

Preferred Physician Solutions, LLC

Preferred Physician Solutions, LLC
P.O. Box 342369
Tampa, FL 33694
Ph: 888-811-8367 Fax: 866-569-3559

Patient Data

Please attach a copy of the Patient's Insurance card.

Please Fill Out Form Completely

Date of Service: / / PPS Associate:

Patient Name: Telephone Home: ()
Address: Mobile: ()
City: State: Zip: Social Security Number:
Emergency Contact & Phone: () Circle One: M F Date of Birth:
Type of Coverage: (Circle all that apply) Worker's Comp Auto 3rd Party Liability Attorney
Employer Name:
Address: City: State: Zip: Employer Telephone Number:
Insurance: Name of Attorney or Adjuster:
Primary Insurance Phone: () Fax#:
Address: City: State: Zip:
Insured's Name: (If Different from Patient) Relationship to Patient:
Policy/Claim#: Group#: Date of Accident: (If Applicable)
Accident Related To: (Circle One) State in which accident occurred:
Employment Automobile Other:
Secondary Insurance: Secondary Insurance Phone:
Address: City: State: Zip:
Insured's Name (If Different from Patient) Relationship to Patient:
Policy Claim#

"Company" or "PPS" when used in this agreement, refers to Preferred Physician Solutions, LLC. Patient refers to the person receiving medical equipment and supplies. Title to the rental equipment and all parts shall remain with the company, unless equipment is purchased and paid in full. Patient must promptly notify the company of rental equipment malfunctions and defects.

Equipment and supplies are to be used only as directed by a physician and for the condition diagnosed. Due to health department regulations, no single use merchandise may be accepted for return: electrodes, wipes, creams, etc. PPS maintains twenty-four (24) hour availability by telephone. Patient is responsible for monitoring supply levels in accordance with written physician prescription. Patient agrees to automatically receive supplies monthly, quarterly, or semi-annually until patient contacts PPS in writing to discontinue.

Those wishing to express their concerns, comments or review or revoke consent on their files, should contact the Company. Your comments will be reviewed and acted upon accordingly. A patient retains the right to refuse Company services and assumes responsibility for any consequence relating to refusal of any service ordered/delivered. Patient's personal healthcare information listed above will be kept confidential by Company and only used for healthcare operations, services, and payment purposes (a complete copy of this policy is available in our office for review).

ASSIGNMENT OF BENEFITS / AUTHORIZATION TO RELEASE INFORMATION AND PERMIT, ACKNOWLEDGEMENT OF INSTRUCTION AND RETURN DEMONSTRATION
I request that the payment of authorized benefits be made on my behalf to Preferred Physician Solutions, LLC (PPS) for products and services that they have provided me. I further authorize a copy of this agreement to be used in place of the original release to other payors, any information needed to determine these benefits or compliance with current healthcare standards.

I authorize and direct you, my attorney, and/or insurance company to pay directly to PPS, such sums that may be due for services rendered. In the event that my insurance company has a preferred provider that is considered in network, I instruct my insurance company to apply my out of network benefits. I further give a lien on my case to PPS against any and all proceeds of any settlement, judgment, or verdict that may be paid to you, my attorney, or me.

I have received instruction from my physician in the proper use of the equipment and supplies received today, through demonstration and verbalization. I understand any possible warnings and contraindications. Furthermore, I understand that as per my written physician prescription, PPS will automatically coordinate the level of supplies that I will require.

ACKNOWLEDGEMENT OF PRODUCT DELIVERY AND COMPANY/PATIENT INFORMATION FACT SHEET

My signature below acknowledges understanding of the above referenced terms and conditions of this agreement, and the receipt of (or agreement to ship) this and future products.

Patient or Guarantor's Signature (MANDATORY) Date Signed (MANDATORY) Relationship to patient, if other than self





*This form must be filled out for all BCBS patients.

BCBS Patients

Blue Cross and Blue Shield recently altered the manner in which they process and pay claims regarding Durable Medical Equipment. This policy change took place on or about September 2012 and effects all DME providers. Your TENS unit is considered DME so, due to this change, it is possible that BCBS will remit payment for your TENS directly to you. We are working closely with BCBS on this matter, but we will need your cooperation. In order to better serve you, additional correspondence will be mailed to your home, including a pre stamped and addressed envelope, to forward the payment to us in the event that the check is mailed directly to you.

We will make a request in advance with BCBS to send us the payment directly, but we will need your permission and assignment. If you agree that BCBS can send us the payment directly, then please read below and sign.

I hereby authorize BCBS to remit and address payment for all DME provided by Preferred Physician Solutions directly to and in the name of Preferred Physician Solutions. In the event payment is made directly to the patient, the patient agrees to forward any checks received from BCBS for DME products provided by Preferred Physician Solutions directly to Preferred Physician Solutions within 3 days of receipt.

Patient Signature

Date

Print Patient Name

****Please Give this to the Patient****

Patient Information Fact Sheet

Valued Patient,

Thank you for choosing PPS. We would like you to fully understand our program. Our company supplies patients with TENS units and all of the necessary supplies in order to support the unit at no cost to the patient. We have made arrangements with your physician to accept whatever benefits your insurance carrier approves under your plan. **This means that PPS will not charge you for your deductible, co-pay, or co-insurance. If your insurance company sends you an EOB that shows, "Patient Responsibility", then this simply means that they did not pay the full amount billed and they sent PPS monies less your deductible and/ or co-insurance. In addition, the unpaid amount will be adjusted by PPS and not billed to you.** If you receive any checks from your insurance company, then please notify us immediately and forward them to us within 3 business days. Since we do not charge you deductibles, co-pays, or co-insurance, the additional benefit PPS provides is that we absorb your out of network deductible.

Within the next 30 days you will receive further instructions along with some necessary supplies support your unit. We hope your TENS unit provides you with the treatment and comfort you were hoping for. **Please feel free to contact us with any question(s) you may have regarding your new unit, supplies, or billing.** Thank you in advance for your support and cooperation.

Additionally, for your records we have provided you with the "Rights and Responsibilities" as outlined below:

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

You have the right to:

- Receive service without regard to race, religion, color, age, gender, handicap, sexual orientation, veteran status or lifestyle.
- Privacy and confidentiality in care provided as well as care documented in patient records.
- Access your records.
- Know charges for services including fees covered by patient and those covered by insurance, third party, Medicare or Medicaid.
- Be advised if charges vary from those started at the time of service.
- Receive clear instructions in the use of all products and equipment and the treatment plan designated and ordered by your physician.
- Know the name and qualifications of the individual providing services.
- Make informed decisions about services.
- Participate in the planning and development of your service plan.
- Continuity of services.
- Refuse treatment, however, we request you contact your physician prior to making the decision.
- Know when services may be discontinued and why and any instructions that apply.
- Be referred to another agency if requested for any reason.
- Be treated in such a manner that is free from any type of abuse, neglect, damage to or theft of property, and exploitation of any kind.
- Have your property treated with respect.
- Know that the company does not engage in any relationships that may result in profit for the referring organization.
- Know the company's liability insurance is utilized when the corporation is found to be legally liable.
- Express content, concern or dissatisfaction with any aspect of care, employees, product or equipment or any company related to services by calling Preferred Physician Solutions, LLC Customer Support at 888-811-8367 - 9:00am - 4:00pm or by writing to: Preferred Physician Solutions, LLC, PO Box 342369 Tampa, FL 33694.
- Call for accreditation organization information.

Your responsibilities include the following:

- Caring for and using the device as instructed by a Preferred Physician Solutions, LLC representative.
- Not modifying any equipment without the prior written consent of the company.

- Not allowing the use of any equipment by anyone other than you, the patient.
- Notifying Preferred Physician Solutions, LLC promptly of any equipment malfunctions and allowing a Preferred Physician Solutions, LLC representative to repair or provide replacement equipment within an agreed upon timeframe.
- Understanding that Preferred Physician Solutions, LLC is able to provide you with **estimates only** of the amount your insurance company may pay for the product.
- Paying your bill regardless of insurance coverage and making payment within 30 days of receipt of invoice.

INSURANCE AND BILLING INFORMATION

The Preferred Physician Solutions, LLC billing department is designed to bill your insurance company for the services you receive from us. If you have coverage from more than one health insurance company, please inform us as to which company is primary and should be billed first. Since each health insurance policy's coverage varies, we suggest you call your insurance company if you have any questions regarding coverage. By filing an insurance claim for you, we hope to make the billing process trouble free. If your insurance carrier has questions or requests additional information from you, please respond promptly. If you have any questions regarding the status of your claim, we suggest you contact your insurance company directly. The billing department is ready to answer billing and insurance questions and can be reached at: **888-811-8367 - 9:00am - 4:00pm**. At any other time you may leave a message and your call will be returned the next business day.

PREFERRED PHYSICIAN SOLUTIONS, LLC PATIENT INFORMATION FACTS

Advanced Directives

Patient/caregiver shall provide Preferred Physician Solutions, LLC with written information about advance directives on admission. Preferred Physician Solutions, LLC shall document whether or not the patient has executed or provided advance directives upon the admission of services and the patient or caregiver shall provide Preferred Physician Solutions, LLC with a copy of the advance directive, if one has been established, and retain the copy in the patient's home care record.

EMERGENCY MANAGEMENT PLAN

Consumer Information

Preferred Physician Solutions, LLC shall provide to all patients at time of delivery of all life-sustaining or life-supporting medical equipment a copy of the Certified Emergency Management Plan.

Personnel Responsibilities

All patients and/or caregivers receiving life-sustaining or life-supporting equipment will be instructed and educated about maintaining equipment and supplies and will be supplied with an instruction manual and support numbers to call. At time of delivery of all life-sustaining or life-supporting equipment a copy of the special needs registry will be presented to the patient and/or caregiver. At time of delivery of all life-sustaining or life-supporting equipment the patient and/or caregiver will be educated on the special needs registry including local shelters, things they will need to take, evacuation, etc. Patients and/or caregivers receiving life-sustaining or life-supporting equipment that are not currently registered with the special needs registry will be given an application and advised of Preferred Physician Solutions, LLC's CEMP prior to, during and immediately following an emergency.

Collection of Patient Registration Information

Patients and/or caregivers will be supplied with a self addressed stamped envelope at time of delivery of all life-sustaining or life-supporting equipment for prompt return.

Equipment and Supply List

At time of delivery the patient and/or caregiver will be provided with an updated equipment and supply list describing all life-sustaining or life-supporting equipment and supplies that will they will need to take with them to a special needs shelter in their area.

Notification of a Possible Emergency

All Preferred Physician Solutions, LLC personnel will be alerted by the General Manager or the Assistant General Manager of any and all impending emergency situations and the implementation of the CEMP will be activated. All Preferred Physician Solutions, LLC contractors will be notified of the implementation of the CEMP pending any and all emergency situations. All Preferred Physician Solutions, LLC personnel will follow the instructions given by the General Manager or the Assistant General Manager regarding reporting to work in the event of an emergency and the office/facility remains operational. All patients and/or caregivers receiving any life-sustaining or life-supporting equipment will be notified of the precautionary measures that will be taken, but not limited to, the continuation of the same type and quantity of services to consumers evacuated to special needs shelters, unless the emergency situation is beyond our control. All patients and/or caregivers using any life-sustaining or life-supporting equipment will be provided with a list of alternate phone numbers in the event that the primary notification system should fail. A prioritized list of

patients receiving life-sustaining or life-supporting equipment shall be maintained and made available to the county health department and local emergency management agency's when requested. This list shall indicate the means by which services shall be continued for each patient, whether the patient has life-supporting or life-sustaining equipment, including the specific type of equipment and related supplies.

SCOPE OF SERVICES

Preferred Physician Solutions, LLC, will provide patients, caregivers, customers, facilities and referrals with general information concerning our staff and time frame for completing physician orders and delivery times.

- Preferred Physician Solutions, LLC staff will notify patients, caregivers, customers, facilities and referrals when to expect a delivery or service of equipment with an approximate or estimated delivery time.
- Preferred Physician Solutions, LLC staff will also advise patients, caregivers, customers, facilities and referrals of what equipment is to be delivered or serviced and who authorized the order or prescription.

A Preferred Physician Solutions, LLC service professional will be available to your facility and staff 24-hours each day, seven (7) days a week.

A Preferred Physician Solutions, LLC professional will service patients, caregivers, customers, facilities and referrals in person on a regular basis.

Preferred Physician Solutions, LLC will furnish patients, caregivers, customers, facilities and referrals with complete training of all products, supplies and equipment to ensure proper and safe use by a trained and qualified technician.

Preferred Physician Solutions, LLC shall provide home safety evaluations and supply each patient with an equipment guide or instruction manual for using each piece of equipment.

PATIENT INFORMATION:

- **After-Hours Services:** An answering service will answer Preferred Physician Solutions, LLC's phones after normal business hours. You may leave a message that you wish to speak to a company representative and the on-call staff will be contacted.

COMPLAINT RESOLUTION:

- You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. Preferred Physician Solutions, LLC telephone number is 888-811-8367. When you call, ask to speak with the Operations Manager, Performance Improvement Coordinator, Supervisor or the Administrator/CEO.
- Preferred Physician Solutions, LLC has a formal grievance procedure that ensures that your concerns shall be reviewed and an investigation started within 48 hours. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance.

Sincerely,

PPS Staff

SAFETY PRECAUTIONS

The Electrodes

- **Do not attempt to remove any gel from the electrodes.**
- **Do not place electrodes over cuts or wounds.**
- **Do not place electrodes over the heart or spinal cord.**
- **Do not use you unit for more than 20minutes in a given setting.**
- **Do not use if pregnant.**
- **Do not let anyone use your unit/ machine.**
- **Do not place pads on the front of the neck, face, or head.**
- **Do not use the unit if you have a pacemaker.**
- **Do not use over areas with skin conditions such as Psoriasis or Eczema.**
- **Do not make any adjustments to the unit while operating machinery or in the vehicle.**
- **Some electronic devices, such as EKG alarms and monitors, may not work properly while wearing the unit.**
- **Only use the unit for the specific purpose as prescribed by your physician.**
- **When not in use, place the electrodes in their original package to ensure maximum usage and safety.**
- **Most electrodes have a life span of 3- 5 uses depending on the patient and storing of the pads.**

Please read owners manual or consult your physician for further precautions or direction for usage.

PPS STAFF

Office: 1-888-811-TENS

Fax: 1-866-569-3559