



VIRTUE MEDSUPPLY

Home Care & Medical Supplies

Dear Patient:

Welcome to the Virtue MedSupply!

Thank you for making Virtue MedSupply a trusted partner in your health care management. At Virtue MedSupply, we're committed to providing a consistently high level of service and supplying the highest quality products to help meet your health care needs and maintain optimum well-being.

About Virtue MedSupply

As an accredited Medicare provider of medical equipment supplies and services, Virtue MedSupply is also approved to offer a wide range of health supplies and equipment to our valued patients, including:

- CGM Supplies
- Urological Supplies
- Wound Care Supplies

...and many more.

Enjoy a hassle-free ordering experience, every time.

In addition to delivering the highest quality medical equipment and supplies, Virtue MedSupply is committed to providing you with an outstanding customer experience, including a seamless ordering process:

- We ship your order directly to your home at NO charge to you

Bottom line benefits for you: it's convenient, it's safe, and your privacy is protected.

Have questions? Call us at 973-834-8834 Monday, Tuesday, Wednesday 8:30 am to 6:30 pm EST and we'll be happy to help. Please also take a few moments to review the enclosed Virtue MedSupply documents.

We look forward to serving you and meeting your medical supply needs today and into the future.

Sincerely,

Virtue MedSupply



NOTICE OF PRIVACY PRACTICES

PROTECTING MEDICAL INFORMATION

This Notice explains how we will use and disclose your protected health information while maintaining your privacy, explains your rights with respect to your protected health information and explains our duty to abide by terms of this Notice and any revisions to this Notice that we may make in the future. The HIPAA act of 2009 and the HITECH Act of 2013 requires us, to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your protected health information. Protected Health Information (PHI) is information about you, regardless of form (oral, written, electronic), that may identify you and that relates to your past, present or future physical or mental health or condition. We must follow the privacy practices that are described in this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information we maintain, including health information we created or received before we made the changes. Before we make any significant changes to our privacy practices, we will change this Notice and make the new Notice available upon request.

For more information about our privacy practices, please contact our Privacy Officer, Alexander Arno.

UNDERSTANDING YOUR HEALTH INFORMATION

When you visit a healthcare provider, they make a record of your visit. In this record you will find documents containing your contact information, insurance information, pertinent medical history, medical evaluation, delivery tickets for equipment that you have received, and proof that you have received important information through notices such as this one.

Providers use this record to plan for the care you receive, share with other healthcare providers that treat you, and prove to your insurance and other necessary parties that services were actually provided.

USE OF YOUR INFORMATION

This company creates a medical record for you. These medical records are the property of this company, however, the information that it contains belongs to you. It is stored safely in a HIPAA compliant physical and electronic location for your protection. The law states that we can share your health information for the following purposes:

Treatment: We may use or disclose your health information to a physician or other health care providers to provide you with medical treatment and service. For example, your medical information may be used to provide health-related products and services to you and to coordinate with your doctor to ensure that you receive the products that your doctor has prescribed to you.

Payment: We may use or disclose your health information in order to receive payment for the supplies and or services that have been provided to you as, for example, billing Medicare.

Health Care Operations: We may use or disclose your health information to improve the quality of our internal health care operations. An example of such use for health care operations includes conducting quality assessments, planning, financial analysis, and other similar functions.

OTHER USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION

Business Associates

Business Associates are organizations or individuals that carry out certain functions for us such as utilization review and claims administration. The federal privacy laws allow us to share your PHI with our Business Associates to assist us with these functions. For example, in preparing our annual financial statement, auditors may need to review samples of the medical services provided. We may disclose your health information to the accounting firm to prepare this material. However, before we disclose your health information under these circumstances, we have a written contract with all business associates requiring that they protect the confidentiality of your PHI.

Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI relevant to that person's involvement in your care or in the payment for such care if you do not object or in an emergency. You may restrict or prohibit us from doing so if you are able to do so before we make such disclosure. We may contact you to provide you with appointment reminders, reminders to reorder supplies, and new product and service information. Unless you advise us otherwise, we may leave this information at your home with whoever answers the telephone or on an answering machine.

Required By Law

We may disclose your health information to the following entities as required by law:

- Public Health Authorities, in an effort to control disease
- Disaster Relief
- Funeral Directors/Coroners



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- Food and Drug Administration
- Workers Compensation
- Abuse & Neglect
- Correctional Institutions
- Law Enforcement/Judicial Proceedings
- Military and Veterans

Other Uses

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your PHI, which you can exercise through a written request to our Privacy Officer:

- The right to request restrictions on certain uses and disclosures, including any group of persons or person identified by you. Your request must be made in writing to our Privacy Officer.
- The right to reasonable requests to receive confidential communications from us by alternative means or alternative locations.
- The right to inspect and copy your PHI. This includes your physical record as well as your electronic record, in compliance with the HITECH Act of 2013. Your request must be made in writing to our Privacy Officer.
- The right to amend your PHI, if you believe that the health information we have is incorrect or incomplete. Your request must be made in writing to our Privacy Officer.
- The right to receive a list of disclosures of your PHI after October 22, 2004, other than for treatment, payment, or healthcare operations.
- The right to receive a list of disclosures of your PHI made by this company and those made by all of its business associates after January 1st, 2014, in compliance with the HITECH Act of 2013.
- The right to be notified by us in the event of a security breach and your PHI has been compromised.
- The right to be notified by us in the event of a security breach at one of our business associates and we are notified that your PHI has been compromised.

Some state laws may be more stringent than HIPAA in several areas. State law is more stringent when an individual is entitled to greater access to records than under HIPAA, and when under state law, the records are more protected from disclosure than under HIPAA.

COMPLAINT PROCESS

If you believe that your privacy rights have been violated, you have the right to file a formal, written complaint with us at the address below, or with the Secretary of the U.S. Department of Health & Human Services, Office for Civil Rights. We cannot and will not retaliate against you for filing a complaint. To file a complaint with us or to receive further information about our privacy practices or the content of this Notice, please write to:

Virtue MedSupply Privacy Officer
Alexander Arno
5 Church Street, Nutley NJ 07110

You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

EFFECTIVE 12/1/2020



PATIENT RIGHTS & RESPONSIBILITIES

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis, or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify Virtue MedSupply of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Virtue MedSupply in such instances.
3. The patient should promptly notify Virtue MedSupply of any changes to their address or telephone.
4. The patient should promptly notify Virtue MedSupply of any changes in their insurance(s) and any physician changes.
5. The patient should notify Virtue MedSupply of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

VIRTUE MEDSUPPLY PLAN OF SERVICE/CARE: Please contact our offices at 973-834-8834 for any questions, concerns, or complaints you may have regarding your healthcare needs.

WARRANTY AND RETURNS

Your provider will honor all applicable factory warranties for Home Medical Equipment purchase. If you feel the product is deficient or unsuitable, please return it to us for exchange or refund. (Due to sanitary restrictions, bath items such as shower chairs, raised toilet seats and commodes cannot be returned unless proven defective and will be exchanged for like item only.)

RIGHT TO RENT OR PURCHASE FOR MEDICARE BENEFICIARIES

I understand that I have the right to rent or purchase items that Medicare considers inexpensive or routinely purchased durable medical equipment. I have been notified that it is the policy of Virtue MedSupply to offer inexpensive durable medical equipment for sale only. I understand that if I am interested in renting durable medical equipment that is considered inexpensive, Virtue MedSupply will provide contact information for an alternate supplier.

CUSTOMER COMPLAINTS

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management.

In the event of that a complaint is received, the company is committed to notifying the patient via telephone within 5 calendar days that it has received the complaint and is investigating it.

Within 14 calendar days, the company will provide written notification to the patient of the results of the investigation and the response. The company will maintain documentation of all complaints that the company receives copies of the investigations, and responses to patients.

If you feel you have not received the quality of service you expected, please contact Virtue MedSupply at (973) 834-8834 to state your complaint.

To report a complaint regarding the Home Medical Equipment services you have received, you can also call the NJ Department of Health toll-free at (800) 792-9770. You may also contact ACHC Complaint Line at (855) 937-2242 for further assistance.

TO REPORT ABUSE, NEGLECT OR EXPLOITATION

According to New Jersey State law, the customer or a family member has the right to report abuse, neglect, or exploitation to their state agency. To report abuse, neglect, or exploitation in New Jersey, please call toll-free (866) 903-6287.

TO REPORT MEDICAID FRAUD

To reach the Medicaid Fraud Control Unit call (888) 937-2835. Medicaid Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. The Medicaid Fraud Division at Office of the State Comptroller accepts complaints regarding suspected fraud and abuse in the New Jersey Medicaid system by phone at (888) 937-2835, or on the Division's web site at: <https://www.nj.gov/comptroller/divisions/medicaid>



STATEMENT OF BILLING AND COLLECTIONS

Virtue MedSupply wants to assist you in the financial management of our relationship. Please be advised of our billing and collections policy. If you have any questions, please contact our office. Be assured that we will be ethical and fair concerning any billing and collection concern you may have with your account.

Insurance Participation:

We will file your insurance for services and supplies rendered.

- The patient is responsible to present all current insurance cards at the time of service.
- The patient is responsible for all co-pays, deductibles, and coinsurance at the time of service.
- The patient agrees to notify Virtue MedSupply if there is an insurance change.
- The patient agrees that a new rental period may begin if there is a change in their insurance.
- The patient is responsible for knowing their policy coverage, deductible, coinsurance, etc.
- The patient is responsible for insurance follow-up with their plan regarding student status, claim form updates, accident/injury information and terminated insurance plans.

Non-Participation:

The patient is responsible for the full balance at the time of service unless other payment arrangements have been made. Our billing department will file insurance as a courtesy. If your insurance company sends payment to you rather than to Virtue MedSupply, please be aware that you will receive a bill from Virtue MedSupply for the outstanding balance.

Self-Pay Patients:

Patients with no insurance coverage will be considered self-pay. Self-pay patients are responsible for their full balance at the time of service unless other arrangements are made.

Collections:

Collection notices begin if the balance has not been paid within 120 days from the date of service. All unpaid balances will be sent to an outside collection agency. This could result in a negative credit rating.

Termination:

Virtue MedSupply expects payment when services are rendered. Failure to make payment could jeopardize your patient/clinic relationship. You may receive a letter at any time providing proper notification of Virtue MedSupply's intent to terminate the relationship as a result of non-payment for services rendered.

Return Check Fee:

The charge of \$25.00 will be assessed for each check returned due to insufficient funds. This applies to checks written to Virtue MedSupply for payment for patient services, including payments for rental equipment or items purchased.

Payments

Payments received are always applied to the oldest outstanding invoice unless payment to a specific transaction is requested.



EMERGENCY PLANING

In case of emergency, get medical help (first aid/CPR) quickly: DIAL 911

- Give the full address of the emergency.
- Clearly explain what happened.
- Tell how many people need help.
- Don't Hang Up

Be prepared for Emergencies:

- Refill medication renewals promptly to ensure you have adequate supplies on hand.
- Be sure you have an emergency back-up source/supply for any medical equipment requiring electricity.
- Always keep a list of emergency telephone numbers available, including your medical equipment supplier(s).
- Have someone such as a family member or neighbor who will check on you if an emergency situation occurs.
- Determine an evacuation route and alternatives.
- Arrange for a friend or relative in another town to be a communication contact for the extended family.
- Make a habit to listen to daily weather forecasts. Be aware of changing conditions.
- Find out where the main utility switches are in your home and assign someone to turn them off in an emergency situation.
- Have a flashlight and extra batteries nearby for power outages. Keep extra blankets available in case the power goes out.
- Download the mobile American red cross app on your phone.

INFECTION CONTROL

Contact with infected body fluids, such as, blood, urine, feces, mucous or the droplets sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Some infections are spread through items that have been contaminated by drainage from infected sores or discharges from the nose, mouth, eyes, or genital/rectal area. Controlling the spread of infections means interrupting the way illness travels from one person to another.

Maintaining a clean environment helps to keep infections under control. Maintaining personal hygiene is important to your health.

- Wash your hands frequently and thoroughly.
- Clean contaminated household and medical equipment thoroughly.

Good hand washing is the single most important way to control infection.

OPRP – Hand Washing Guidelines

Steps to proper hand washing:

1. Hands should be washed using soap and warm, running water.
2. Hands should be rubbed vigorously during washing for at least 20 seconds with special attention to the backs of hands, wrists, between fingers and under the fingernails.
3. Hands should be rinsed well while leaving the water running.
4. With the water running, hands should be dried with a single-use towel.
5. Turn off the water using a paper towel, covering washed hands to prevent re-contamination.

Hands should be washed after the following activities:

1. After touching bare human body part other than clean hands and clean, exposed portions of arms.
2. After using the toilet.
3. After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking.
4. After handling soiled equipment or utensils.
5. After food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
6. After switching between working with raw food and working with ready-to-eat food.
7. After engaging in other activities that contaminate hands.
8. Stop the spread of germs that can make you and other sick!

To help stop the spread of germs:

1. Cover your mouth and nose with a tissue when you cough or sneeze.
2. Put your used tissue in the waste basket.
3. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
4. You may be asked to put on a face mask to protect others.
5. Wash your hands often with soap and warm water for 20 seconds.
6. If soap and water are not available, use an alcohol-based hand rub.



MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

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 42 CFR § 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 42 CFR §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.