



36 West Route 70, Suite 214, Marlton, NJ 08053
Phone: 800-714-7434 Fax: 800-715-5422
www.sunmedmedical.com Email: sales@sunmedmedical.com
Regular Business Hours: Mon-Fri 9am-7pm, EST

Dear Valued Customer,

You have asked our company to bill your insurance carrier for the medical products prescribed for you. Your insurance company requires that we submit the attached documents signed and dated by you in order to pay the claim on your behalf. Without these signed documents, SunMED cannot bill on your behalf, and you will be financially responsible.

Please sign this acknowledgement below to confirm receipt of the attached policies and rights you have as a customer in the care of an Accredited equipment provider, along with the Release of Protected Health Information/Assignment of Benefits. The signed and completed documents must be returned to SunMED. They can be faxed to 800-715-5422, scanned and emailed to info@sunmedmedical.com or mailed to: Document Management, 36 West Route 70, Suite 214, Marlton, NJ 08053. If you cannot return the documents via one of these methods, call SunMED at 800-714-7434 and we will assist you with a link to sign electronically. Thank you, in advance, for your assistance.

Documents that require your signature:

1. This acknowledgement of receipt below (Page 1); and
2. Release of Protected Health Information and Assignment of Benefits Agreement (Page 2).

I acknowledge that I have received the attached welcome letter containing the following:

- Hours of Operation and Telephone Number
- Mission Statement
- Non-discrimination Commitment
- Notice of Privacy Practices
- Grievance and Complaint Process
- CMS Supplier Standards
- Emergency and Safety Considerations
- Patient Rights and Responsibilities
- Proper Use, Maintenance, Warranties and Returns Information

Your Name (please print legibly) _____

Your Signature: _____ **Date:** _____

Relationship if you are not the recipient of the products _____

Reason recipient cannot sign (not home, physically unable, asleep, etc.)



AGREEMENT TO ALLOW SUNMED TO BILL YOUR INSURANCE-RETURN REQUIRED

Release of Protected Health Information

I understand that my insurer requires documentation, including prescriptions, about my medical condition to determine if they will cover the medical products provided by SunMED Medical Systems, LLC (SunMED). This information may be maintained by my Physician, Home Healthcare Agency, Healthcare Facility, employer, or other entities. I authorize any holder of medical documentation about relevant conditions for which I am being treated to release that information to SunMED and my Insurance Company to prove that the products are medically necessary.

Assignment of Benefits

I, the undersigned, irrevocably authorize assignments of and direct payments of insurance benefits to SunMED for the medical equipment supplied by SunMED.

In the event that my insurance carrier reimburses me directly instead of SunMED, I will remit a copy of the explanation of benefits and sign the check over to SunMED within 2 weeks or provide payment in full by credit card or personal check. I understand that if payment is not forwarded, fourteen days from the issue date of the check interest of 19% annually will begin to accrue. If payment is not received in 30 days my account will be sent to SunMED collections attorney and payment, interest, and attorney fees will be my responsibility.

I am aware that SunMED will bill my insurance carrier as a courtesy and as a result, I am responsible for my insurance deductible, co-payment/co-insurance, and/or patient responsibility. These out-of-pocket expenses were explained to me prior to receipt of my order. I irrevocably acknowledge that my signature on this document represents that I will be responsible for full payment as determined by my insurance carrier.

I will notify SunMED prior to any changes in my insurance coverage that would impact payment of my claim. If my insurance carrier changes and I do not notify SunMED prior to dispensing my medical products I will be responsible for payment in the even my claim is denied.

CareCentrix patients only: If my Insurance Coverage is managed by CareCentrix, I acknowledge that CareCentrix and not SunMED will bill me for any co-pays, deductibles, or other patient costs associated with my medical products.

CareCentrix will only give this information to the member. Contact CareCentrix at 877-725-6525 for information about your account.

Patient's Name: _____
Patient's Signature: _____ **Date Signed:** _____
Authorized Signer's Name: _____ **Signature:** _____
Relationship to Patient: _____ **Reason patient cannot sign:** _____



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WELCOME

SunMED Medical extends a warm welcome to you and your family. Your satisfaction is very important to us. The following information is designed to answer any questions you may have concerning the products you are ordering from SunMED.

Our mission is to meet the needs of our clients/patients wherever they reside by providing the highest quality unique or complex medical equipment, supplies, and services. We respect the rights of our clients/patients, and are dedicated to providing responsive, timely customer service. We ensure that members of our team receive ongoing education so that they are knowledgeable about the latest medical equipment innovations used in the hospital to bring that technology to the alternate care setting where our clients/patients reside.

SunMED is in compliance with Title V of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination Act of 1975. We do not discriminate on the basis of race, color, creed, religion, sex, national origin, sexual orientation, disability or age with regard to admission, access to treatment or employment. We will make every effort to comply with these and similar statutes.

SERVICE HOURS

SunMED's phone number and business hours are listed above. If you call after business hours, leave a message and a representative will return your call the next business day. If your call requires immediate attention, please follow the prompts and a representative will call you as soon as possible.

NOTICE OF PRIVACY PRACTICES

We are required by the Healthcare Insurance Protection and Portability Act (HIPAA) to protect the privacy of your medical information and to provide you with this notice describing how medical information about you may be used and disclosed, and how you can access this information. We use your health information for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of the care that you receive. We may be required or permitted by certain laws to use and disclose your protected health information without your consent for other purposes, such as public health oversight, legal proceedings or national security matters. As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information and complaining if you think your rights have been violated. We have a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time and will provide you with the most current version. If you would like a copy, please call our privacy officer at 800-714-7434.

If you believe that your privacy rights have been violated, you may complain to SunMED or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint

should be filed in writing, and should state the specific incident(s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act or omission complained of occurred, and must describe the acts or omissions believed to be in violation of applicable requirements. For further information regarding filing a complaint, contact our organization at 800-714-7434 or CMS at 1-800-MEDICARE.

GRIEVANCE AND COMPLAINT PROCESS

We are committed to serving you and ensuring that your rights are protected. If you have a complaint or concern, please call 800-714-7434. Your call will be logged and we will respond within 4 hours for emergencies and within 24-48 hours for non-emergencies. We will address your concern as soon as possible and contact you by phone or mail with the results of our investigation.

CMS SUPPLIER STANDARDS

The products and/or services provided to you by SunMED are subject to the supplier standards contained in the Federal regulations shown at 42 Code of 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://ecfr.gpoaccess.gov>. SunMED will furnish you a written copy of the standards upon request.

EMERGENCY and SAFETY CONSIDERATIONS

In an emergency, your primary objective should be your safety. Please call 911 in the event of an emergency. If you have concerns regarding your health, call your physician as soon as possible.

PATIENT RIGHTS

As a patient/client of SunMED, your rights include, but are not limited to, the following:

- A timely response from SunMED regarding your request for products.
- Access to information about SunMED charges for services.
- Freedom to choose your DME provider(s).
- Access to appropriate and high quality durable medical equipment products and services without discrimination regarding race, color, creed, religion, sex, national origin, sexual orientation, disability or age.
- Courteous and respectful interactions with all who provide durable medical equipment to you.
- Freedom from physical and mental abuse and/or neglect.
- Prompt and accurate equipment order processing.
- Access to the names and title of everyone who provides durable medical equipment.
- Access to all necessary information regarding product choices and costs so you will be able to give informed consent prior to the purchase or rental of any equipment.
- Privacy and confidentiality of medical conditions, medical records, and billing records.
- Access to your clinical record at your request.
- Notification of any anticipated transfer of your request for equipment to another healthcare company and/or termination of your order.
- Ability to voice any grievance with our company without being threatened, restrained, and discriminated against.
- Ability to refuse treatment within the confines of the law.
- Participate in the consideration of ethical issues that arise in your care.

PATIENT RESPONSIBILITIES

As a patient/client you also have certain responsibilities. These responsibilities include the following:

- 1) Give accurate and complete health and insurance information upon request.
- 2) Pay any outstanding balances for equipment purchases.
- 3) Request further information concerning anything you do not understand.
- 4) Follow manufacturer guidelines when using your equipment.
- 5) Contact your doctor whenever you notice any change in your condition.

PROPER USE, EQUIPMENT MAINTENANCE, WARRANTIES AND RETURNS

Please follow these general guidelines regarding your purchase:

- Follow all manufacturer's care and use instructions for your equipment.
- Perform routine and preventive maintenance according to the manufacturer's instructions.
- Keep your garments, prostheses and/or equipment clean. Follow manufacturer's care and cleaning instruction.
- Keep manufacturers' phone numbers available in the home to obtain service in case of equipment problems, equipment failure or questions regarding proper use.
- Provide adequate electrical and/or battery power for medical equipment, if applicable.
- SunMED honors all manufacturers' warranties under applicable state laws and repairs or replaces, free of charge, any defective items under warranty.
- Order discrepancies must be reported within 14 days of receipt in order for exchange or return to be honored.
- Return policies vary by product and SunMED follows manufacturer, government, and infection control return requirements. Returns will only be accepted with a return authorization from SunMED. Save the original packaging. Most products are returned to the manufacturer so return instructions and address must be obtained prior to shipping. Contact your SunMED representative for the return policy on your specific product. Some products cannot be returned if opened due to their personal nature. If returned open or used, the refund will not be processed. Policies on our most common products are listed below.
 - Breast pumps and external controllers/chargers for neuromodulation cannot be returned if the sealed package has been opened. The devices may be returned within 30 days. Some brands have a \$200 restocking fee.
 - Phototherapy units are not returnable.
 - Custom compression garments cannot be returned but SunMED will facilitate up to two alterations by the manufacturer to achieve the best fit
 - Ready to wear breast prostheses, mastectomy bras and ready to wear compression garments can be returned within 30 days of purchase if unused and with original tags and packaging.
 - Timm Medical Vacuum Erection Devices are returnable to the manufacturer within 90 days, except for the Osbon Classic. The manufacturer will not accept returns of the Osbon Classic.
 - Lymphedema Pumps are returnable within 30 days. The pump appliances cannot be returned if they have been used.
 - Freestyle Libre Continuous Glucose Monitors are returnable to the manufacturer within 30 days.
 - Negative Pressure Wound Therapy supplies are not returnable. The pumps are rentals and must be returned.
 - Rental products (Ventilators, Negative Pressure Wound Pumps, CPAPs, Lymphedema Pumps) must be returned when the rental period is over or converted to purchase. The cost of rental products that are not returned or purchased will be your responsibility.
- The customer is responsible for freight charges on returned products.
- For an itemized receipt please email Janet.Billy@SunMEDMedical.com with your name, date of birth, and order number (if known).