or interior hallway away from corners, windows, doors, and outside walls if no basement is available. Put as many walls as possible between you and the outside. Get under a sturdy table and cover your head and neck with your arms and cover your body as best you can e.g., with a heavy coat or blankets and pillows.

If patient is bedbound, the bed must be moved as far away from a window as possible. Protect the face and head using blankets, pillows, or a heavy coat.

If patient is in a vehicle, mobile home, or trailer, exit and find a sturdy structure for cover. If there is not a sturdy structure near, go to the nearest ditch, lie flat, and cover your head and neck. Do not attempt to out-drive a tornado.

## WINTER STORM

- Stay indoors during the storm.
- Drive only if it is absolutely necessary. If you must drive: travel in the day, don't travel alone, keep others informed of your schedule and your route, stay on main roads, and avoid back road shortcuts.
- Wear several layers of loose-fitting, lightweight, warm clothing rather than one layer of heavy clothing. The outer garments should be tightly woven and water repellent.
- Wear mittens, which are warmer than gloves.
- Wear a hat and cover your mouth with a scarf to reduce heat loss.

# Glossary

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**Activities of daily living (ADL's):** Routine activities that people tend to do every day without needing assistance. There are six basic ADL's: eating, bathing, dressing, toileting, transferring, and continence.

**Allowable:** Maximum amount on which payment is based for covered health care service.

**Appeal:** A request for your health insurer or plan to review a decision or grievance again.

**Advance Beneficiary Notice of Non-coverage (ABN):** Is a notice that Medicare providers and suppliers are obligated to give a Medicare enrollee when they find that Medicare does not cover the services the enrollee requests.

**Authorization for Pick-up:** The process of giving someone permission to do or have something on your behalf.

**Balance Billing:** When a provider bills you for the difference between the provider's charge and the allowed amount.

**Certificate of Medical Necessity (CMN):** Is a piece of paper required by Centers for Medicare and Medicaid Services to substantiate the medical necessity of an item of durable medical equipment furnished to a Medicare beneficiary. It is essentially a detailed prescription.

**Co-Insurance:** Your share of the cost of a covered health care service, calculated as a percent of the allowed amount for the service.

**Co-Payment:** A fixed amount you pay for a covered health care service, usually when you received the service. The amount can vary by the type of covered health care service.

**Deductible:** The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

**Durable Medical Equipment (DME):** Equipment and supplies ordered by a health care provider for everyday and extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches, etc.

**Estimated Co-Insurance:** A health cost between you and your insurance company. The cost sharing ranges will vary based on your plan.

**Face to Face Clinical Notes:** Progress notes that are part of a medical record where healthcare professionals record details to document a patient's clinical status or achievements during the course of a hospitalization or over the course of outpatient care.

**Health Insurance:** Insurance to cover the costs or losses incurred if an insured person falls ill.

**Home Health Care:** Supportive care provided in the home. Care is provided by licensed healthcare professionals who help to ensure the patient can complete activities of daily living (ADL's).

**Hospice Care:** A type and philosophy of care that is palliative rather than curative. Hospice care provides specialized nursing, as well as emotional and spiritual care with Medical Social Workers and Chaplains.

**ICD-10 Diagnosis Code:** A classification of diagnoses in the medical field. ICD stands for International Classifications of Diseases. The corresponding number is the current revision.

**Medical Necessity:** Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or symptoms according to accepted standards of medicine.

**National Provider Identifier (NPI):** Is a unique 10-digit identification number issued to health care providers in the United States by the Centers of Medicare and Medicaid Services.

**Out of Network Co-Insurance:** The percent you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out of network co-insurance usually cost you more than in-network co-insurance.

**Out of Network Co-payment:** A fixed amount you pay for covered health care services from providers who do not contract with your health insurance or plan. Out of network co-payments usually are more than in network copayments.

**Plan:** A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

**Pre-authorization:** A decision by your health insurer that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification.

**Premium:** The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

**Primary Care Provider:** A provider who has a contract with your health insurer or plan to provide services to you. Your health insurance or plan has a “tiered” network and you must pay extra to see some providers.

**Provider:** A person who helps in identifying or preventing or treating illness or disability.

**Rehabilitation Services:** Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and /or outpatient settings.

**Skilled Nursing Care:** Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

**Specialist:** A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

**Waiver of Liability:** A legal document that a person who participates in an activity may sign to acknowledge the risks involved in his or her participation. By doing so the company removes legal liability from the business or person responsible.

# TRAINING ACKNOWLEDGMENT

## CONCENTRATORS:

- Written instructions given (O2 safety and concentrator safety sheet)
- Demonstrate Operations:
  - On/Off
  - Filters
  - Audible alarm to patient and/or caregivers
  - Flow meter
  - Alarm systems
- Identify concentrator components
- Discuss trouble shooting
- Discuss preventative and routine maintenance
- Instruct on cleaning and disinfecting of equipment
- Discuss how to get supplies
- Discuss prescription and administrative device
- Discuss equipment malfunction procedures
- Return demonstration on back-up usage
- Discuss safety procedures
- Oxygen equipment safety:
  - No smoking/open flames
  - No oils or repair equipment
  - High pressure system
  - Safe transport of equipment & tanks
- Demonstrate assembly of all system components
- Return demonstration of equipment use
- Outlet tested and grounded

## CYLINDERS WITH REGULATOR:

- Written instructions given
- Where to store/locate safely
- Demonstrate turning on and off and adjusting flow
- Demonstrate empty cylinder replacement
- Demonstrate carrying device application
- Discuss troubleshooting (leaks)
- Discuss anticipated tank supply (time and flow)
- Discuss storage and transportation of cylinders
- Discuss prescription and use of equipment
- Discuss size and types of portables available
- Discuss equipment malfunction procedures
- Discuss acquisition and replacement of supplies
- Discuss preventative and routine maintenance
- Instruct on cleaning and disinfecting
- Discuss safety procedures related to equipment
- Oxygen equipment safety:
  - No smoking/open flames
  - No oils or repair of equipment
  - High pressure system
  - Safe transport of equipment
- Return demonstration of equipment use

## DEMAND/CONSERVING REGULATOR:

- Written instruction given
- Location safety
- Demonstration operation
- Flow control
- Limitations
- Cleaning
- Discuss prescription and use of regulator
- Discuss equipment malfunction procedures
- Discuss how to get supplies
- Discuss preventative and routine maintenance
- Discuss safety procedures related to the equipment
- Return demonstration of equipment use

## HIGH VOLUME NEBULIZER/AIR COMPRESSOR:

- Written instructions given
- Demonstrate operation
- PSI
- Collar
- Circuit breaker
- On/Off
- Instruction on cleaning and disinfecting
- Demonstrate assembly
- Return demonstration of equipment use
- Outlet tested and grounded

\_\_\_\_\_  
Signature of Patient or Authorized Person

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carle Medical Supply Representative

# EQUIPMENT CHECKLIST

## CRUTCHES AND WALKERS:

### CRUTCHES:

- Demonstrate adjustment (if applicable) to achieve proper height
- Demonstrate use of crutches for maximum support and safety
- Demonstrate inspection of and replacement of crutch tips

### WALKERS (RIGID AND FOLDING):

- Demonstrate adjustment of legs to attain proper height
- Demonstrate the use of walker (with casters or standard) for
- Maximum assistance and safety
- Demonstrate folding and unfolding, if appropriate
- Demonstrate inspection of and replacement of tips
- Return Demo

## STRAIGHT AND QUAD CANES:

### STRAIGHT CANES:

- Demonstrate proper height adjustment
- Demonstrate use of cane for maximum support and safety
- Demonstrate inspection of and replacement of cane tips

### QUAD CANES:

- Demonstrate height adjustment
- Demonstrate advantage of quad canes in providing greater stability
- Demonstrate use of quad cane for maximum support
- Discuss safety including potential problems due to the wide base
- Demonstrate inspection of and replacement of cane tips
- Return Demo

## BATHROOM AIDS:

### TUB TRANSFER BENCH:

- Demonstrate adjustment of bench legs
- Demonstrate positioning of the transfer bench in the tub (suction cups and approximately 70% of bench in tub)
- Demonstrate the ease and safety of entering and exiting the tub using the transfer bench
- Return Demo

### BATH/SHOWER BENCH:

- Demonstrate leg adjustment for optimum height and safety
- Demonstrate safe entry in and out of the tub accenting that the bench is not to be used as a major support item
- Recommend that the bench be used by the patient with supervision
- Return Demo

## TOILET SEATS AND SAFETY RAILS:

### RAISED TOILET SEATS:

- Demonstrate any adjustment features of the seat
- Explain use of seat with safety rails
- Explain entering onto and exiting the seat without safety rails
- Explain the safety precautions and possible injury that could be caused by pushing self to a standing position using the seat
- Return Demo

### SAFETY RAILS (TOILET, TUB, OR WALL):

- Provide information for safe use of toilet, tub, or wall (shower) rails
- Stress that a plumber or contractor should install for structural support.
- Return Demo

## HOSPITAL BEDS:

### HOSPITAL BED (ELECTRIC):

- Demonstrate raising/lowering: head and leg sections and side rails using spring-loaded pins
- Demonstrate manual operation due to electrical outage
- Return Demo
- Outlet tested and grounded

### HOSPITAL BED (MANUAL):

- Show location of manual cranks and discuss safety of folding in
- Demonstrate raising/lowering: head and leg sections and side rails using spring-loaded pins
- Return Demo

## WHEELCHAIRS:

- Demonstrate proper fit (thighs at a 90 degree angle to the body)
- Demonstrate proper operation of wheelchair based on patient ability
- Demonstrate the proper method for attaching foot and/or leg rests
- Demonstrate removal and replacement of removable arms if appropriate
- Demonstrate elevation of leg rests, if appropriate
- Demonstrate how to engage and disengage wheel locks
- Demonstrate safe entry onto and off of the wheelchair
- Demonstrate any of the following, if applicable:
  - Full reclining
  - Hemiplegic propulsion
  - One arm drive
  - Motorized propulsion
- Wheelchair safety and handling instruction sheet given to patient/caregiver
- Return Demo

## NEBULIZER—SMALL, HAND-HELD:

- Written instruction given (Nebulizer sheet)
- Demonstrate operation of nebulizer equipment
- Instruct on cleaning and disinfecting
- Demonstrate how to get supplies
- Patient or caregiver verbalizes understanding
- Return Demo
- Outlet tested and grounded

## PATIENT LIFT:

- Demonstrate base adjustment and hooking up chains
- Demonstrate operation of the hydraulic cylinder section (or manual crank)
- Demonstrate the proper method for placing the patient in the sling
- Demonstrate transferring patient and disconnecting from lift
- Discuss equipment malfunction procedure
- Return Demo

## TRAPEZE BAR/TABLE/COMMUNE:

### TRAPEZE BAR:

- Demonstrate how to adjust the triangular grip
- If the bar is clamp-on, show how to determine a loose clamp condition, and if found, how to tighten or when to call for help

### OVERBED TABLES:

- Demonstrate height and tilt adjustment

### BEDSIDE COMMUNE:

- Demonstrate height adjustment of legs, if required
- Demonstrate removal and replacement of collection pail for Disposal
- If a wheeled unit, show brake application for safety
- If the unit includes a movable arms, demonstrate use for easy side entry and exit
- Return Demo

## NASAL CPAP/BIPAP:

- Discuss purpose of device and how to get supplies
- Identify and explain connections, switches and controls.
- Demonstrate removing, cleaning and replacing filters
- Demonstrate assembly of tubing, masks and connectors.
- Fit patient with mask and review placement and care.
- Discuss pressure level, and place mask on them to feel pressure.
- Discuss use during travel
- Discuss malfunction procedures.

\_\_\_\_\_  
Signature of Patient or Authorized Person

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carle Medical Supply Representative

Patient Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

**FIRE:**

- Discuss available escape routes.
- Discuss necessity to assure fireplace, wood-burning stove is clear of fire hazards.
- Discuss not having flammable items near areas of high risk (e.g., water heater, furnace, ignition sources, high-clutter areas).
- Recommend that client has a fire extinguisher within reach of kitchen, bedroom, living room, or other necessary areas and that the client check extinguishers monthly.
- Recommend that smoke detectors are present in the home and checked monthly.

**GENERAL HOME SAFETY RECOMMENDATIONS (As Appropriate):**

- Discuss need for non-slip surfaces in the bath tub/shower.
- Discuss need for shower chairs and grab bar.
- Discuss general bath safety, spills, and slipping risks.
- Check doorway for adequate width for equipment usage. Width: \_\_\_\_\_
- Discuss the need for ramps.
- Discuss the need for handrails on stairways.
- Discuss stairway stability, sizing of steps and properly securing carpet/rugs.
- Discuss not leaving items on stairway or walkways to avoid falls.
- Discuss keeping emergency phone numbers by the phone.

**FALL RISK ASSESSMENT:**

- Discuss repairing or highlighting cracks and uneven surfaces or walkways.
- Discuss the use of bath aids as needed, which may include a bedside commode, grab bars, shower chairs, and elevated toilet seat.
- Discuss the importance of keeping rooms uncluttered and obstacles removed.
- Discuss keeping emergency phone numbers by phone.
- Recommend all furniture is stable and secure.
- Recommend transitions and thresholds more than ½ inch are eliminated or ramped.
- Recommend throw rugs are eliminated, have non-slip backing or are taped to the ground.
- Discuss keeping power cords out of high traffic flow areas or under carpets.
- Discuss the importance of being careful to avoid and clean spills to prevent slipping.

**\*Document any Home Evaluation or Fall Assessment concerns on the appropriate form\***

Carle Medical Supply Representative: \_\_\_\_\_

Date: \_\_\_\_\_





Patient Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

**CUSTOMER ORIENTATION**

I have received and/or have been instructed on the following information:

- Orientation booklet including rights and responsibilities as a customer.
- Product warranty information, as applicable.
- My delivery ticket/service denoted equipment delivered.
- The assignment of benefits.
- The safe environment of my home and its suitability for use of the equipment delivered.
- The safe and proper use of the equipment delivered including cleaning procedures.
- Carle Medical Supply telephone number(s) and information on products and services.
- Privacy Statement as well as Medicare Supplier Standards (if applicable).
- Policy on advance directives and resuscitation (if applicable).
- I have been given the right to rent or purchase this item.
- Infection control measures reviewed and understood.
- Other \_\_\_\_\_

Related to Carle Medical Supply, I give permission for the following person(s) to:

- Sign for supplies and/or equipment
- Inquire about billing status of my account
- Receive care instructions or education on my behalf
- Other \_\_\_\_\_
- All of the above

I understand that if any of this information changes, it is my responsibility to inform the staff at Carle Medical Supply and I will fill out a new form.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Patient/Guardian/Legal Representative Signature

\_\_\_\_\_  
Date

Relationship if not the patient: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Date: \_\_\_\_\_

- |  |   |
|--|---|
| 1. Patient has a smoking history two months prior to setup.<br>Initials: _____   | 3 |
| 2. Patient intends to smoke while oxygen is on.<br>Initials: _____   | 5 |
| 3. Patient lives alone at his or her place of residence.<br>Initials: _____  | 2 |
| 4. Patient is 65 years old or older.<br>Initials: _____  | 1 |
| 5. Patient and/or caregivers are not sure if the home has working fire extinguisher or smoke detectors.<br>Initials: _____ | 2 |
| 6. Patient has cognitive or physical limitations that would affect safe use of oxygen equipment.<br>Initials: _____        | 5 |

\*A score greater than 5 will require Carle Respiratory approval\*

Carle Medical Supply wants to help you stay healthy and safe. You have been informed of the safety rules that you're required to follow regarding oxygen in your home.

I have asked any questions that I may have regarding home oxygen safety and I understand the following safety requirements:

- I will not smoke near oxygen;
- I will keep my oxygen away from all open flames and sources of heat; and
- I will enforce these same rules to anyone who may enter or live in my home.

Because Carle Medical Supply is concerned about your personal safety, we are obligated to notify your physician and discontinue oxygen services if there is evidence of smoking with oxygen.

Signature of Patient or Authorized Person: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Printed Name and Relationship of Authorized Person: \_\_\_\_\_

Address, if other than patient: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature of Practitioner: \_\_\_\_\_ Date/Time: \_\_\_\_\_

I have provided interpretation in \_\_\_\_\_ of any verbal and/or written information, including this Admission Consent form, which has been provided to the patient/authorized person to consent.

Full Name and Badge Number of Interpreter: \_\_\_\_\_ Date/Time: \_\_\_\_\_



Patient Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Every rented product is under CMS warranty while rented. If the product converts to purchase, the remaining manufacturer warranty is honored by CMS for the remainder of the warranty.

Carle Medical Supply will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

Carle Medical Supply 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.

I have been instructed and understand the warranty coverage on the product I have received.

Customer Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Customer or Authorized Person: \_\_\_\_\_

Printed name of Authorized Person (if needed): \_\_\_\_\_

Relationship: \_\_\_\_\_

Carle Medical Supply Representative: \_\_\_\_\_ Date: \_\_\_\_\_



Patient Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

**NOTIFICATION FOR SERVICES ON OR AFTER JANUARY 1, 2006:**

I received instruction and understand that Medicare defines the \_\_\_\_\_ that I received as being either a capped rental or an inexpensive or routinely purchased item.

For capped rental items: Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary. After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service of repair. Examples of this type of equipment include: hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts and trapeze bars.

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: canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails and traction equipment.

I select the:  purchase option  rental option

My signature below attests that I have received and/or been instructed on the above referenced information.

Customer Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Customer or Authorized Person: \_\_\_\_\_

Printed name of Authorized Person (if needed): \_\_\_\_\_

Relationship: \_\_\_\_\_

Carle Medical Supply Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# Notice Of Billing Responsibility

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_

Account Number: \_\_\_\_\_ Insurance: \_\_\_\_\_

This notice is to inform you that your insurance will only pay for services that are medically necessary. If your insurance company determines that a particular service or device is no longer medically necessary, they may deny payment for that service. Medical necessity may be determined through follow up visits with your provider in the intervals specified below. If you do not meet those requirements or fail to follow up with your medical provider when required, your insurance may deem the service or device is no longer medically necessary.

Please thoroughly read this notice so you can make an informed decision regarding your insurance coverage, cost of requested items, and cost to you. Please ask any questions that you may have prior to signing this form.

Check all that apply:

- Oxygen Therapy:
  - Provider follow up visit at 90 days and annually to determine continued need and O2 Saturation of 88% or less \_\_\_\_\_ (Initial)
- C-Pap- Bi-Pap/Humidifier:
  - Provider follow up visit at 90 days and annually to determine continued need, proof of usage of 70% or higher within the first 90 days \_\_\_\_\_ (Initial)
  - Items are excluded from Financial Assistance discounts. \_\_\_\_\_ (Initial)
- Hospital Bed:
  - Provider follow up visit at 90 days and annually to determine continued need \_\_\_\_\_ (Initial)
- Wheel Chair:
  - Provider follow up visit at 90 days and annually to determine continued need \_\_\_\_\_ (Initial)
- TENS Unit:
  - Provider follow up visit at 60 days and annually to determine continued need \_\_\_\_\_ (Initial)
- Other (please explain): \_\_\_\_\_  
\_\_\_\_\_ (Initial)

I, \_\_\_\_\_, have been notified by Carle Medical Supply that my insurance company may deny payment for the services identified above if the required compliance elements are not fulfilled. If compliance guidelines are not met, charges do not qualify for Financial Assistance Discounts. If payment is denied by my insurance, I agree to be personally and fully responsible for payment.

Billing Code: _____	Description: _____	Cost: _____
Billing Code: _____	Description: _____	Cost: _____
Billing Code: _____	Description: _____	Cost: _____

Signed,

\_\_\_\_\_  
Patient/Beneficiary/Representative Signature

\_\_\_\_\_  
Date

Champaign: (217) 383-3487  
Danville: (217) 446-0577  
Mattoon: (217) 258-7600  
Bloomington: (309) 268-5161







IMPORTANT PHONE NUMBERS (PATIENT TO COMPLETE)

 Emergency: **911**

 Ambulance: \_\_\_\_\_

 Fire: \_\_\_\_\_


 Police: \_\_\_\_\_

 Hospital: \_\_\_\_\_

 Doctor: \_\_\_\_\_

 Non-Emergency Transportation: \_\_\_\_\_

 Pharmacy: \_\_\_\_\_

 Poison Control: **1-800-222-1222 or 911**

 Home Health Agency: \_\_\_\_\_

 Electric/Gas Company: \_\_\_\_\_

 Phone Company: \_\_\_\_\_

 Water Company: \_\_\_\_\_

 Family: \_\_\_\_\_

 Family: \_\_\_\_\_

 Family: \_\_\_\_\_