

TruePath Medical Supply

Patient Information Packet

This packet contains important information about your rights, responsibilities, safety guidance, privacy practices, and policies regarding services provided by TruePath Medical Supply.

Patient Rights & Responsibilities

Patient Rights & Responsibilities

(Durable Medical Equipment – Home Medical Equipment Services)

Patient Rights

As a patient receiving services, you have the right to:

1. Respect & Dignity

Be treated with courtesy, respect, and dignity

Receive care without discrimination

Be free from abuse, neglect, exploitation, or harassment

2. Information & Education

Receive clear instructions on the safe use of your equipment

Receive written and verbal education

Be informed about potential risks, benefits, and proper maintenance

Ask questions and receive understandable answers

3. Participation in Care

Participate in decisions regarding your equipment and services

Refuse equipment or services (as permitted by law)

Be informed of consequences of refusing treatment

4. Privacy & Confidentiality

Have your personal health information protected

Review your medical records

Request corrections to your records

Expect compliance with the Health Insurance Portability and Accountability Act (HIPAA)

5. Financial Transparency

Receive clear explanation of:

Insurance coverage

Co-pays and deductibles

Rental vs. purchase options

Receive notice of any changes in billing

6. Quality & Safety

Receive safe, clean, and properly functioning equipment

Be informed of equipment recalls

Receive timely service, repair, or replacement

7. Complaint Process

Voice complaints without fear of retaliation

Receive information on how to file complaints with:

The supplier

Accreditation organization

Centers for Medicare & Medicaid Services (1-800-MEDICARE)

U.S. Department of Health and Human Services Office of Inspector General

Patient Responsibilities

As a patient, you are responsible for:

1. Accurate Information

Providing complete and accurate medical and insurance information

Informing the supplier of changes in address, insurance, or physician

2. Proper Equipment Use

Using equipment as prescribed

Following instructions provided

Not modifying or misusing equipment

3. Equipment Care

Maintaining equipment in clean condition

Protecting rental equipment from damage or theft

Returning rental equipment when no longer medically necessary

4. Financial Responsibility

Paying required co-pays, deductibles, or non-covered charges

Notifying the supplier of billing questions promptly

5. Reporting Issues

Reporting equipment malfunction immediately

Reporting changes in medical condition

Notifying supplier if equipment is lost or stolen

6. Home Safety

Maintaining a safe environment for equipment use

Ensuring electrical safety for powered devices

Following oxygen fire safety precautions (if applicable)

Acknowledgment

I acknowledge that I have received and understand the Patient Rights & Responsibilities.

Patient Name: _____ Signature: _____ Date:

Staff Name: _____ Date: _____

Privacy Notice

PRIVACY NOTICE

NOTICE OF PRIVACY PRACTICES

Effective Date: _____

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.

Our Commitment to Your Privacy

Truepath Medical Supply is committed to protecting the privacy and confidentiality of your Protected Health Information (PHI). We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices.

How We May Use and Disclose Your Information

We may use or disclose your health information for the following purposes:

1. Treatment

To coordinate your care with physicians, healthcare providers, and suppliers regarding your medical equipment and supplies.

2. Payment

To bill and collect payment from Medicare, Medicaid, private insurance companies, or other third parties.

3. Healthcare Operations

For business activities such as quality assessment, compliance reviews, auditing, staff training, licensing, and accreditation.

4. As Required by Law

When required by federal, state, or local law.

5. Public Health and Safety

To prevent or control disease, report abuse or neglect, or respond to health oversight agencies.

Your Rights Regarding Your Health Information

You have the right to:

Request a copy of your medical records

Request corrections to your records

Request restrictions on certain disclosures

Request confidential communications

Receive a list of certain disclosures of your information

Obtain a paper copy of this notice upon request

Our Responsibilities

We are required to:

Maintain the privacy of your Protected Health Information

Provide you with this notice

Follow the terms of the notice currently in effect

Notify you if a breach occurs that may have compromised your information

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

Truepath Medical Supply Privacy Officer Phone: 602-806-6152 Email:
info@truepathmedicalsupply.com

You may also file a complaint with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Changes to This Notice

We reserve the right to change this notice and make the revised notice effective for all health information we maintain.

Acknowledgment of Receipt

I acknowledge that I have received a copy of this Privacy Notice.

Patient Name: _____

Signature: _____

Date: _____

Complaint Process

Complaint Process

(Durable Medical Equipment – Patient Rights & Grievance Procedure)

Our Commitment

TruePath Medical Supply LLC is committed to providing safe, high-quality equipment and services. Patients have the right to voice complaints or concerns without fear of retaliation.

How to File a Complaint

Step 1: Contact the Supplier Directly

Patients are encouraged to first contact:

TruePath Medical Supply LLC Phone: 602-806-6152 Office Hours: _____
After-Hours/Emergency Number: _____

Provide:

Patient name

Date of service

Description of concern

Equipment involved (if applicable)

Step 2: Internal Review Process

Complaint is documented in the Complaint Log

Reviewed by management or compliance officer

Investigation initiated within 24–48 hours

Resolution communicated to patient

All complaints tracked for Quality Improvement (QI)

If complaint involves safety concerns, corrective action will be taken immediately.

Step 3: External Complaint Options

If the patient is not satisfied with the resolution, they may contact:

Medicare

Centers for Medicare & Medicaid Services Phone: 1-800-MEDICARE (1-800-633-4227) TTY:
1-877-486-2048 Website: www.medicare.gov

Office of Inspector General

U.S. Department of Health and Human Services Office of Inspector General Phone: 1-800-HHS-TIPS
(1-800-447-8477) Website: oig.hhs.gov

Office for Civil Rights (Privacy Complaints)

U.S. Department of Health and Human Services Office for Civil Rights Phone: 1-800-368-1019
Website: www.hhs.gov/ocr

Accreditation Organization (if applicable)

If accredited by HQAA: Phone: 1-877-801-0495

Non-Retaliation Policy

Patients may file complaints without fear of discrimination, service interruption, or retaliation.

Complaint Response Timeline

Acknowledgment: Within 2 business days

Investigation: Within 5 business days

Resolution goal: Within 14 business days

(Serious safety complaints handled immediately.)

Documentation

The following will be recorded:

Date received

Nature of complaint

Investigation findings

Corrective action

Date resolved

Patient notification

All records maintained per company policy and regulatory requirements.

Patient Acknowledgment

I understand how to file a complaint.

Patient Name: _____ Signature: _____ Date: _____

Staff Name: _____ Date: _____

Patient Education Guide

DME Patient Education Guide

1. What is Durable Medical Equipment (DME)?

Medical equipment prescribed by your physician for home use

Designed for repeated and long-term use

Used to treat a medical condition or assist with daily living

Examples:

Wheelchairs

Walkers

Diabetic supplies

2. Understanding Your Equipment

Name of the equipment

Manufacturer and model

Purpose of the device

How it supports your medical condition

Expected length of use

3. Proper Use Instructions

Follow your physician's prescription exactly

Read and review all instruction manuals

Use only as directed

Do not modify equipment

Ask for assistance if unsure

4. Safety Precautions

Keep equipment clean and dry

Place equipment on stable surfaces

Keep electrical cords away from water

Do not overload power outlets

Keep out of reach of children and pets

Report unusual noises or malfunction immediately

5. Cleaning & Maintenance

Clean according to manufacturer guidelines

Use approved cleaning agents

Perform regular equipment checks

Replace filters, tubing, or accessories as instructed

Do not attempt major repairs yourself

6. Infection Control

Wash hands before and after handling equipment

Do not share personal medical equipment

Replace disposable supplies as directed

Disinfect reusable parts regularly

7. When to Call Your Provider

Contact your physician or DME supplier if:

Equipment stops working

You experience discomfort or skin irritation

Your condition changes

Alarm sounds continue

You need replacement supplies

8. Emergency Situations

Call 911 if:

You have difficulty breathing

Chest pain occurs

Severe injury related to equipment

Oxygen equipment malfunctions and breathing is compromised

9. Insurance & Billing Information

Equipment must be medically necessary

Some items may require prior authorization

Co-pays and deductibles may apply

Keep all documentation and receipts

Report changes in insurance coverage

10. Patient Rights

You have the right to:

Be treated with dignity and respect

Receive clear instructions

Privacy of your medical information

Voice complaints without retaliation

Receive safe and properly functioning equipment

11. Patient Responsibilities

You are responsible for:

Providing accurate medical information

Following physician and supplier instructions

Caring for rented equipment

Returning rental equipment when required

Notifying supplier of address or insurance changes

12. Equipment Return & Replacement

Rental equipment must be returned in good condition

Lost or damaged equipment may result in charges

Replacement available for malfunctioning items

13. After-Hours Support

Contact your supplier's emergency number for urgent equipment issues

Keep emergency contact numbers accessible

Patient Acknowledgement

I have read and understand this, Policy.

Patient / Responsible Party Name (Print): Ahamadullah Mohammad

Signature: _____

Relationship to Patient (if applicable): _____

Warranty Information

Warranty Information

(Durable Medical Equipment – Patient Education Handout) TruePath Medical Supply LLC

1. What Is a Warranty?

A warranty is a written guarantee from the manufacturer or supplier that the equipment will function properly for a specific period of time. It typically covers defects in materials or workmanship.

2. Types of Warranties

A. Manufacturer Warranty

Provided by the equipment manufacturer

Covers defects in materials or workmanship

Usually limited to a specific time period (e.g., 90 days – 5 years depending on item)

Does not cover misuse or accidental damage

B. Supplier Warranty

Provided by the DME supplier

May cover labor or service beyond manufacturer coverage

May include limited repair or replacement

3. What Is Typically Covered

Mechanical defects

Electrical component failures (if not due to misuse)

Structural frame defects (wheelchairs, walkers, beds)

Manufacturer-related product malfunctions

4. What Is NOT Covered

Normal wear and tear

Damage due to misuse or neglect

Water damage (unless specified)

Lost or stolen equipment

Unauthorized repairs or modifications

Disposable supplies (tubing, masks, filters, batteries unless specified)

5. Rental Equipment

Rental equipment remains property of the supplier

Repairs due to normal use are covered

Damage caused by negligence may result in patient charges

6. Patient Responsibilities Under Warranty

Use equipment according to instructions

Perform routine cleaning and maintenance

Notify supplier immediately if malfunction occurs

Do not attempt self-repair

Return equipment if required

7. How to Request Warranty Service

Contact TruePath Medical Supply LLC immediately

Provide:

Patient name

Equipment type and serial number

Description of problem

Follow instructions for repair, replacement, or exchange

Emergency issues (oxygen, ventilator, CPAP failure affecting breathing) should be reported immediately.

8. Medicare & Warranty Requirements

Under guidelines from the Centers for Medicare & Medicaid Services (CMS):

Suppliers must honor all manufacturer warranties

Equipment must be in good working order

Repairs for rented equipment are supplier responsibility

Replacement due to irreparable damage must meet medical necessity criteria

9. Extended Warranty Options

Some equipment may qualify for:

Extended service plans

Maintenance agreements

Replacement protection plans

Ask your supplier for availability.

10. Warranty Documentation

Patients will receive:

Warranty information at time of delivery

Manufacturer manual

Contact information for service

Keep all documents for your records.

Patient Acknowledgment

I understand the warranty coverage and my responsibilities.

Patient Name: Ahamadullah Mohammad Signature: Date: 11/18/2025

Staff Name: Aijaz Ansari Date: 11/18/2025

Financial Responsibility

TRUEPATH MEDICAL SUPPLY LLC

Phoenix, Arizona Phone: 602-806-6152

PATIENT FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT FORM

Patient Name: Khaja Basheer Ahmed Date of Birth: 03/05/1980 Medicare / Insurance ID #: Address:
Phone:

1. Insurance Billing

TruePath Medical Supply LLC will bill your primary and/or secondary insurance as a courtesy. However, insurance coverage cannot be guaranteed.

You understand that:

Your insurance policy is a contract between you and your insurance company.

Coverage, co-payments, deductibles, and co-insurance are determined by your insurance plan.

Authorization or verification of benefits does not guarantee payment.

You are financially responsible for any amounts not covered by your insurance.

2. Co-Payments, Deductibles & Co-Insurance

You agree to pay:

Any required deductible

Any co-payment

Any co-insurance

Any non-covered items or services

Payment may be due at the time of service or upon receipt of billing statement.

3. Non-Covered Items / Advance Beneficiary Notice (ABN)

If you are a Medicare beneficiary and Medicare may deny payment for an item, you will be asked to sign an Advance Beneficiary Notice (ABN) prior to receiving the item.

If you choose to receive the item and Medicare denies the claim, you agree to be personally responsible for payment.

4. Rental Equipment

For rental equipment:

You are responsible for maintaining equipment in good condition.

You are responsible for loss, theft, or damage due to misuse.

Rental billing may continue monthly as allowed under Medicare or insurance guidelines.

5. Private Pay Items

If you elect to purchase an item as private pay, payment is due prior to delivery unless other arrangements are made.

6. Collection Policy

If your account becomes delinquent:

You may receive billing statements and collection notices.

Accounts unpaid after reasonable notice may be referred to a collection agency.

You may be responsible for collection costs, attorney fees, and court costs as permitted by law.

7. Returned Checks

A fee of \$_____ will be charged for returned checks.

8. Credit Card Authorization (Optional)

I authorize TruePath Medical Supply LLC to charge my credit card for balances due after insurance processing.

Card Type: Visa MasterCard Discover AmEx Name on Card: _____
Last 4 Digits: _____ Signature: _____

Patient Acknowledgement

I have read and understand this Financial Responsibility Acknowledgement. I agree to comply with the financial policies outlined above.

I understand that I am financially responsible for all charges not paid by my insurance.

Patient / Responsible Party Name (Print): Khaja Basheer Ahmed

Signature: _____

Relationship to Patient (if applicable): _____

Date: 11/15

/2025

Home Safety Assessment

Home Safety Assessment

(For DME Patients – Home Use Evaluation)

This checklist helps ensure the patient's home environment is safe for using Durable Medical Equipment (DME).

1. General Home Environment

- Home address verified
- Emergency contact information available
- Clear access to entrance
- Adequate lighting inside and outside
- Smoke detectors installed and working
- Carbon monoxide detector (if applicable)
- Fire extinguisher accessible

2. Entrance & Exit Safety

- Steps have sturdy handrails
- Ramps installed (if needed)
- No loose rugs or tripping hazards
- Pathways clear of clutter
- Doorways wide enough for wheelchair/walker

3. Living Area Safety

- Clear walking pathways
- Furniture arranged to allow mobility device access
- Electrical cords secured
- Stable chairs with armrests
- Non-slip flooring

4. Bedroom Safety

- Bed height appropriate
- Hospital bed positioned safely (if applicable)
- Adequate space for wheelchair/walker
- Call device or phone within reach
- Night lighting available

5. Bathroom Safety

- Grab bars installed
- Non-slip mats in tub/shower
- Raised toilet seat (if needed)
- Shower chair or bench (if prescribed)
- Handheld shower head (if needed)

6. Kitchen Safety

- Frequently used items within easy reach
- No loose rugs
- Safe seating for meal preparation
- Adequate lighting

7. Electrical Safety (For Powered Equipment)

- Dedicated grounded outlet available
- No extension cords (if avoidable)
- Power strips not overloaded
- Backup power plan discussed (if required)

For oxygen patients:

- No smoking signage posted
- Oxygen stored upright and secured
- Kept away from heat sources

8. Fall Risk Assessment

- History of falls

- Uses assistive device properly
- Footwear appropriate
- Vision issues addressed
- Medications reviewed for dizziness risk

9. Infection Control

- Clean environment
- Equipment stored properly
- Supplies stored in dry area
- Hand hygiene reviewed

10. Caregiver Support (If Applicable)

- Caregiver present during education
- Caregiver trained on equipment use
- Caregiver understands emergency procedures

11. Emergency Preparedness

- Emergency numbers visible
- Disaster plan reviewed
- Backup oxygen plan (if applicable)
- After-hours contact number provided

12. Education Provided

- Equipment operation demonstrated
- Patient return-demonstration completed
- Written instructions provided
- Questions answered

Staff Completion Section

Staff Name: Aijaz Ansari

Date: 11/18/2025

Patient Signature: _____

Notes/Recommendations: _____

After-Hours Support Policy

Out-of-Hours Operations Policy TruePath Medical Supply LLC

1. Purpose

The purpose of this Out-of-Hours Operations Policy is to ensure that all customer calls received outside normal business hours are handled promptly, professionally, and consistently. This policy provides clear guidelines for staff responding to after-hours inquiries, urgent issues, and emergency situations.

2. Scope

This policy applies to all TruePath Medical Supply LLC employees or contracted personnel assigned to after-hours phone support operations.

3. Normal Business Hours

Monday–Friday: 9:00 AM – 5:00 PM (local time)

4. After-Hours Phone Line Availability

The customer support line remains active 24/7. Calls received after business hours will:

- Forward to the designated After-Hours Support Representative, or
- Be routed to voicemail-to-email for call-back.

5. Responsibilities of the After-Hours Support Representative

- Answer calls when possible or return calls within 30 minutes.
- Gather caller information and assess urgency.
- Provide assistance or escalate emergencies.
- Log all calls with details and outcomes.
- Ensure unresolved issues are delivered to daytime operations by 9:00 AM.

6. Call Priority Levels

Level 1 – Emergency: Immediate action required (equipment failure affecting safety).

Level 2 – High Priority: Respond within 1 hour.

Level 3 – Standard: Respond by next business day.

7. Escalation Protocol

- Escalate emergencies to Operations Manager.

- If unavailable, escalate to Business Manager.

8. Voicemail Procedures

- Check voicemail within 15 minutes.
- Return calls based on urgency category.
- Log all voicemail activity.

9. Documentation Requirements

Record all after-hours calls including:

- Caller name, number, issue summary
- Priority level
- Actions taken
- Follow-up required

10. Professional Conduct

- Maintain professionalism at all times
- Do not give personal phone numbers
- Texting only if customer requests

11. Review and Training

This policy is reviewed yearly. Staff must complete customer service and emergency protocol training.

12. Policy Enforcement

Non-compliance may result in reassignment, retraining, or disciplinary action.

Approved by: _____

Aijaz Ansari, Compliance Officer

Patient Acknowledgement

I have read and understand this Out-of-Hours Operations Policy. I agree to comply with the policies outlined above.

Patient / Responsible Party Name (Print): Ahamadullah Mohammad

Signature: _____

Relationship to Patient (if applicable): _____

Date: 11/18/2025