

Florida Home Medical Supply, INC. dba Colonial Medical Supplies, and its partners, Joint Ventures and Subsidiaries, to be referred to as FHMS. To Report Fraud and Abuse 800-96-ABUSE Or Accreditation Co. ACHC - 919-785-1214.

FHMS Corporate Office Location and Contact Info: 614 E Altamonte Dr. Altamonte Springs, FL 32701.

Phone – 800-747-0246 Fax – 407-849-6458

AUTHORIZATION/CONSENT FOR CARE/SERVICE-- I have been informed of home care options available to me. I authorize FHMS under the direction of the prescribing physician to provide medical equipment and supplies as prescribed by my physician.

ASSIGNMENT OF BENEFITS/AUTHORIZATION FOR PAYMENT-- I hereby assign all benefits and payments to be made directly to FHMS. For any home medical equipment, supplies and services furnished to me in conjunction with my home care. I authorize FHMS to seek such benefits and payments on my behalf. It is understood that, as a courtesy, FHMS will bill Medicare/Medicaid or other federally funded sources and other payers and insurer(s) providing coverage, with a copy to FHMS I understand that I am responsible for providing all necessary information and for making sure all certification and enrollment requirements are fulfilled. Any changes in the policy must be reported to FHMS within 30 days of the event. I have been informed by FHMS of the medical necessity for the services prescribed by my physician. I understand and agree I am responsible for the payment of any and all sums that become due for the services provided. **FINANCIAL RESPONSIBILITY**-- I understand and agree that I am responsible for the payment of any and all sums that may become due for the services provided.

RELEASE OF MEDICAL INFORMATION-- I hereby request and authorize FHMS, the prescribing physician, hospital, and any other holder of information relevant to service, to release information upon request, to FHMS, any payer source, physician, or any other medical personnel or agency involved with service.

RETURNED GOODS-- I understand, due to Federal and State Pharmacy Regulations, ancillary items prescribed for home health care cannot be re-dispensed. Therefore, ancillary items cannot be returned for credit. Home Medical Equipment is rented will be returned after the physician has discontinued service. Sale items cannot be returned. FHMS must be notified within 24hrs of set-up if equipment is defective. In the case of defective equipment, an exchange will be made for the defective item.

GRIEVANCE REPORTING-- I acknowledge that if I have a grievance against this company I can call 407-849-6455 to speak to the Customer Service Supervisor or call ACHC at 855-937-2242. **HOME HEALTH HOTLINE**-- You may also make inquiries or complaints about this company by calling your local Social Services Department and/or ACHC.

Notification of Medicare Inexpensive or Routinely Purchased Items (IRP), if item is IRP eligible: I have received instructions and understand Medicare defines the equipment I received as being either a capped rental or an Inexpensive or Routinely Purchased item. It is FHMS policy to provide this item as a PURCHASE. I understand that if I choose to RENT this item, FHMS will not dispense it to me and I will need to obtain it from another supplier.

CONTRACTOR / SUBCONTRACTOR RELATIONSHIP- I acknowledge my understanding that Florida Home Medical Supply, INC (FHMS) has coordinated delivery, repair, maintenance, and equipment instruction of DME items through its subcontractor. Any consent given through this agreement or additional delivery documents will be considered interchangeable between Contractor and Subcontractor; and you accept authorizing either entity any rights implied by such agreement. FHMS is the owner of all beneficiary medical records for processing and billing to insurance. Subcontractor will have access to and may maintain copies of the beneficiary's medical records and shall provide all service required for the equipment provided to you. The undersigned beneficiary hereby understands and agrees with the subcontractor terms and relationship set-forth in this document between FHMS and Subcontractor.

Home Assessment Review- Environment is Suitable? Yes___ No___ Does the beneficiary's home provide adequate access between rooms, maneuvering space, and surfaces for use of the equipment being provided? Yes____. No____
Can beneficiary safely use provided equipment? Yes___ No___

CLIENT/PATIENT HANDOUTS-- I acknowledge that I have received a copy of the Client/Patient Handouts which contains Client/Patient Rights and Responsibilities, the DMEPOS Supplier Standards, Home safety information, HIPPA Privacy Standards, Emergency Planning, and Advance Directive Information. I have received the booklet which explains, in depth, the above information and has all the client/patient handouts.

Beneficiary (or Parent/Guardian/Representative) Signature

Relationship to Beneficiary (if applicable)

Technician

Date