



PATIENT INFORMATION

NAME		DATE OF BIRTH	
HOME PHONE	WORK PHONE	CELL PHONE	
ADDRESS	CITY	STATE	ZIP CODE
I would like Medical Center Orthotics and Prosthetics, LLC to communicate with me through e-mail for the following purposes:			
To Receive appointment reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No	EMAIL ADDRESS	
From my practitioner regarding my care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
For new information updating me on my care	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMERGENCY CONTACT

NAME			
HOME PHONE	WORK PHONE	EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE

INSURANCE

PRIMARY INSURANCE : (Circle one please) Policy Holder: Self / Dependent	
INSURANCE ID and Group #	Policy holder Name and Date of Birth
SECONDARY INSURANCE	
INSURANCE ID and Group #	Policy holder Name and Date of Birth

I hereby authorize payment for all medical services directly to the provider. I understand Medical Center Orthotics & Prosthetics, LLC, to obtain and release all information necessary to secure payment of insurance benefits. If my insurance fails to pay Medical Center Orthotics and Prosthetics, LLC., I will pay for all services rendered. Patient has read and understands the above.

Patient Signature: _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRACTICE

I understanding that Medical Center Orthotics and Prosthetics is HIPAA compliant and they take all precautions to protect my health care information. If I choose to no longer receive communications through email I will notify Medical Center Orthotics and Prosthetics in writing by email to info@mcopro.com or mailing your request to Medical Center Orthotics and Prosthetics, 2421 Linden Lane, Silver Spring, MD 20910.

I certify that I have been offered a copy of MEDICAL CENTER ORTHOTICS AND PROSTHETICS's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of MEDICAL CENTER ORTHOTICS AND PROSTHETICS's health care operations.

The Notice of Privacy Practices also describes my rights and MEDICAL CENTER ORTHOTICS AND PROSTHETICS's duties with respect to my protected health information. The Notice of Privacy Practices is posted in the patient waiting area.

MEDICAL CENTER ORTHOTICS AND PROSTHETICS reserves the right to change the privacy practices that described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, or asking for one at the time of my next appointment.

(Signature of Patient or Personal Representative)

(Name of Patient or Personal Representative)

(Description of Patient or Personal Representative)

(Date)

SUPPLIER STANDARDS

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. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. 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 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 options 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.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone 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 must agree not to initiate telephone contact with beneficiaries with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contracts.
14. A supplier 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.
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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number (e.g., 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 CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers 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 of those specific products and services (except for certain exempt pharmaceuticals). Implementation date-October 1, 2009.
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. Must meet the surety bond requirement specified in 42 C.F.R. 424.57(c). Implementation date-May 4, 2009.
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

(Signature)

(Print Name)

(Date)