



PATIENT RIGHTS

Every patient of BioCARE Orthopedic Prosthetics and Orthotics, Inc. should expect and receive quality of care related to his/her equipment/rehab needs. Every patient has the right to:

1. Be treated with dignity, courtesy and respect.
2. Receive reasonable coordination and continuity of services for Home Medical Equipment/Rehab Services.
3. Receive a timely response from the company when home medical equipment is needed or requested.
4. Be fully informed of the company's policies, procedures, and charges for services and equipment including eligibility for third party reimbursement to the extent it is available at the time of purchase and receive an explanation of all forms that are requested to be signed.
5. Receive Home Medical Equipment/Rehab Services regardless of race, religion, political preference, social status, age or handicap.
6. Receive proper identification of name and title of personnel providing services.
7. Participate in decisions concerning Home Medical Equipment/Rehab Services.
8. Have all records (except otherwise provided for by law or third party payer contracts) and all communication, written or oral, between customers and health care providers treated confidentially.
9. Access all health records and the right to challenge and have records corrected for accuracy in a timely manner.
10. Express dissatisfaction and suggest changes in any service without coercion, discrimination, reprisal and unreasonable interruption in service.
11. Receive written information on the company's procedures for receiving and resolving complaints or concerns.
12. Be assured that all rights shall be honored by the company's staff.
13. Be informed of all responsibilities regarding Home Medical Equipment/Rehab usage and services.
14. To discontinue care/services on rental equipment for whatever reason at any time to the extent permitted by law.

Responsibilities of Patients – In addition, every patient should be aware of certain responsibilities that will help assure a pleasant relationship with the equipment provider.

1. Be fully informed of the company's policies, procedure, and charge for services and equipment including eligibility for third part reimbursement to the extend it is available at the time of delivery and receive explanation of all forms that are requested to be signed.
2. Patient agrees that rental equipment will be used with reasonable care, maintained as instructed not altered or modified, and returned in good clean condition when the need for such equipment no longer exist.
3. Patient agrees to promptly report any malfunctions or defects in the equipment to the company.
4. Patient agrees to use the equipment for the purposed so indicated and in compliance with the physician's prescription. Patient agrees to keep equipment in his/her possession and keep the equipment at the address to which it was delivered unless otherwise authorized by the company.
5. Patient agrees to permit authorized company representative as access t all company-owned equipment for the purposes of performing service, repair, replacement or retrieval.
6. Patient agrees to notify the company of any change in patient insurance, address, physician, etc.
7. Patient agrees to accept all financial responsibility for Home Medical Equipment/Rehab Services furnished by the company.