

**Aspire Mobility
Patient Intake Information**

Patient

Full Name: _____
Date of Birth: _____
Address: _____
City/State/Zip: _____
Phone (Home): _____
Phone (Cell): _____
Diagnosis: _____

Patient Primary Insurance

Company Name: _____
Policyholder Name: _____
Policyholder Date of Birth: _____
ID #: _____
Policyholder Address: _____
Relationship to Patient: _____

Parent/Guardian/Spouse (Circle One)

Full Name: _____
Address: _____
City/State/Zip: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Patient Secondary Insurance

Company Name: _____
Policyholder Name: _____
Policyholder Date of Birth: _____
ID #: _____
Policyholder Address: _____
Relationship to Patient: _____

Primary Care Doctor: _____
Physical Therapist: _____

Orthopedic Doctor: _____
Height: _____ Weight: _____

Any Past or Upcoming Surgeries: _____

Emergency Contact (Required)

Name: _____
Phone (Home): _____

Phone (Work): _____
Phone (Cell): _____

Acknowledgement of receipt of information:

Please initial the following in acknowledgement of receipt of information:

- _____ I received written & verbal instruction of Aspire Mobility's Notice of Privacy Practices.
- _____ I received written & verbal instruction of Aspire Mobility's Patient Bill of Rights and Responsibilities.
- _____ I received written & verbal instruction of Aspire Mobility's Emergency Planning Guide.
- _____ I have received a copy of the DMEPOS Supplier Standards.
- _____ I am aware that the Aspire Mobility patient documentation is available on their website.

I hereby authorize Aspire Mobility to obtain and/or release any and all medical information including photographs of patients and/or equipment relating to all claims for benefits submitted on my behalf (and/or my dependents) to the above-named insurance carriers. I further expressly agree and acknowledge that my signature on this document authorizes the submission of claims for benefits, for services rendered or to be rendered, without obtaining my signature on each and every claim to be submitted, and that I will be bound by this signature as though the undersigned has personally signed the particular claim. This authorization remains valid and effective from the date of signing until revoked in writing. I have received a copy of and am in complete understanding of my rights and responsibilities as explained to me. I understand that I am financially responsible for all charges incurred, and that I am further responsible, whether or not I have insurance coverage, for prompt payment upon receipt of the bill. I have the right to review and obtain a copy of the Privacy Notice before signing. I also understand that the terms of the notice may change and I may obtain a copy of the revised Privacy Notice. I also understand that I as the patient have the right to restrict how Patient's Health Information is used or disclosed to carry out treatment of healthcare operations. Aspire Mobility is not required to agree to requested restrictions but if Aspire Mobility agrees to said restriction then it becomes binding. I understand that I have the right to revoke in writing the release of information with the exception of information already released. I understand that I have the Constitutional right to refuse medical services and/or treatment.

Signature: _____

Date: _____

ASPIRE MOBILITY NOTICE OF PRIVACY PRACTICES

As required by Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.

A. OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect the time.

1. How we may use and disclose your identifiable health information.
2. Your privacy rights in your identifiable health information.
3. Our obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices Any revision or amendment to this notice will be effective for all of your records our company has created or maintained in the past, and for any of your records we may create in the future. Our organization will post a copy of our current notice in our office in a prominent location, and you may request a copy of our most current notice during any office visit.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Aspire Mobility
611 Park Meadow Rd., Ste. B
Westerville, OH 43081

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

1. Necessary Documentation for Supply of Equipment: Our company may use your identifiable health information in order to supply you with the correct equipment. For example, we may use documentation from your medical records to assess what type of equipment may be needed. People that work for our company may use or disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children, or parents, or manufacturer or product requested.
2. Payment: Our company may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, any equipment provided by us. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and products.
3. Disclosure to Other Companies: We do not disclose any personal information to anyone except as is necessary in order to provide products of services to you or as we are otherwise required or permitted by law. We may disclosure any of the information that we collect to companies that perform services on our behalf or to other companies with whom we have joint agreements.
4. Appointment Reminders: Our company may use and disclose your identifiable health information to contact you and remind you of service appointments or deliveries.
5. Health-Related Benefits & Services: Our company may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.

6. Release of Information to Family: Our company may release your identifiable health information to a family member that is helping you pay for your healthcare/medical equipment, or who assists in taking care of you.
7. Disclosures Required by Law: Our company will use and disclose your identifiable health information when we are required to do so by federal, state, and local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN CIRCUMSTANCES

1. Public Health Risks: Our company may disclose your identifiable health information to public authorities that are authorized by law to collect information for the purposes of maintaining vital records, reporting abuse or neglect, preventing or controlling of disease, injury or disability, notification of problems with products or devices, or notification of product recalls.
2. Health Oversight Activities: Our company may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.
3. Lawsuits and Similar Proceedings: Our company may use and disclose your identifiable health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. Law Enforcement: We may release identifiable health information if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
 - Concerning a death we believe might have resulted from criminal conduct.
 - Regarding criminal conduct at our office.
 - In response to a warrant, summons, court order, subpoena or similar legal process.
 - To identify/locate a suspect, material witness, fugitive or missing person.
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
5. Series Threats to Health or Safety: Our company may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to prevent the threat.
6. Military: Our company may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
7. National Security: Our company may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. Inmates: Our company may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
9. Worker's Compensation: Our company may release your identifiable health information for worker's compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

1. Confidential Communications: You have the right to request that our company communicates with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our privacy officer at Aspire Mobility specifying

the requested method of contact, or the location where you wish to be contacted. Our company will accommodate reasonable requests.

2. Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or healthcare operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members. We are not required to agree with your requests; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to our privacy officer. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our company's use, disclosure or both; and (c) to whom you want the limits to apply.
3. Inspection and Copies: You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decision about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request for your identifiable health information in writing to our privacy officer. You may also call our company at (614) 423-7174 with any questions. Our company may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our company may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. Accounting of Disclosures: All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our company has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to our privacy officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six years and may not include dates before March 1st, 2017. The first list you request within a 12-month period is free of charge, but our company may charge you for additional lists within the same 12-month period. Our company will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
5. Right to a Paper Copy of This Notice: You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our privacy officer at (614) 423-7174.
6. Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our company or with the Secretary of Health and Human Services. To file a complaint with our company, contact our privacy officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to Provide an Authorization for Other Uses and Disclosures: Our company will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure to your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note we are required to retain records of your care.

ASPIRE MOBILITY PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

As an individual receiving home care services from Aspire Mobility, let it be known and understood that you have the following rights:

1. The right to choose a healthcare provider, including an attending physician. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons entering your residence to provide home care for you.
3. To be provided with adequate information from which you can give your informed authorization for the commencement of service, the continuation of service, the transfer of service to another healthcare provider, or the termination of service.
4. To receive information about the scope of services that the organization will provide and specific limitations on those services. To receive appropriate care without discrimination in accordance with physicians orders, if applicable.
5. To be fully informed in advance about care/service to be provided, informed of the disciplines that furnish care and the frequency of visits, as well as any modifications in the care or treatment to be provided when those changes may affect your well-being.
6. To participate in the development and modification of your care plan.
7. To accept or refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequence that will or may result due to such refusal.
8. To be advised both orally and in writing, before care is initiated, of the extent to which payment for services may be expected from Medicare/Medicaid, insurance, and any charges for which the client/patient will be responsible.
9. To have your privacy and your property respected at all times and to be treated with respect, consideration, and recognition of dignity and individuality. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
10. To express complaints or grievances regarding treatment or care or lack of respect of property or recommend changes in policy, personnel, or care/service or modifications to your home care service without fear of restraint, interference, coercion, discrimination, or reprisal. Have grievances/complaints regarding treatment/care that is or fails to be furnished, or lack of respect of property investigated. If you have a complaint or grievance about our services you may file a complaint to Aspire Mobility by calling (614) 423-7174 or by email to info@aspiremobility.com.
11. To expect that all information received by this organization shall be kept confidential and private and shall not be released without written authorization. To be advised on the agency's policies and procedures regarding the disclosure of clinical records.
12. The right to review Aspire Mobility's Privacy Notice.
13. The right to confidentiality and privacy of all patient/client medical information or Protected Health Information.
14. To receive the appropriate or prescribed service in a professional manner without discrimination.
15. To be informed of any financial benefits when referred to another organization.
16. To be fully informed of your rights and responsibilities in a language you understand.
17. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the organization, and therefore be provided with transfer assistance to an appropriate care or service organization.
18. To formulate and have honored by all healthcare personnel an Advance Directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order. (Required for clinical services)
19. To be informed of anticipated outcomes of services or care and of any barriers in outcome achievement. (Required for clinical services)
20. **DMEPOS Supplier Standards (Effective Immediately)** DMEPOS suppliers have the option to disclose the following statement in order to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

You have the following patient responsibilities:

1. Responsibility to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating your health.
2. Responsibility to report perceived risks in your care and unexpected changes in your condition.
3. Responsibility to help our organization under your environment by providing feedback about service needs and expectations.
4. Responsibility to ask questions when you do not understand any aspect of care or expectations.
5. Responsibility to follow the care, treatment, and services as planned.
6. Responsibility for the outcomes if you do not follow the care, treatments, and services we provide.
7. Responsibility to follow our organization's rules and regulations.
8. Responsibility for you and your family to be considerate of our staff and property.

ASPIRE MOBILITY EMERGENCY PLANNING GUIDE

This pamphlet has been provided by Aspire Mobility to help you plan your actions in case there is a natural disaster where you live. Any areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service when we can during the emergency.

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of the year these emergencies are more prevalent.

Find out when you should evacuate, and when you shouldn't.

Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are opened to the public during voluntary and mandatory evacuation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

Know What to Take With You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.

During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

Reaching Us if There are no Phones

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not)

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us)

If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

An Ounce of Prevention

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

Having the address of your evaluation site, if it is in another city, may allow us to service your mobility needs through another company.

Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from a local store. It comes in very handy if you don't have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with Aspire Mobility and your home nursing agency.
- When you return to your home, contact your home nursing agency and Aspire Mobility so we can visit and see what supplies you need.

For More Information

There is much more to know about planning for and surviving during a natural emergency or disaster.

To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency.

Important Reminder

During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment or supplies, you must go to the nearest emergency room or other treatment facility for treatment.

Medicare DMEPOS Supplier Standards

All Medicare DMEPOS suppliers must be in compliance with these Supplier Standards in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57(c) and went into effect December 11, 2000. A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16). A shortened version has been created to help suppliers comply with this requirement.

- (1) Operates its business and furnishes Medicare-covered items in compliance with all applicable Federal and State licensure and regulatory requirements;
- (2) Has not made, or caused to be made, any false statement or misrepresentation of a material fact on its application for billing privileges. (The supplier must provide complete and accurate information in response to questions on its application for billing privileges. The supplier must report to CMS any changes in information supplied on the application within 30 days of the change.);
- (3) Must have the application for billing privileges signed by an individual whose signature binds a supplier;
- (4) Fills orders, fabricates, or fits items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order. If it does, it must provide, upon request, copies of contracts or other documentation showing compliance with this standard. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal Government Executive Branch procurement or nonprocurement program or activity;
- (5) Advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment, as defined in §414.220(a) of this subchapter. (The supplier must provide, upon request, documentation that it has provided beneficiaries with this information, in the form of copies of letters, logs, or signed notices.);
- (6) Honors all warranties expressed and implied under applicable State law. A supplier must not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or for services covered under warranty. This standard applies to all purchased and rented items, including capped rental items, as described in §414.229 of this subchapter. The supplier must provide, upon request, documentation that it has provided beneficiaries with information about Medicare covered items covered under warranty, in the form of copies of letters, logs, or signed notices;
- (7) Maintains a physical facility on an appropriate site. The physical facility must contain space for storing business records including the supplier's delivery, maintenance, and beneficiary communication records. For purposes of this standard, a post office box or commercial mailbox is not considered a physical facility. In the case of a multi-site supplier, records may be maintained at a centralized location;
- (8) Permits CMS, or its agents to conduct on-site inspections to ascertain supplier compliance with the requirements of this section. The supplier location must be accessible during reasonable business hours to beneficiaries and to CMS, and must maintain a visible sign and posted hours of operation;
- (9) Maintains a primary business telephone listed under the name of the business locally or toll-free for beneficiaries. The supplier must furnish information to beneficiaries at the time of delivery of items on how the beneficiary can contact the supplier by telephone. The exclusive use of a beeper number, answering service, pager, facsimile machine, car phone, or an answering machine may not be used as the primary business telephone for purposes of this regulation;
- (10) Has a comprehensive liability insurance policy 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. In the case of a supplier that manufactures its own items, this insurance must also cover product liability and completed operations. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed;
- (11) Must agree not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies:
 - (i) The individual has given written permission to the supplier to contact them by telephone concerning the furnishing of a Medicare-covered item that is to be rented or purchased.
 - (ii) The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item.
 - (iii) If the contact concerns the furnishing of a Medicare-covered item other than a covered item already furnished to the individual, the supplier has furnished at least one covered item to the individual during the 15-month period preceding the date on which the supplier makes such contact.

Medicare DMEPOS Supplier Standards

- (12) Must be responsible for the delivery of Medicare covered items to beneficiaries and maintain proof of delivery. (The supplier must document that it or another qualified party has at an appropriate time, provided beneficiaries with necessary information and instructions on how to use Medicare-covered items safely and effectively);
- (13) Must answer questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented. A supplier must refer beneficiaries with Medicare questions to the appropriate carrier. A supplier must maintain documentation of contacts with beneficiaries regarding complaints or questions;
- (14) Must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries. The item must function as required and intended after being repaired or replaced;
- (15) Must accept returns from beneficiaries 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);
- (16) Must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item;
- (17) Must comply with the disclosure provisions in §420.206 of this subchapter;
- (18) Must not convey or reassign a supplier number;
- (19) Must have a complaint resolution protocol to address beneficiary complaints that relate to supplier standards in paragraph (c) of this section and keep written complaints, related correspondence and any notes of actions taken in response to written and oral complaints. Failure to maintain such information may be considered evidence that supplier standards have not been met. (This information must be kept at its physical facility and made available to CMS, upon request.);
- (20) Must maintain the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:
- (i) The name, address, telephone number, and health insurance claim number of the beneficiary.
 - (ii) A summary of the complaint; the date it was received; the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.
 - (iii) If an investigation was not conducted, the name of the person making the decision and the reason for the decision.
- (21) Provides to CMS, upon request, any information required by the Medicare statute and implementing regulations.
- (22) All suppliers of DMEPOS and other items and services must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services.
- (23) All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the new supplier location for three months after it is operational without requiring a new site visit.
- (24) All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
- (25) All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.