



KEYSTONE
MEDICAL SUPPLIES

NEW PATIENT
WELCOME PACKET

keystone-medsupplies.com

Table of Contents

Contact Information.....	3
Our Services.....	4
Patient Rights and Responsibilities.....	5
Privacy Notice	7
Our Complaint Process	15
Medicare Prescription Drug Coverage and Your Rights	16
Medicare DMEPOS Supplier Standards.....	17
State Required Notifications	19
Rental Equipment Policies.....	21
Capped Rental & Inexpensive/Routinely Purchased Items ...	22
Financial, Billing, Payment & Refund Policies	23
Health Insurance.....	24
Account Changes.....	26
Emergency Preparedness.....	27

Welcome to Keystone Medical Supplies

Thank you for choosing Keystone as your medical wound care and diabetes specialist. Our staff is ready to help you answer any questions you may have.

Contact Information

For medical emergencies, please call 911.

Our Hours:

8 a.m.-5:30 p.m. CST Monday-Friday

Toll-Free:

833-847-1240

After Hours:

833-847-1240

Follow the prompts, and leave a message for the on-call representative to call you back

Address:

106 Highland Way, Suite 204, Madison, MS 39110

Our Services

At Keystone Medical Supplies, our mission is to improve each patient's health and restore quality of life. We define success by your positive outcome. We do this by being a dedicated provider of care and services to our patients by consistently meeting our customers' needs and expectations while delivering the highest possible standards of excellence. We provide care to only those patients whose home health needs can be met by the services we offer.

Our services include:

- Patient instruction and training
- Wound and diabetic supplies and care
- Quality clinical, delivery, shipping and office personnel to assist you
- 24-hour, 7-days-a-week emergency service for rental equipment issues
- Assistance with home set up when required or necessary
- Transition of medical supplies from a hospital to your home
- Transfer of medical supplies to or from our service area to another area
- Help answering questions about your insurance carrier's requirements for billing and reimbursement
- Follow-up calls by qualified representatives to verify delivery and proper use of equipment and/or supplies

Patient Rights and Responsibilities

YOU HAVE THE RIGHT TO:

1. Obtain relevant, accurate, current and understandable information from Keystone Medical Supplies concerning your treatment.
2. Discuss your specific treatment program, including possible adverse side effects and interactions, and receive effective counseling and education from your Keystone representative.
3. Confidentiality and privacy of all your patient counseling information contained in your patient record and all your Protected Health Information, as described in the Keystone Notice of Privacy Practices (NOPP).
4. Receive appropriate care without discrimination in accordance with physician orders.
5. Be advised if a medical device has been recalled at the consumer level.
6. Call Keystone with any complaints about medication or privacy matters at 833-847-1240 and ask for the Compliance Officer, or contact us about them through our website at www.keystone-medsupplies.com.
7. Voice your grievances/complaints regarding treatment or care or lack of respect or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal, and have your grievances/complaints investigated.
8. Be able to identify Keystone Medical Supplies representatives through proper identification, including name and job title. You may request to speak with a supervisor.
9. Choose a healthcare provider.
10. Receive information about the scope of care/services that are provided by Keystone Medical Supplies directly or through contractual arrangements, as well as any limitations to Keystone's care/service capabilities.
11. Receive in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
12. Be informed of any financial benefits that might accrue when you are referred to an organization.
13. Be advised of any change in Keystone's plan of service before the change is made.
14. Receive information in a manner, format and/or language that you understand.
15. Have family members, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representative, be involved in your care and treatment, and/or service decisions affecting you.
16. Be fully informed of your responsibilities.
17. Be informed promptly of any manufacturer/FDA recalls affecting your prescribed medical devices or supplies.
18. If Keystone Medical Supplies is found to be "out of network" resulting in higher costs to the patient, the patient will be notified of cost differential in writing prior to starting services.
19. Be informed of patient assistance programs to assist with access to medical supplies.
20. Redirect your prescription if Keystone Medical Supplies cannot source the appropriate medical device or supplies.
21. Decline participation, revoke consent, or disenroll from Keystone Medical Supplies' patient management program at any point in time.
22. Be informed about the philosophy and the characteristics of Keystone Medical Supplies' patient management program.

YOU HAVE THE RESPONSIBILITY TO:

1. Adhere to the plan of treatment or service established by your physician.
2. Participate in the development of an effective plan of care/treatment/services.
3. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
4. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by Keystone Medical Supplies representatives.
5. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
6. Notify Keystone Medical Supplies if you are going to be unavailable for scheduled delivery times.
7. Treat Keystone Medical Supplies personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
8. Care for and safely use medical supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
9. Keystone Medical Supplies should be notified of any changes in your physical condition, physician's prescription or insurance coverage. Notify Keystone immediately of any address or telephone changes whether temporary or permanent.
10. Pay all invoices upon receipt, and understand that unpaid accounts will be considered in default.
11. Understand that Keystone Medical Supplies acts solely as an agent for you in filling prescriptions through your insurance or other benefits assigned to Keystone; understand that Medical Supplies assumes no responsibility for ensuring that benefits so assigned will be paid; and understand that your account will only be credited when Keystone Medical Supplies actually receives payment.
12. Submit any forms that are necessary to participate in Keystone Medical Supplies patient management program, to the extent that is required by law. Notify your treatment provider of participation in Keystone's patient management program.

Privacy Notice

This notice tells you how your medical info may be used and disclosed. Please review it carefully.

Your Rights

When it comes to your health info, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health info we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health info, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health info about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Ask for a confidential consultation

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health info. We are not required to agree to your request, and we may say “no” if doing so would affect your care.
- If you pay for a service or health care item out of pocket, in full, you can ask us not to share that info for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share it.

Get a list of those with whom we've shared info

- You can ask for a list (“accounting”) of the times we’ve shared your health info. This list will contain records up to six years before the time of your request. The list will show whom we shared your info with and why.
- We will include all disclosures with some exceptions. These exceptions may include disclosures about treatment, payment, health care operations, and other disclosures (such as any you asked us to make). You can request one accounting per year for free. We will charge a reasonable fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. We will honor your request even if you agreed to receive the notice in a digital format.

Choose someone to act for you

- If you have given someone medical power of attorney, or if you have a legal guardian, that person can exercise your rights and make choices about your health info.
- We will make sure the person has this authority and can act for you before we take any action.

If you feel your rights are violated

- You can complain by contacting us as described on page 8.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-800-368-1019, or visiting <https://www.hhs.gov/regulations/complaints-and-appeals/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

In certain instances, you can tell us your choices about what we share. If you have a clear preference for how we share your info in the situations below, talk to us. Tell us what you want us to do, and we will follow your request.

In these cases, you have both the right and choice to tell us to:

- Share info with your family, close friends, or others involved in your care
- Share info in a disaster relief situation
- Include your info in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may share your info. We will do this if we believe it is in your best interest. We may also share your info when needed to lessen a serious and active threat to health or safety.

In these cases we never share your info unless you give us written permission:

- Sale of your info
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health info?

Treat you

- We use and share your health info with other people treating you.
- **Example:** A doctor treating you for an injury asks another doctor about your overall health.

Run our company

- We can use and share your health info to run our practice, improve your care and contact you.
- **Example:** We use health info about you to manage your treatment and services.

Bill for your services

- We can use and share your health info to bill and get payment from health plans or other organizations.
- **Example:** We give info about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your info in other ways. Usually, these ways serve the public good, such as public health and research. We must meet many legal conditions before we can share your info in these ways. **For details, see: <https://www.hhs.gov/hipaa/for-individuals/medical-records/index.html>.**

We can share health info about you for certain cases such as:

Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your info for health research.

Comply with the law

We will share info about you if state or federal laws require it. We will share info with the Department of Health and Human Services, if required, to verify that we're following federal privacy law.

Respond to organ and tissue donation requests

We can share health info about you with organ donation organizations.

Work with a medical examiner or funeral director

We can share health info with a coroner, medical examiner or funeral director when a person dies.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions. These may include military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share your health info in response to a court or administrative order or subpoena.

Our Duties

- We are required by law to maintain the privacy and security of your protected health info.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your info.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your info other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all info we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to the following organization.

Keystone Medical Supplies, LLC

Highland Medical Arts, 106 Highland Way, Suite #204 Madison, MS 39110

www.keystone-medsupplies.com

Privacy policy contact: Lauren Cantrell, Compliance Officer

Email: info@keystone-medsupplies.com

Phone: (833) 847-1240

Our Complaint Process

We work hard to treat every customer with respect and care. Talk to us if you have a suggestion for improving our policies or business practices. If we have fallen short in any way, please let us know.

We will look into any complaint and handle your case in a way that's fair and respectful. Your health is our most important concern. We will not let our investigation get in the way of our care for you as a patient.

To file a complaint:

Call us at 833-847-1240 and ask for the compliance officer or manager. You can also contact us using the contact on our website, www.keystone-medsupplies.com/contact. You may also make inquiries or complaints about Keystone to:

Accreditation Commission for Healthcare (ACHC) by phone at 855-937-2242; or the Mississippi Board of Pharmacy electronically at www.mbp.ms.gov or by phone at: 601-899-8880.

Once a complaint has been filed:

- We will contact you within five calendar days by phone, mail, or email. We will let you know that we have received your complaint. We will also tell you about any steps we are taking to look into your issue.
- Within 14 calendar days, we will notify you about the results of our investigation. At this time, we will let you know how we plan to resolve your complaint.

Medicare Prescription Drug Coverage and Your Rights

To file a complaint:

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an “exception”** if you believe:

- you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary;”
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What you need to do:

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision. Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Medicare DMEPOS 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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 option 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 and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
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, answering service or cell phone during posted business hours 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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42CFR § 424.57(c)(11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare-covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any 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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., 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 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 for those specific products and services (except for certain exempt pharmaceuticals).
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. A supplier must meet the surety bond requirements specified in 42 CFR§ 424.57(d).
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 42CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom-made orthotics and prosthetics.

State Required Notifications

Maryland: Office of Health Care Quality

In accordance with State regulations, the State of Maryland has established a Residential Service Hotline: (800) 492-6005.

The purpose of the Residential Service Agency Hotline is to:

- Receive complaints about local residential service agencies.
- Receive questions about local residential service agencies.
- Lodge complaints concerning the implementation of advance directives.

The hotline is available 24 hours per day, 7 days per week (all voicemail messages are returned by the next business day).

State Required Notifications

North Carolina: Department of Health

The North Carolina Department of Health and Human Services has an information and referral helpline available 24 hours a day, 7 days a week, to assist North Carolina families in finding the resources and services they need.

Information and Referral Specialists are available to answer questions and make appropriate referrals to persons seeking assistance or information on available human service programs. Such programs include:

- Veteran Services
- Emergency Assistance
- Food and Nutrition Services
- Medical and Prescription Assistance
- Mental Health
- Substance Abuse
- Developmental Disabilities
- Adult and Aging Services
- Medicaid and Public Health
- Child Support
- Stroke Information and Resources

Questions or concerns may also be emailed to care.line@dhhs.nc.gov.

There is also a Complaint Intake Unit available to receive complaints regarding the care and services provided to patients/residents/consumers by healthcare facilities/agencies/homes licensed by the Division of Health Service Regulation.

Phone: Complaint Hotline (800)624-3004

Fax: (919)715-7724

Mail: Complaint Intake Unit

2711 Mail Service Center Raleigh, NC 27699-2711

Rental Equipment Policies

Customers are responsible for routine maintenance and cleaning of rented equipment using the instructions provided by the manufacturer's product manual.

- Keystone will have additional copies available for download at www.keystone-medsupplies.com.
- Service, parts, and labor are provided free of charge on rental equipment (except for customer misuse/abuse of equipment).
- You are responsible to pay repair costs for damage caused by misuse/abuse.

Equipment Repairs and Replacement Cost Due to Customer Negligence

You are responsible to pay Keystone's full retail price if you do not return our equipment or return our equipment damaged, or if the equipment is lost or stolen while it is in your possession. This includes damage from exposure to cigarette smoke or bug infestation.

Equipment Warranties

Keystone honors all warranties under applicable state law and repairs or replaces Medicare covered items under warranty, free of charge. Keystone provides a 12-month warranty from the initial date of delivery on equipment purchase or rent-to-purchase.

- Keystone will not replace equipment after the 12-month warranty period, unless the equipment is still covered under the manufacturer's warranty.
- Keystone does not repair equipment after the warranty period ends; customer must purchase new equipment or arrange repairs through another supplier.

Capped Rental & Inexpensive or Routinely Purchased Items

Capped Rental Items

Medicare and other payers that follow Medicare guidelines pay a monthly rental fee for a period not to exceed 13 months (Medicare) or for a period not to exceed payer guidelines of a number of months or payment amount (for other payers), after which ownership of the equipment is transferred to the beneficiary. After ownership of the equipment is transferred to the beneficiary, it is their responsibility to arrange for any required equipment service or repair directly with the manufacturer.

Capped Rental Includes:

- Air-Fluidized Bed
- Alternating Pressure Pads
- Hospital Beds
- Nebulizers
- Suction Pumps
- Patient Lifts
- CPAP/BIPAP
- Trapeze Bars
- Wheelchairs

Inexpensive or Routinely Purchased Items

Equipment can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.

Purchased Items Include:

- Bedside Rails
- Blood Glucose Monitors
- Canes
- Commode Chairs
- Crutches
- Pneumatic Compressors
- Seat Lift Mechanism
- Traction Equipment
- Walkers

Financial, Billing, Payment & Refund Policies

Amount Due at Initial Setup

Charges not covered by your insurance provider are due at the time of initial setup (e.g., coinsurance, deductibles and other charges deemed your responsibility by your insurance carrier).

- This amount is often an estimate.
- You will receive a statement for any additional balance due after your claims process.

Rental Equipment Title/Owner

Most equipment is provided as a continuous rental or rent-to-purchase (determined by your insurance carrier).

- Rent-to-purchase equipment caps at a set number of months or agreed purchase price has been met (determined by insurance carrier).
- Ownership/title remains with the company until all payments have been received from you and your insurance carrier.
- All rental equipment bills a minimum of 1 month.
- We do not prorate rental fees or refund for equipment used less than 1 month.
- You will receive a monthly statement for charges due on your account.
- A late fee up to \$10 per month may be charged when payment is not received by the due date.
- You must pay deductibles, co-payments and any balance remaining after insurance is filed.
- You are responsible to pay any incidental charges for operation of the equipment (such as electricity).
- Failure to pay the patient responsibility portion of your bill will require us to pick up our equipment and may result in your account being sent to a lawyer or collection agency.
- You understand that you will be responsible to pay lawyer fees that are within reason, court costs and fees from the collection agency.

Health Insurance

Keystone accepts your health insurance and files claims for reimbursement for equipment and supply charges.

- You must provide all insurance information necessary to file your claim (including any secondary insurance if applicable).
- We do not bill tertiary payers (third insurance), but will provide you the information needed to submit the claim.
- Notify us promptly about changes to your insurance or loss of insurance coverage.
- We do not guarantee coverage or payment of insurance claims.
- It is your responsibility to assist us with obtaining the documentation required to bill your insurance carrier.
- You will be responsible for payment if we do not receive all necessary documentation to bill your insurance.
- Charges not covered and paid by your specified insurance carriers are your responsibility to pay.
- Assignment of benefits to a third-party does not relieve your obligation to ensure full payment.

Health Insurance

We may accept Medicare Part B assignment, billing Medicare directly for our allowed charges. In most cases, Medicare pays 80% of allowed charges and the beneficiary is responsible for what Medicare does not cover and any deductible.

In many cases, the deductible and 20% is paid if you have other insurance.

We notify you if:

- Medicare denies a claim.
- We will appeal claims denied by Medicare (and non-assigned claims only upon request).
- Payment becomes your responsibility if you keep the equipment.
- Keystone is deemed “Out of Network.”
- The explanation of charges will be provided in writing along with the receipt.

Medicaid

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification.

Private Insurance

We may bill private insurance carriers upon verification and approval of coverage status and medical justification.

Managed Care

We will provide equipment upon approval and authorization from your managed care representative.

Payments

We accept credit cards, money orders or checks.

Account Changes

Notify us immediately if any of the following changes:

- Contact number
- Mailing address
- Email address
- Physician
- Insurance Information
- Preferred method of payment
- Bank account or credit card information

Emergency Preparedness: Five Things You Can Do to Prevent Infection

It is important to try and avoid contagious diseases like the flu and the common cold. Follow these five easy steps to prevent the spread of infection.

Clean Your Hands

Wash thoroughly for at least 15 seconds. Use soap and warm water (be careful of the water temperature and use a temperature that is comfortable for you). Clean your hands after visiting a place of business, before handling or eating food, after visiting someone who is ill, after playing with a pet, after changing a diaper, etc.

Cover Your Mouth And Nose

Germs can travel 3 feet or more when you sneeze or cough. Always cover your mouth to prevent the spread of infection. You can sneeze or cough into a tissue or at the bend of your elbow. Always make sure you clean your hands right away after sneezing or coughing.

Avoid Close Contact With Others If You Are Sick

If you are sick, stay away from others (if possible) and do not touch or shake hands with people. If you are visiting the doctor for treatment, call ahead and ask if there is anything you can do to further prevent spreading an infection.

Get Your Vaccinations

Make sure you are up-to-date on your vaccinations from your healthcare provider. Vaccinations are available for: chicken pox, measles, tetanus, shingles, mumps, meningitis, hepatitis, pneumonia, and flu (influenza).

Ask Your Healthcare Providers To Wash Their Hands And Wear Gloves

Healthcare providers meet lots of bacteria and viruses. Do not be afraid to ask them if they should wear gloves or other forms of PPE (personal protective equipment) before they treat you.

Patient Emergency Plan

It is important to have a general plan when preparing for an emergency. The following tips could be helpful during your preparation.

Make a List

- Medications
- Medication information
- Allergies
- Copies of health insurance cards
- Contact information

Have on Hand

- 2-week supply of medication
- Cell phone
- Flashlights and batteries
- First aid kit
- Battery-operated radio

Evacuation Plans

- Know emergency numbers
- Know where your nearest emergency shelter is located
- Have an emergency bag ready to go
- Arrange for assistance if you cannot evacuate yourself
- Have a plan for your pets
- Plan to have pet medication, food, and accessories

Essential Items

- Health information
- Cell phone
- Essential medications
- Flashlight and batteries
- Copies of prescriptions
- Emergency food

Should you have any questions during your preparation or in the event of an emergency, do not hesitate to call your Keystone representative at 855-739-9948.