

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 LLC.

1. Patient Rights & Responsibilities
2. Notice of Privacy Practices (HIPAA)
3. Complaint & Grievance Process
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TruePath Medical Supply LLC

Phone: 602-806-6152 | Email: info@truepathmedicalsupply.com

Phoenix, Arizona

Electronic Delivery Notice: This packet is delivered electronically. Your acknowledgment of receipt and agreement to all policies contained herein is captured electronically upon submission, including your full name, email address, phone number, and IP address, in lieu of a handwritten signature.

Patient Rights & Responsibilities

Durable Medical Equipment – Home Medical Equipment Services

CMS Compliance Note: Per 42 C.F.R. §424.57 and CMS DMEPOS Quality Standards, all accredited suppliers must provide patients with written notice of their rights and responsibilities prior to or at the time of equipment delivery.

Patient Rights

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

1. Respect & Dignity

- Be treated with courtesy, respect, and dignity regardless of age, race, gender, religion, national origin, disability, or source of payment.
- 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 on your equipment.
- 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 the consequences of refusing treatment.

4. Privacy & Confidentiality

- Have your personal health information protected in accordance with HIPAA.
- Review your medical records.
- Request corrections to your records.
- Expect full compliance with the Health Insurance Portability and Accountability Act (HIPAA).

5. Financial Transparency

- Receive a clear explanation of insurance coverage, co-pays, deductibles, and rental vs. purchase options.
- Receive an Advance Beneficiary Notice (ABN) before receiving any item Medicare may not cover.
- Receive notice of any changes in billing.

6. Quality & Safety

- Receive safe, clean, and properly functioning equipment.
- Be informed of equipment recalls affecting your device.
- Receive timely service, repair, or replacement.

7. Complaint & Grievance Process

- Voice complaints without fear of retaliation or discrimination.
- Receive information on how to file complaints with: the supplier, your accreditation organization, Centers for Medicare & Medicaid Services (1-800-MEDICARE), and the U.S. Dept. of HHS Office of Inspector General.
- Receive a written response within stated timeframes.

Patient Responsibilities

As a patient, you are responsible for:

1. Accurate Information

- Provide complete and accurate medical and insurance information.
- Inform the supplier of changes in address, insurance, or physician.

2. Proper Equipment Use

- Use equipment only as prescribed by your physician.
- Follow all instructions provided at delivery.
- Do not modify or misuse equipment.

3. Equipment Care

- Maintain equipment in clean condition.
- Protect rental equipment from damage or theft.
- Return rental equipment promptly when no longer medically necessary.

4. Financial Responsibility

- Pay required co-pays, deductibles, or non-covered charges.
- Notify the supplier of billing questions promptly.

5. Reporting Issues

- Report equipment malfunctions immediately.
- Report changes in medical condition affecting equipment needs.
- Notify supplier if equipment is lost or stolen.

6. Home Safety

- Maintain a safe environment for equipment use.
- Ensure electrical safety for powered devices.
- Follow oxygen fire safety precautions (if applicable).

✓ *Your electronic acknowledgment at the end of this packet confirms receipt and understanding of Patient Rights & Responsibilities.*

Notice of Privacy Practices (HIPAA)

CMS Compliance Note: Required under 45 C.F.R. §164.520 (HIPAA Privacy Rule). Must be provided no later than the date of first service delivery. Effective Date is set at time of electronic delivery.

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 LLC is committed to protecting the privacy and confidentiality of your Protected Health Information (PHI). We are required by law to: (1) maintain the privacy of your PHI; (2) provide you with this Notice; and (3) follow the terms of the Notice currently in effect.

How We May Use and Disclose Your Information

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

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

Healthcare Operations: For quality assessment, compliance reviews, auditing, staff training, licensing, and accreditation.

As Required by Law: When required by federal, state, or local law.

Public Health and Safety: To prevent or control disease, report abuse or neglect, or respond to health oversight agencies.

Business Associates: To vendors under a signed Business Associate Agreement, as required by HIPAA.

Marketing & Research: We will NOT use or disclose your PHI for marketing or research purposes without your written authorization.

Your Rights Regarding Your Health Information

- Request a copy of your medical records (a reasonable fee may apply).
- Request corrections (amendments) to your records.
- Request restrictions on certain uses or disclosures.
- Request confidential communications by alternate means or location.
- Receive an accounting of certain disclosures of your information.
- Obtain a paper copy of this Notice upon request.
- File a complaint if you believe your privacy rights have been violated.

Our Responsibilities

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you promptly if a breach occurs that may have compromised your PHI.
- Not retaliate against you for filing a complaint.

How to File a Privacy Complaint

Contact our Privacy/Compliance Officer:

- TruePath Medical Supply LLC – Compliance Officer
- Phone: 602-806-6152
- Email: info@truepathmedicalsupply.com
- You may also contact: U.S. Dept. of HHS, Office for Civil Rights – www.hhs.gov/ocr | 1-800-368-1019

You will not be penalized for filing a complaint.

Changes to This Notice

We reserve the right to change this Notice. Any revised Notice will be available in our office and on our website, and will apply to all PHI we maintain.

✓ Your electronic acknowledgment at the end of this packet confirms receipt of the Notice of Privacy Practices. The date of electronic submission serves as the effective acknowledgment date.

Complaint & Grievance Process

CMS Compliance Note: Per CMS DMEPOS Quality Standards and 42 C.F.R. §424.57(c)(17), accredited suppliers must maintain a written grievance policy, investigate all complaints, and respond within defined timeframes. Patients must be informed of their right to escalate to CMS.

Our Commitment

TruePath Medical Supply LLC is committed to providing safe, high-quality equipment and services. All patients have the right to voice complaints or concerns without fear of retaliation, denial of services, or any other form of discrimination.

How to File a Complaint

Step 1: Contact TruePath Medical Supply Directly

- Phone: 602-806-6152
- Email: info@truepathmedicalsupply.com
- Office Hours: Monday–Friday, 9:00 AM – 5:00 PM
- After-Hours/Emergency Line: Available 24/7 (see After-Hours Policy)

Please provide: your name, date of service, description of concern, and equipment involved (if applicable).

Step 2: Internal Review Process

- Complaint is documented in the Complaint & Grievance Log.
- Reviewed by the Compliance Officer.
- Investigation initiated within 24–48 hours of receipt.
- Resolution communicated to patient in writing.
- All complaints tracked for Quality Improvement (QI) purposes.
- Safety concerns trigger immediate corrective action.

Step 3: External Complaint Options

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

U.S. Dept. of HHS – Office of Inspector General: 1-800-HHS-TIPS (1-800-447-8477) | oig.hhs.gov

U.S. Dept. of HHS – Office for Civil Rights (Privacy): 1-800-368-1019 | www.hhs.gov/ocr

Accreditation Organization (The Compliance Team): Phone: 215-654-9110 | www.thecomplianceteam.org

Complaint Response Timeline

Stage	Timeframe
Acknowledgment of complaint	Within 2 business days
Investigation complete	Within 5 business days
Resolution communicated to patient	Within 14 business days
Serious safety complaints	Handled immediately

Non-Retaliation Policy

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

✓ Your electronic acknowledgment at the end of this packet confirms receipt and understanding of the Complaint & Grievance Process.

DME Patient Education Guide

CMS Compliance Note: CMS DMEPOS Quality Standards require patient education at time of delivery, documented in the patient record with return demonstration where applicable.

1. What is Durable Medical Equipment (DME)?

- Medical equipment prescribed by your physician for use at home.
- Designed for repeated and long-term use.
- Used to treat a medical condition or assist with daily living.
- Examples: wheelchairs, walkers, CPAP/BiPAP devices, oxygen equipment, diabetic supplies, hospital beds.

2. Understanding Your Equipment

- Know the name, manufacturer, and model of your device.
- Understand the purpose and how it supports your medical condition.
- Know the expected length of use and read all instruction manuals.

3. Proper Use Instructions

- Follow your physician's prescription exactly.
- Use equipment only as directed.
- Do not modify equipment in any way.
- Ask your supplier for assistance if unsure.

4. Safety Precautions

- Keep equipment clean and dry.
- Place equipment on stable, level surfaces.
- Keep electrical cords away from water.
- Do not overload power outlets.
- Keep equipment out of reach of children and pets.
- Report unusual noises, odors, or malfunctions immediately.

5. Cleaning & Maintenance

- Clean according to manufacturer guidelines using approved agents.
- Perform regular equipment checks.
- Replace filters, tubing, or accessories on schedule.
- Do not attempt major repairs — contact TruePath.

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

- Equipment stops working or performs abnormally.
- You experience discomfort, skin irritation, or injury.
- Your medical condition changes.
- An alarm sounds and does not clear.
- 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 and prescribed by your physician.
- Some items may require prior authorization from your insurer.
- Co-pays and deductibles may apply.
- Keep all documentation and receipts.
- Report changes in insurance coverage promptly.

10. Equipment Return & Replacement

- Rental equipment must be returned in good condition when no longer needed.
- Lost or damaged equipment may result in patient charges.
- Replacement available for items confirmed malfunctioning.

11. After-Hours Support

- Emergency line available 24/7 for urgent equipment issues.
- Keep supplier's emergency number accessible at all times.
- For life-threatening emergencies, call 911 first.

✓ *Your electronic acknowledgment at the end of this packet confirms receipt and understanding of the DME Patient Education Guide.*

Warranty Information

CMS Compliance Note: Per 42 C.F.R. §424.57(c)(14) and CMS DMEPOS Supplier Standards, suppliers must honor all manufacturer warranties and ensure rented equipment is in good working order. Warranty information must be provided at time of delivery.

1. What Is a Warranty?

A warranty is a written guarantee that equipment will function properly for a specific period, typically covering 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 period (90 days – 5 years depending on item).
- Does not cover misuse or accidental damage.

B. Supplier Warranty

- Provided by TruePath Medical Supply LLC.
- 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 in writing).
- Lost or stolen equipment.
- Unauthorized repairs or modifications.
- Disposable supplies (tubing, masks, filters, batteries) unless otherwise specified.

5. Rental Equipment

- Rental equipment remains the property of TruePath Medical Supply LLC.
- Repairs due to normal use are covered by the supplier.
- Damage caused by patient negligence may result in patient charges.

6. Patient Responsibilities Under Warranty

- Use equipment according to all provided instructions.
- Perform routine cleaning and maintenance.

- Notify TruePath immediately if a malfunction occurs.
- Do not attempt self-repair.
- Return equipment when required.

7. How to Request Warranty Service

- Contact TruePath Medical Supply LLC immediately: 602-806-6152.
- Provide: patient name, equipment type, serial number, and description of problem.
- Follow supplier instructions for repair, replacement, or exchange.
- Emergency issues (oxygen, ventilator, CPAP) affecting breathing — report immediately; call 911 if life-threatening.

8. Medicare & Warranty Requirements

- Per CMS guidelines, suppliers must honor all manufacturer warranties.
- Equipment must be maintained in good working order.
- Repairs for rented equipment are the supplier's 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, or replacement protection plans. Ask your supplier for details.

10. Warranty Documentation

At the time of delivery, patients will receive: warranty information specific to their equipment, the manufacturer instruction manual, and supplier contact information. Please retain all documents for your records.

✓ Your electronic acknowledgment at the end of this packet confirms receipt and understanding of the Warranty Information for your DME.

Patient Financial Responsibility

TruePath Medical Supply LLC | Phoenix, Arizona | 602-806-6152

CMS Compliance Note: CMS requires patients receive a clear explanation of their financial obligations, including co-pays, deductibles, and any items Medicare may not cover. An Advance Beneficiary Notice (ABN) must be issued before delivering items that may be denied, per 42 C.F.R. §411.404.

1. Insurance Billing

TruePath Medical Supply LLC will bill your primary and/or secondary insurance as a courtesy. However, insurance coverage cannot be guaranteed. Your insurance policy is a contract between you and your insurance company. Coverage, co-payments, deductibles, and co-insurance are determined solely by your plan. Authorization or verification of benefits does not guarantee payment. You are financially responsible for all amounts not covered by your insurance.

2. Co-Payments, Deductibles & Co-Insurance

You agree to pay any required deductible, co-payment, co-insurance, and charges for any non-covered items or services. Payment may be due at time of service or upon receipt of a 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 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

You are responsible for maintaining rental equipment in good condition and 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 confirmed in writing.

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 applicable law.

7. Returned Checks

A returned check fee will be charged for any check returned by your financial institution.

8. Credit Card Authorization

If you choose to place a credit card on file for automatic billing of balances due after insurance processing, you will be asked to provide authorization separately through our secure billing system.

✓ *Your electronic acknowledgment at the end of this packet constitutes your agreement to the Financial Responsibility policies above and confirms you are financially responsible for all charges not paid by your insurance.*

Home Safety Assessment

CMS Compliance Note: CMS DMEPOS Quality Standards require a home safety evaluation completed and documented at or before the time of equipment delivery. This checklist is completed by TruePath staff.

1. General Home Environment

- Home address verified
- Emergency contact information available and documented
- Clear access to entrance/exit
- Adequate lighting inside and outside
- Smoke detectors installed and working
- Carbon monoxide detector installed (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 for mobility device access
- Electrical cords secured and out of walking paths
- Stable chairs with armrests
- Non-slip flooring or mats

4. Bedroom Safety

- Bed height appropriate for patient
- 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 prescribed)
- Shower chair or bench (if prescribed)
- Handheld shower head (if prescribed)

6. Kitchen Safety

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

7. Electrical Safety (Powered Equipment)

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

8. Oxygen Safety (If Applicable)

- No Smoking signage posted visibly
- Oxygen stored upright and secured
- Kept away from heat sources and open flames
- Patient and caregivers educated on oxygen fire safety

9. Fall Risk Assessment

- Patient history of falls reviewed
- Assistive device used properly
- Appropriate footwear
- Vision issues identified and addressed
- Medications reviewed for dizziness/fall risk

10. Infection Control

- Clean environment observed
- Equipment storage area is clean and dry
- Hand hygiene reviewed with patient/caregiver

11. Caregiver Support (If Applicable)

- Caregiver present during education

- Caregiver trained on equipment use
- Caregiver understands emergency procedures

12. Emergency Preparedness

- Emergency numbers posted visibly
- Disaster/emergency plan reviewed
- Backup oxygen/power plan in place (if applicable)
- After-hours contact number provided

13. Education Provided

- Equipment operation demonstrated to patient
- Patient or caregiver return-demonstration completed
- Written instructions provided
- All questions answered

Staff Notes / Recommendations:

✓ This Home Safety Assessment is completed by TruePath staff at time of delivery. Your electronic acknowledgment at the end of this packet confirms it was reviewed with you.

After-Hours Support Policy

CMS Compliance Note: CMS DMEPOS Supplier Standard #11 (42 C.F.R. §424.57(c)(11)) requires suppliers to be accessible 24 hours a day, 7 days a week to handle emergency situations.

1. Purpose

This policy ensures that all customer calls received outside normal business hours are handled promptly, professionally, and consistently, and that emergency equipment issues are addressed without delay in compliance with CMS Supplier Standard #11.

2. Scope

Applies to all TruePath Medical Supply LLC employees or contracted personnel assigned to after-hours phone support.

3. Normal Business Hours

Monday–Friday: 9:00 AM – 5:00 PM (Phoenix, Arizona local time).

4. After-Hours Availability

The customer support line (602-806-6152) remains active 24 hours a day, 7 days a week. Calls after business hours are forwarded to the designated After-Hours Support Representative or routed to voicemail-to-email for prompt callback.

5. Call Priority Levels

Level	Description	Response Time
1 – Emergency	Equipment failure affecting patient safety (oxygen, ventilator, CPAP)	Immediate
2 – High Priority	Urgent equipment issue; patient unable to use device	Within 1 hour
3 – Standard	Non-urgent question or supply request	Next business day

6. Escalation Protocol

- Level 1 emergencies are escalated immediately to the Operations Manager / Compliance Officer.
- If unavailable, escalate to the designated Business Manager.
- All Level 1 events must be documented with corrective action noted.

7. After-Hours Staff Responsibilities

- Answer calls when possible or return calls within 30 minutes.
- Assess urgency and assign the appropriate priority level.
- Log all calls: caller name, number, issue summary, priority level, and outcome.
- Communicate unresolved issues to daytime operations by 9:00 AM.
- Maintain professional conduct; do not provide personal phone numbers.

8. Documentation Requirements

All after-hours calls must be recorded, including: caller name and number, issue summary, priority level assigned, actions taken, and follow-up required. Records are maintained per company policy and CMS regulatory requirements.

9. Policy Review

This policy is reviewed annually. All staff must complete customer service and emergency protocol training upon hire and annually thereafter.

✓ Your electronic acknowledgment at the end of this packet confirms receipt and understanding of the After-Hours Support Policy.

Electronic Acknowledgment of Receipt

By submitting this form electronically, I acknowledge and agree to the following:

- I have received, read, and understand the **TruePath Medical Supply LLC Patient Information Packet**, including all sections: Patient Rights & Responsibilities, Notice of Privacy Practices (HIPAA), Complaint & Grievance Process, DME Patient Education Guide, Warranty Information, Patient Financial Responsibility, Home Safety Assessment, and After-Hours Support Policy.
- I acknowledge receipt of the **Notice of Privacy Practices** as required under 45 C.F.R. §164.520.
- I understand my **financial responsibilities** as a patient receiving DME services from TruePath Medical Supply LLC, including responsibility for co-pays, deductibles, and charges not covered by my insurance.
- I understand how to **file a complaint** and how to contact external agencies including CMS, the HHS Office of Inspector General, and the accreditation organization.
- I understand my **equipment use, safety, and care responsibilities** as described in the DME Patient Education Guide and Warranty sections.
- I understand how to reach TruePath Medical Supply LLC for **after-hours and emergency support** at 602-806-6152.
- I consent to the use of electronic records as legally equivalent to a handwritten signature for the purposes of this acknowledgment, consistent with the Electronic Signatures in Global and National Commerce Act (E-SIGN Act, 15 U.S.C. § 7001 et seq.) and applicable state law.

Electronic Record of Acknowledgment

Upon submission of this packet, the following information is automatically recorded as your legally binding acknowledgment of receipt and agreement:

Full Name — as entered at intake

Email Address — as provided at intake

Phone Number — as provided at intake

IP Address — captured automatically at time of submission

Date & Time of Submission — captured automatically (Phoenix, AZ / MST)

This electronic record is retained by TruePath Medical Supply LLC in accordance with CMS documentation requirements and HIPAA record retention standards. A confirmation will be sent to your email address on file.

Legal Notice: *This electronic acknowledgment is legally binding under the Electronic Signatures in Global and National Commerce Act (E-SIGN Act) and the Uniform Electronic Transactions Act (UETA). No handwritten signature is required. If you do not agree to these terms, please contact TruePath Medical Supply LLC at 602-806-6152 before proceeding.*

Questions about this packet? Contact TruePath Medical Supply LLC:

- Phone: 602-806-6152
- Email: info@truepathmedicalsupply.com
- Hours: Monday–Friday, 9:00 AM – 5:00 PM | After-Hours Emergency: 24/7
- Address: Phoenix, Arizona