

Welcome Guide



Hours of Operation:

Monday - Friday
9:00 AM - 5:00 PM

888-276-3237 

contactus@qualitydme.com 

8530 Cinder Bed Rd. Suite 2300 Lorton VA 

www.qualitydme.com 

Meet Kipper, our adorable sidekick!



We are thrilled to have you join our community and embark on this journey towards improved health. To ensure your comfort and confidence throughout your treatment, we have prepared this comprehensive guide filled with valuable information and resources.

Kipper, our lovable and knowledgeable sidekick, will be by your side every step of the way. He's here to offer helpful tips, answer common questions, and provide friendly encouragement, making your experience even more enjoyable.

We are honored to be a part of your sleep therapy journey and look forward to supporting you every step of the way!

With warm regards,
Quality DME

Welcome to Quality DME!

Get ready for an adventure as we embark on your CPAP/BIPAP journey together. Our top priority? You and your success! We're here to ensure that your experience with us is nothing short of amazing. We can't wait to create an unforgettable experience curated just for you as we work together towards your CPAP/BIPAP success. Let's make this journey one to remember!

Our Core Values

At the heart of our company, our amazing employees embrace the spirit of DREAM:

Determination ☆ **R**esilience ☆ **E**nthusiasm ☆ **A**mbition ☆ **M**otivation

These guiding principles serve as the driving force behind our team's dedication to delivering excellence in everything we do.

With the DREAM team by your side, you can trust in our commitment to providing exceptional care, unrivaled support, and unwavering dedication to helping you achieve your sleep therapy goals.

Table of Contents

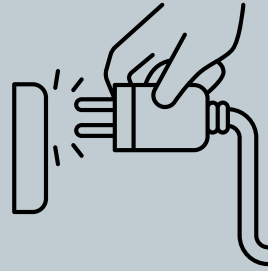
Let's Get Started, a Quick Start Guide.....	2
Plan of Care - Sleep Coach Program.....	3
Equipment Cleaning and Maintenance.....	4
Resupply Schedule.....	5
Contact Us and FAQs.....	6
Patient Orientation Checklist.....	7
Patient Assessment and Plan of Service.....	8
Assignment of Benefits.....	9
Financial Disclosure.....	11
Payment Policy.....	12
Privacy Notice.....	14
Patient Bill of Rights and Responsibilities.....	15
Medicare Beneficiaries.....	16

Let's Get Started

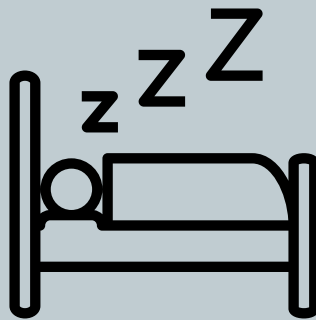
Getting your machine set up in 4 easy steps!



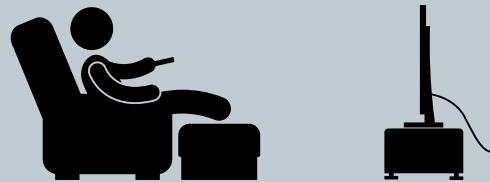
1. Unpack and place your PAP device on a flat surface, such as a nightstand, away from direct heating or cooling sources.



2. Connect the power cord and tubing to the PAP unit and the mask to the tubing. Connect the power cord plug directly to a wall outlet not controlled by a switch, and avoid extension cords.



3. Adjust your mask straps while lying down in your ideal sleep position to minimize leaks and maximize comfort.



4. Get used to PAP therapy by wearing the mask while reading or watching TV to acclimate slowly. For most people, it takes 2-3 weeks to adjust.

Ready to get cozy with your new machine? Scan the QR codes below to let our setup videos guide you to a good night's sleep!

Philips Setup Videos



ResMed Setup Videos



Plan of Care - Sleep Coach Program

The Quality DME Sleep Coach program is designed to help you get compliant with your therapy. You'll probably hear the word *compliance* a lot. As a patient, compliance means using PAP therapy on a consistent basis. It's a personal goal for your long-term health, and our mission is to help you get there! Here's what to expect:

Sleep Coach: Our team of sleep coaches is assigned to you for the first 90 days of therapy, the most pivotal period of PAP therapy. The sleep coaches are here to support you through your journey in a team effort to get you compliant.

Educational Emails: During the trial period, you will receive educational emails from our Sleep Coach team at sleepcoach@qualitydme.com. These emails are designed to provide you with valuable information and guidance for a successful CPAP/BIPAP therapy experience.

Daily Monitoring: Your therapy progress will be monitored through a cellular modem in your device. This allows us to ensure everything is on track for effective treatment. It also helps us generate compliance data to identify and address issues such as mask leakage, treatment effectiveness, and insurance compliance.

Proactive Assistance: If any issues arise within the first **90 days** that could affect your compliance, do not hesitate to reach out to our Sleep Coaches for support. They are available via phone or email to provide guidance during your adjustment period.

Physician Communication: Your physician will have access to your therapy data to keep them informed of your progress. This ensures that your follow-up appointments are productive and that any necessary therapy adjustments can be made promptly.

You can trust that we are fully committed to prioritizing your therapy journey and delivering exceptional care and support every step of the way!

To reach one of our Sleep Coaches, call [888-276-3237](tel:888-276-3237) Option 5 or email them at sleepcoach@qualitydme.com.

Koa-lity Tip!

Aim to use your device at least 4 hours per night.



Equipment Cleaning and Maintenance

Gear up for a therapy blast! Follow these guidelines to keep your supplies in top shape and maximize your treatment.

Daily Cleaning:

- **Mask:** Wash the cushion/pillow in warm water and soap or wipe down with a damp washcloth
- **Water Chamber:** Empty and refill with distilled water

Weekly Cleaning:

- **Mask:** Disassemble the mask and wash the cushion/pillow, frame, and headgear in warm water and soap
- **Water Chamber:** Wash with warm water and soap
- **Tubing:** Detach from the machine and rinse with warm water and soap, hang to dry
- **Filter:** Do not wash or get wet; replace every 2-3 weeks as discoloration appears
- **CPAP/BIPAP Machine:** Wipe down with a damp cloth

Pro Tip!

Your water chamber is top-rack dishwasher safe.



Ready to Level Up Your CPAP Cleaning Game? Scan the QR code to explore the importance of cleaning and replacing equipment.

Resupply Schedule

Regular supply replacements play a pivotal role in maximizing your comfort levels and improving therapy outcomes.

Every three months, you should receive a replacement supply kit* containing a variety of items such as:

- Replacement mask including cushion, headgear, and frame (x1)
- Replacement mask cushions/pillows (x1-5)
- Replacement tubing (x1)
- Replacement filters (x1-6)

We offer multiple methods of replacing your supplies, including:

Email Reminders (default): When eligible for supplies, an email will be sent to you. Follow the link and order online.

Auto Supply: When applicable, we can automatically have your supplies mailed out when eligible. Contact us by phone or email to enroll. Some restrictions apply.


Order on Your Schedule: Call our office at [888-276-3237](tel:888-276-3237) **Option 1**, email us at resupply@qualitydme.com to reach our resupply team, or scan the QR code below!


Order Here:



*Insurance payers cover items at unique intervals and may have certain restrictions. We will always do our best to provide you with the items that are covered by your plan unless you request additional supplies as an out-of-pocket expense.

Contact Us

 **888-276-3237**

 **Email**

- Option 1 - Resupply Department.....Resupply@qualitydme.com
- Option 2 - New Patient Inquiry.....Intake@qualitydme.com
- Option 3 - Check on an Existing Machine Order.....Patientadmin@qualitydme.com
- Option 4 - Billing Department.....Billing@qualitydme.com
- Option 5 - Sleep Coach and Device Troubleshooting.....Sleepcoach@qualitydme.com

FAQs

What should I NOT use to clean my supplies?

The following items are strongly discouraged from being used to clean your PAP supplies due to the residual vapors that can be harmful if inhaled or because they may damage your equipment.

- Antibacterial soaps
- Alcohol
- Bleach
- Washing machine or dryer
- Ozone-based cleaners

Scan the QR code below for more FAQs!



Is my device under warranty?

Machines have a two (2) year warranty. The manufacturer can repair equipment that malfunctions after the 2-year warranty.

How do I adjust my device's pressure level?

Any pressure adjustments require a prescription from your physician. Once we receive the prescription, our team will adjust it remotely for you.



Patient Orientation Checklist - CPAP/BIPAP and Oxygen Therapy

Below is the information you can expect to learn about during your orientation appointment:

Equipment/Services

- CPAP setup (E0601)
- BIPAP setup (E0470)
- BIPAP with backup rate (E0471)
- PAP supplies
- Oxygen Therapy

CPAP/BIPAP Instruction

- Power button
- Power cord and electrical safety
- Ramp feature and its use (when applicable)
- Disposable and non-disposable filters
- Humidifier and its use (when applicable)
- Use only distilled water in the humidifier chamber during its operation
- Tubing, mask, headgear, and chinstrap
- Data communication (data card and/or modem when applicable)
- Cleaning of mask at least once per week. Disassemble mask and wash with warm water and soap
- Cleaning of tubing at least once per week. Flush with warm water and non-scented soap
- Cleaning of humidifier chamber at least once per week, preferably daily
- Cleaning of device once per week. Wipe down with damp cloth as needed
- Importance of use of therapy during all sessions of sleep, day or night
- Importance of compliance with therapy
- Importance of replacement of supplies

Oxygen Therapy Instruction

- Power Button
- Power cord and electrical safety
- O2 adapter/backpressure valve/tubing and cannula and where/how to hook up (when applicable)
- Replaceable filter
- Humidifier and its use (when applicable)
- Use only distilled water in the humidifier chamber during its operation

General Instruction

- Understands the purpose of the equipment provided and its intended use
- Understands the therapy is ordered by a physician with a prescription
- Understands electrical and fire safety
- Received and understands the plan of care/follow-up procedure
- Understands the warranty/repair policy
- Operating and cleaning instructions left with patient/caretaker
- Importance of follow-up with referring physician
- Understands they must notify their DME provider if they are hospitalized

Patient Assessment and Plan of Service

Service location is one of the following:

- Patient Home
- Quality DME Facility
- Patient Workplace
- Virtual Setup

Home Assessment and Environmental/Safety Inspection

When applicable, a Quality DME representative will make an environmental and safety inspection of the patient's home. In some situations, a Quality DME representative cannot perform an environmental and safety inspection. When applicable, the patient must assess their own home, verifying the following are adequate:

- Patient lives in an architectural structure with no barriers preventing access or exit.
- Shelter, heat, plumbing, water, refrigeration, and cooking is available in the home.
- Electrical outlet is available without an extension cord and is not overloaded.
- Fire safety - working smoke detector/alarm, extinguisher, fire escape plan.
- Patient understands the importance of not smoking in the home.

If any inadequacies and/or hazards are identified, please notify us so corrective action(s) can be taken. These will be noted in the patient record and will be reviewed accordingly.

Plan of Service

The information below details the plan of service intended to be performed by Quality DME.

Expected outcomes

- Patient will receive prescribed equipment as ordered by the physician.
- Patient will utilize provided equipment as ordered by the physician.
- Patient will use and maintain equipment in a safe and proper manner.
- Patient will adhere to all instructed safety guidelines.
- Patient will be able to learn and demonstrate the use and troubleshooting of equipment.
- Patient will know how to contact Quality DME if they need further assistance.

Services/Actions Provided

- Patient was provided with equipment as ordered by the physician.
- Patient received training on how to use the equipment in a manner ordered by the physician.
- Patient received training on how to maintain equipment in a safe and proper manner.
- Patient received training on safety guidelines.
- Patient received training and successfully demonstrated use and troubleshooting of equipment.
- Patient received documentation on all equipment and company information, including contact information.

If any problems are identified, the patient will be notified of the corrected actions(s) that must be taken. These will be reported to the compliance officer and recorded in the patient record. For instance:

- Patient was unable to demonstrate proper use of equipment in a safe and proper manner.
- Patient is not able to comply with the physician's orders on the use of equipment.
- Patient may need required follow-up visits to ensure usage compliance of equipment.

Assignment of Benefits/Information Release

I authorize payments to be made directly to Quality DME of any benefits otherwise payable for durable medical equipment and supplies ordered by my physician. I understand that my signature requests that payment be made and authorizes the release of medical information necessary to pay the claim. If 'other insurance' is indicated in item 9 of the CMS-1500 claim form or elsewhere on the approved claim form or electronically submitted claims, my signature authorizes releasing the information to the insurer or agency listed. I agree to pay any charges not covered by insurance benefits plans excluding Medicare and Medicaid recipients and where payment is prohibited by law. I further agree that I am responsible for paying my co-pays or balances, which remain after insurance payments have been made, including any cost of collection or legal fee incurred to collect these balances.

Insurance will pay some or all the costs associated after the deductible is met. The patient is responsible for any unmet deductible and the portion of their costs (co-insurance and/or co-pay).

Providing Correct Information

I certify that the information I furnish is true and correct. I know it is a crime to fill out this form with facts that I know are false or to leave out facts that are important.

Authorization to Treat

I understand the nature of and consent to the services and treatment as ordered by my physician. I understand that this home therapy must be used as directed by the physician's order, the manufacturer's recommendations, and the guidelines provided by Quality DME. Failure to do so may result in property and/or bodily injury. I understand that I have the right to make decisions concerning my medical care, including the right to accept or refuse medical treatment.

Patient Handouts

I acknowledge that I have received information on the following: hours of operation, contact information, patient rights and responsibilities, complaint procedure, patient privacy notification, home safety information, assignment of benefits, equipment warranty information, and equipment/supplies provided. I received information on Patient, Home, and Environmental Assessment and Plan of Service, Orientation Checklist, and the Financial Disclosures (CPAP/BIPAP Purchase and Rental, Compliance requirements, Self-Pay Rates, Change of Insurance, Payment Policy). Additionally, Medicare beneficiaries have received CMS Supplier Standards, Capped Rental vs. Purchase Options, inexpensive or routinely purchased items, Advanced Directives, and ABN (when applicable). I have also received all applicable user manuals and/or educational manuals provided by the manufacturer of my equipment.

Notice of Patient Privacy Practices & Release of Information

I have received a copy of the PATIENT PRIVACY PRACTICE. The notice describes how Protected Health Information may be used and disclosed and the procedures for accessing this information. I have reviewed it and accepted the notice.

I understand that I am authorizing the release of written and/or oral communications by Quality DME and thereby hold harmless Quality DME and their staff from all legal responsibility that may arise for the act hereby authorized. Additionally, I authorize Quality DME to leave voicemail and text messages on my phone and send email messages to the email address provided to Quality DME. I understand that messages may include protected health information, and I release Quality DME and their staff of all legal responsibility that may arise from this act.

Equipment Warranty Information

Quality DME will honor all manufacturers' warranties under applicable state law. In addition, the manufacturers' manual will be provided to all Rental beneficiaries for all durable medical equipment provided.

If any item delivered to a Rental beneficiary is substandard or unsuitable, Quality DME will accept the return of the item or exchange the item.

Complaint Procedure

To file a complaint with us directly, call [888-276-3237](tel:888-276-3237) and ask to file a complaint or email us at complaints@qualitydme.com. If you feel your privacy rights have been violated, you may contact the US Department of Health & Human Services. The law prevents us from taking retaliatory action against a complainant.

Financial Disclosure

Quality DME, Inc. will bill your insurance company on your behalf for the items you receive. You are responsible for all costs as dictated by your insurance policy, including deductible and/or co-insurance and/or co-pays. If you do not have insurance or if your insurance(s) does not pay for the equipment, you are responsible for any/all costs up to the amounts listed below (see Self-Pay Rates).

IMPORTANT: Your insurance company dictates how the equipment is billed. It will be billed as either a purchase or a rental.

See below for the policy on purchases and rentals. If you have questions/concerns regarding the billing structure of your equipment, call [888-276-3237](tel:888-276-3237) **Option 4**.

CPAP/BIPAP Purchase

Your insurance company requires your CPAP/BIPAP machine to be billed as a purchase. Your machine will be yours to own and will be charged on a one-time basis. Machines billed as a purchase are non-returnable upon first use. Compliance adherence is not required for the purchase of the device, but based on payer guidelines, compliance may be required to cover ongoing supplies.

CPAP/BIPAP Rental

Your insurance company requires the CPAP/BIPAP machine to be billed as a rental. Your insurance will be billed monthly for [x] months as dictated by your insurer. The rental period starts when your machine is shipped/delivered/picked up and is billed monthly thereafter until the rental is complete. Upon completion of the rental period, your machine is considered purchased.

During the rental period, your insurance may require that we submit a compliance data report to show that you are compliant with therapy (see COMPLIANCE REQUIREMENTS below).

You are responsible for deductibles and co-insurances as dictated by your insurance benefits. Due to the renewal of deductibles, your out-of-pocket expenses may change as the rental progresses. Please contact your insurance provider if you need assistance understanding your health plan.

Compliance Requirements

During the rental period, your insurance may require that we submit compliance data to show that you are compliant in using the machine. They may request this data once or several times throughout the rental. If your plan requires submitting compliance data, we will have equipped your machine with a wireless modem to obtain data remotely. We will submit the data to your insurance company when necessary. Plans that require compliance for the machine will usually require compliance for the replacement of supplies as well. You must continue to meet compliance requirements to have replacement supplies covered by your insurance provider.

If the insurance plan has compliance requirements set in place, the patient must adhere to the following requirements:

DEVICE MUST BE USED FOR FOUR (4) OR MORE HOURS PER DAY AND GREATER THAN 70% OF DAYS IN THE GIVEN PERIOD. THIS EQUATES TO 4+ HOURS PER DAY, 5+ DAYS PER WEEK.

Exceptions: Insurance companies will only allow exceptions to requirements in the case of documented hospitalization.

Non-Compliance

Failure to meet compliance during the rental may result in a self-pay bill for the cost of the machine. If the patient is unable to meet compliance requirements, they will have the following options:

- Purchase the remainder of the machine out-of-pocket. Prices vary depending on the type of PAP, the rental period completed, and/or other factors. You may contact Quality DME for pricing information.
- Return the PAP. The rental billing will end upon receipt of the machine. The patient keeps all purchased supplies.
- Proceed as directed by your insurance provider to regain eligible status. All policies are different and, therefore, must be addressed uniquely. Some insurance policies will not approve future use of the PAP device, in which case a patient must return the equipment or pay out of pocket for the equipment.

Self-Pay Rates

For your reference, the full self-pay rates for each item type are listed below. In certain circumstances, this rate may be applied, including, but not limited to, lack of insurance coverage, non-compliance, your insurance(s) does not pay for the equipment, or in the case of replacement for any stolen/lost machine.

CPAP Machine and all associated supplies	\$1,000.00
BIPAP Machine and all associated supplies	\$2,500.00
BIPAP ST/ASV and all associated supplies	\$4,000.00
PAP Supplies, including masks, tubing, and filters	\$300.00

Change of Insurance

If your insurance changes during the rental period, Quality DME, Inc. will attempt to resolve the remainder of the rental through any new insurance you have. However, many insurers will not continue the rental cycle. Any unpaid costs are the responsibility of the patient. Make sure to notify Quality DME beforehand of any changes to your insurance to resolve any active rentals. **If you do not notify Quality DME of any changes to your insurance plan, you may be responsible for any costs associated with the rental of your device at self-pay rates.**

Payment Policy

Given the constant changes to insurance company payment policies, the following policies have been established to help us continue to provide patients with the best quality of medical care. Please contact our office if you would like to discuss our payment policies. Note that Quality DME reserves the right to change the policy without notice, subject to applicable law.

Your insurance is a contract between you and your insurance company. If you have medical insurance(s), we will submit a claim on your behalf to facilitate payment by the insurance company. However, our office cannot guarantee that your carrier will pay your claim. **If the insurance carrier denies a claim, the obligation for payment is the patient's responsibility.**

If you have a secondary insurance policy, it is your responsibility to coordinate benefits between the two policies. As a courtesy, we will submit the balance from the primary payer to the secondary payer. If they do not pay within 60 days, we will not dispute the claim; the balance will be the patient's responsibility.

Changes made by your insurance company are your responsibility. We constantly adapt to policy changes with our participating insurance providers. However, we are not responsible for changes to the plans' covered services. To ensure coverage of the service(s), we encourage patients to contact their insurance provider.

Regarding late and non-payment: Payments must be made on or before the due date. Late payments will be subject to a late fee of \$15.00. We may refer the account to a collection agency if an invoice is over 90 days past due. Once the account has been transferred to collections, partial payments are not an option, and legal action may be taken.

Receipt of Equipment: Equipment delivered in person requires the patient's or caregiver's signature to confirm receipt. For equipment shipped, delivery confirmation by the shipping company (USPS, FedEx, etc.) will serve as proof of delivery. The patient must notify Quality DME of non-delivery within 30 days of the order date to open an investigation of the non-delivery.

Payment Procedure

- For all equipment deliveries with expected out-of-pocket expenses, a form of payment must be secured by Quality DME, Inc. A patient's options for securing payment include enrolling in autopay, retaining a payment method on file, payment prior to delivery, down-payments, or other, as dictated by Quality DME, based on the circumstance of each transaction.
- Once the claim is processed, an invoice for any remaining balance will be sent by email and/or mail.
- Payment is due within 30 days of the invoice date or a pre-determined payment date, subject to autopay.
- Payments may be made online, by phone, or by check.

Payment Plan

We offer no-interest payment options upon request. Patients may contact the office to set up the payment plan.

Down Payments

In certain situations, we require a down payment made prior to scheduling delivery of the prescribed equipment. Down payments must be no less than \$400.00 but can be more, up to the maximum expected cost of the equipment. A credit card will remain on file for all additional costs which will be invoiced.

Refund Policy

Refunds will be issued to patients for overpayment. They will be sent within one week after receipt of payment from your insurance company. They will not be issued any time sooner than receipt of the payment. Refunds will be issued by the same method that payment was accepted (check or credit card). Cash payments will be funded via check.

Return Policy

Opened disposable *supplies* (mask, tubing, filters, chambers, cushions, and chinstraps) may **not** be returned. Unopened *supplies* may be returned within 30 days of delivery. Unopened supplies more than 30 days past delivery are non-returnable and non-refundable. Machines (CPAP, BIPAP, APAP, etc.) that are being rented may be returned before the completion of the rental - the insurance company/patient will be billed in full for the month it is returned. Machines purchased by insurance (including partial, full, or applied to deductible and/or self-pay items) are non-returnable.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Please let us know if you have any questions or concerns.

Quality DME Privacy Notice

Quality DME is committed to preserving the privacy of your personal health information. We are required by law to protect the privacy of your medical information and to provide you with this notice describing how your medical information is used and disclosed for your treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

Uses and Disclosures: We use and disclose elements of your Protected Health Information (PHI) in the following ways:

- Treatment: including, but not limited to, inpatient, outpatient, or psychiatric care.
- Disclosure: to your treating physician(s).
- Payment: including, but not limited to, asking you about your health insurance plan(s) or other payment sources; preparing and sending bills or claims; and collecting unpaid amounts, either ourselves or through a collection agency or attorney.
- Health care operations: including, but not limited to, financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.
- Disclosures when release is authorized by law: including, but not limited to, judicial settings and by health oversight regulatory agencies, law enforcement, and correctional institutions.
- Uses or disclosures for specialized government functions: including, but not limited to, the protection of the President or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign services.
- Emergency situations or to avert serious health/safety situations.
- If you are a member of the armed forces, we may release medical information about you and your dependents as requested by military command authorities.
- Disclosures of de-identified information.
- Disclosures relating to worker's compensation claims.
- To medical examiners, coroners, or funeral directors to aid in identifying you or to help them in performing their duties. To organizations that handle organ and tissue donations.
- Disclosure to public health organizations or federal organizations in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Disclosures to business associates who perform health care operations for us and commit to respecting your PHI.
- Certain laws may require or permit us to use and disclose your medical information for other purposes without your consent or authorization.
- We will notify you by email or US Mail of any breaches of your PHI.

Patient Bill of Rights and Responsibilities

Patient Rights

- The right to considerate and respectful care.
- The right to be informed of the nature and purpose of PAP therapy.
- The right to participate in decisions involving their care, including all information concerning diagnosis in a form that the patient can be reasonably expected to understand.
- The right to expect services ordered by the physician will be provided in a timely manner.
- The right to reasonable communication despite any disabilities or language barriers.
- The right to refuse service/equipment, accepting full responsibility for that refusal.
- The right to be informed of policies and procedures, including eligibility for insurance reimbursement and financial responsibility.
- The right to receive service regardless of race, religion, color, national origin, sexual preference, sex, marital status, age, disability, or source of payment.
- The right to privacy concerning their care. Customer records and communications are to be treated confidentially.

Patient Responsibilities

- The responsibility of providing accurate history and notifying Quality DME, Inc of any change in their status, including medical situation, change of address, or insurance.
- The responsibility to comply with the physician's prescribed treatment and Plan of Care.
- The responsibility of making known whether they understand the products and services provided.
- The responsibility to respect the right, professional integrity, and dignity of those providing care.
- The responsibility of contacting Quality DME, Inc when equipment is not working properly.
- The responsibility to properly store, clean, and maintain equipment as recommended by the manufacturer and Quality DME, Inc.
- The responsibility to use equipment with reasonable care without alteration or modification.
- The responsibility to make a good-faith effort to meet financial obligations.

Medicare Beneficiaries

The information below pertains only to Medicare Beneficiaries.

Supplier Standards

The products and/or services provided to you by Quality DME, Inc. are subject to the supplier standards contained in the Federal regulations shown at 42 Code for Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. We will furnish you with a written copy of the standards upon request.

Capped Rental vs. Purchase Option

Medicare considers continuous airway pressure (CPAP) devices a capped rental item. Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary. After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.

Compliance Requirements

Medicare mandates that patients adhere to the compliance requirements outlined in this document.

Inexpensive or Routinely Purchased Item

- Inexpensive DME - This category is defined as equipment whose purchase price does not exceed \$150.
- Other routinely purchased DME - This category consists of equipment that is purchased at least 75 percent of the time.
- Though your machine is billed as a capped rental, any PAP supplies you have received will be billed as a purchase.

Advanced Directives

Advanced directives explain how you want medical decisions to be made when you're too ill to speak for yourself. These legal documents tell your family, friends, and healthcare professionals:

- What kind of health care that you want.
- Whom you wish to make decisions for you.

Types of Advance Directives:

- A health care proxy is a document that names someone you trust to make health decisions if you can't. This document is also called a durable power of attorney.
- A Living Will describes which treatments you want if your life is threatened, including dialysis and breathing machines, resuscitation, tube feeding, and organ or tissue donation after you pass away.

How to get Advance Directives:

Get an Advance Directive from any of the following:

- Your healthcare provider
- Your attorney
- Your local Area Agency on Aging
- Your state health department



Scan here for additional
information, or visit
qualitydme.com

