



Patient Information Booklet

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## Welcome

Thank you for choosing AtHome Medical to be your home medical equipment supplier. We are dedicated to providing professional and comprehensive home medical equipment, supplies and services to our patients. We accept only patients whose needs we are able to meet and are here to care for all your healthcare needs.

Our services include:

- Patient instruction and training.
- Clinical assessment as ordered by your physician.
- Quality clinical, delivery and office personnel to assist you.
- 24 hours, 7 days-a-week emergency service for rental equipment issues.
- Routine delivery and set-up when required or necessary.
- Transition to your home from a hospital
- Help answer questions about your insurance carrier requirements for billing and reimbursement

### Mission

To provide a service that meets and exceeds the standards of the industry. To provide patient services based upon our respect of patient rights while remaining fiscally responsible.

### Vision

To be the region's premier provider of home respiratory and medical equipment.

### Values

#### PRIDE

P – Purpose

R – Respect

I – Innovation

D – Diversity and Inclusion

E – Extraordinary Caring

### Compliance Commitment

AtHome Medical Inc. follows all federal, state and local statutes and regulations. If you have questions or concerns regarding any of our activities, please utilize your preferred method of contact on the back page of this booklet.



# Patient Rights and Responsibilities

## Rights

1. The patient has the right to select those who provide your home care services.
2. To be provided with legitimate identification by any person or person who enters your residence to provide home care for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, or physical or mental handicap.
4. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
5. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
6. To receive care and services within the scope of your health care plan, promptly, and professionally, while being fully informed as to our organization's policies, procedures, and changes.
7. To refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
8. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment and service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
9. To request and receive data regarding services or costs thereof privately and with confidentiality.
10. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for Health care, or a DO NOT RESUSCITATE order.
11. To be free of pain.
12. To have your personal, cultural and ethnic preferences respected.

## Responsibilities

1. The patient is responsible to provide complete and accurate information conveying present/past medical history, including medication and allergies, hospitalizations, when appropriate to your care/service.
2. To utilize the equipment provided for the purpose for which it was prescribed and only for the patient for whom it was prescribed.

3. To make a conscious effort to properly store and care for the equipment supplied. This includes proper cleaning, and protecting equipment from fire, water, theft or other damage while in the patient's possession.
4. Except where contrary to federal law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company does not pay.
5. The patient is responsible for settlement in full of all his/her accounts.
6. The patient is responsible for notifying the organization immediately any service problem, equipment failure, defect or damage, and is responsible for any incidental or consequential damages caused by delay or failure to notify the organization when equipment attention is needed.
7. To notify the organization immediately of any address or telephone changes, whether temporary or permanent.
8. To notify the organization immediately of any changes or loss of insurance coverage.
9. To notify the organization immediately of any changes in his/her physician as well as any discontinuation or modification in home equipment prescription or hospitalization.
10. The patient must not permanently relocate any rental equipment from the address to which it was delivered, without the express

permission of AtHome Medical. Further, the patient is responsible for the service, and/or repair, of any rental equipment that has been relocated from AtHome Medical's service area.

## **Know Your Rights**

### **What is your role in your health care?**

You should be active in your health care because your choices affect your care and treatment. You should ask questions and pay attention to instructions given to you by caregivers. You should share as much as possible about your health with your caregivers. For example, give them a list of your medicines, vitamins, herbs and supplements and remind them about your allergies.

### **What is an advocate?**

An advocate is a personal representative (family member or friend) to be with you and provide support during your care. Your advocate can ask questions. Your advocate can ask for help if you are not getting the care you need. Ask about your state's laws regarding advocates and if there is a form to fill out to name your advocate.

Can your advocate make decisions for you? Yes, if they are also your legal guardian or if you signed a legal document giving them the power to make decisions for you. This document may be called a health care power of attorney.

### Can other people find out about your disease or condition?

Health care providers must keep some details about your health private. You can sign a form if you want health care providers to share information with others.

### What is informed consent?

Informed consent means that you understand your treatment choices and their risks. Your care-givers should help you understand the treatment choices, risks and what will happen if you are not treated. Informed consent is required if you are asked to try any experimental treatment.

### Can the organization take pictures or videos of you?

Yes, they can take pictures, videos or other images and recordings to be used for your care or treatment, or to identify you. The staff must ask your permission to use the images or recordings for any other purpose.

### What happens if something goes wrong during treatment or with my care?

You have the right to an honest explanation and an apology. These should be made in a reasonable amount of time.

### How do you file a complaint?

Contact the state agency that licenses or certifies the health care facility. Call the health care facility

or health system so they can correct the problem. Contact the Joint Commission with complaints about an accredited organization. [www.jointcommission.org](http://www.jointcommission.org)

## Delivery of Equipment

**AtHome Medical Inc.**

**Hours of Operation:**

**Monday – Friday 8:30am-5:00pm**

Locations may have extended hours to comply with specific payer contracts. Hours of operation are posted at the entrance of all AtHome Medical Inc. Locations. We offer 24-hour service for rental equipment-related emergencies after business hours, including weekends and holidays.

- We understand you may need to miss an appointment due to a family emergency or work. If you need to cancel, please provide us at least 24 hour-notice (when possible).
- Signed Receipt/Proof of Delivery Patients or their designated responsible party must be present at the delivery address for scheduled deliveries.
- You must sign a delivery ticket as proof you received the equipment.
- Drivers are not permitted to go off-route to attempt to redeliver. If you miss a scheduled appointment, you may be required to come to our local office to pick up any supplies needed before the next scheduled delivery.

## Repairs, Maintenance, and Warranty

AtHome Medical Inc. assumes responsibility for all preventative maintenance and needed repairs on active rental equipment. AtHome Medical will assist you with necessary repairs for equipment that was purchased by your insurance company but remains under warranty. Please call AtHome Medical if you have any questions regarding maintenance, repair, or supplies.

### JOINT COMMISSION STANDARD APR 09.01.01

If an individual has a concern about patient care and safety in the organization that the organization has not addressed, he or she is encouraged to contact the organization's management at 800-287-0643. If the concern cannot be resolved through the organization, the individual is encouraged by the organization to contact the Joint Commission. The public can contact the Joint Commission's Office of quality Monitoring to report any concerns or register complaints about a Joint Commission accredited health care organization by either faxing 630-792-5636 or email <https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-event>, or mail The Joint Commission One Renaissance Blvd, Oakbrook Terrace, IL 60181.

### MEDICARE DMEPOS SUPPLIER STANDARDS

The products and/or services provided to you by AtHome Medical, Inc. are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal regulations Section

424.57©. These standards concern business professionals' operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish a written copy of a standard.

### WEATHER AND EMERGENCY PREPAREDNESS

- Refer to your radio, TV, and social media posts for updates
- Emergency Supplies to have in your home include bottled water, flashlights and batteries, battery operated radio, cell phone
- All medical equipment that is electric should be plugged in, as well as, the battery back-up system
- Assure all oxygen back-up tanks are full in the event they are needed during a power outage
- If you have a medical emergency, please immediately call 911 and proceed to the nearest hospital
- Call AtHome Medical if equipment or refills are needed and notify them if you change addresses or numbers during the emergency or disaster

### Financial, Billing, Payment, & Returns 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 \$5 per invoice may be charged when payment is not received within 45 days of invoice 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.**

- **Understand that you will be responsible to pay lawyer fees that are within reason, court costs and fees from the collection agency. You agree to give up your right to trial by jury if this happens.**

### Health Insurance

At Home Medical 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. Failure to notify us may result in a \$20 insurance change processing fee.
- 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.

### Medicare

We may accept Medicare Part-B assignment, billing Medicare directly for 80% of allowed charges and the beneficiary 20% 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. We notify you when claims are chosen for audit.
- If audit results in a denial, all claims become your responsibility.

### Managed Care

We will provide equipment upon approval and authorization from your managed care representative. Payments We accept cash, 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
- Change preferred method of payment on file
- Update bank account or credit card information Online Payments, Automatic Payments & Electronic Statements. AtHome Medical Inc. offers a quick and easy way to pay your bill, set up automatic payments, track payments and receive electronic billing statements online.

### Return Policy

- Merchandise purchased from an AtHome Medical location can be exchanged or refunded within 5 days of purchase and at the discretion of AtHome Medical.
- PAP supplies have a 5-day return policy (from date the package was delivered by shipping carrier).
- Merchandise returns for credit must be returned within 5 days of delivery and must be unopened and unused. Please reach out to AtHome Medical at 800-287-0643 or [athomemedical@atlantichhealth.org](mailto:athomemedical@atlantichhealth.org) to coordinate a return.

### Medicare Supplier Standards

1. A supplier must follow all applicable Federal and State license and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
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. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs or from 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. This standard requires that the location is 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 onsite 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery.

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 directly, or through a service contract with another company, 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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier. 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.
18. A supplier must not convey or reassign a supplier number or 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 implementing 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 of 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 monthly rental fee for a period not to exceed 13 months (Medicare) or for a period not to exceed payer guidelines of several 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.

## Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification

### For Capped Rental Items

- Medicare will pay a monthly fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare Beneficiary, except for Oxygen which caps after 36 months.
- After ownership of the of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair
- Examples of this type of equipment include:  
Hospital beds, wheelchairs, alternating pressure pads, air loss mattresses, nebulizers, suction pumps, CPAP, Bilevel devices, patient lifts, and trapeze bars.

### For Covered Oxygen:

- Medicare will pay monthly rental fee for a period not to exceed 36 months, after which the supplier retains ownership of the equipment and the rental charged cease.
- The supplier is responsible for any required service or repair, excluding abuse.
- You may be entitled to receive new oxygen equipment covered by Medicare after 5 years.

### For Inexpensive or Routinely Purchased Items:

- Examples of this type of equipment include:  
Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, and bed side rails.
- Equipment in this category can be purchased or rented, however AtHome Medical only sells this equipment.

### Medicare DMEPOS Supplier Standards

Products and/or services provided to you by AtHome Medical, INC., are subject to the supply's standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57 ©. These standards concern business professional operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

### Consent to Phone Calls, Messages & Emails

- You give permission to AtHome Medical Inc. to call you for any reason, including but not limited to, calls regarding your bill, supply or re-supply needs, educational calls and/or new product offerings.

- You know that AtHome Medical Inc. may also have others call you on their behalf, (successors, assigns, servicer and collection agencies).
- You understand we will use any telephone number including a cell phone number.
- You understand some phone calls may be automated and you give us permission to leave messages.
- You give AtHome Medical Inc. and others (successors, assigns, servicer, and collection agencies) permission to contact you by email about your bill, supply needs or new product offerings using any email address you provide to us.
- You agree and consent to receive all communications, agreements, documents, notices  
Consent Withdrawal You may withdraw your consent to receive electronic Communications by writing to: AtHome Medical Inc., **Attn: Patient Accounts Department** 200 The American Road Morris Plains NJ, 07960

### **Request Paper Copy of Electronic Communication**

- You may request a copy of a previous communication sent to you within 180 days of the date we provided the communication to you by contacting us as described above. To receive paper copies, you must have a current

street address on file as your “Home” address in your AtHome Medical profile. AtHome Medical may charge you a records request fee for each Communication.

### **Updating Contact Information**

- You may update your primary email address or street address at any time by emailing [athomemedical@atlanticealth.org](mailto:athomemedical@atlanticealth.org) or calling 800-287-0643. If email becomes invalid such that electronic communications sent to you are returned, we may deem your account inactive and you will not be able to transact any activity using your account until we receive a valid, working email address from you.
- AtHome Medical will never sell, share or publish your email address. and disclosures (collectively, “Communications”), electronically that we provide in connection with your AtHome account (“Account”) and your use of our services and include Agreements and policies you agree to, including updates to these agreements, notices or policies, transaction receipts or confirmations and account statements. We will provide these Communications to you by posting them on [www.rotech.com](http://www.rotech.com) or by emailing them to you at the primary email address listed in your AtHome Medical profile.

### Advanced Directives

AtHome Medical, Inc. is a wholly owned and operated subsidiary of AHS Investment Corporation. As providers of State-of-the-Art Durable Medical Equipment and Respiratory Services, we are committed to providing service that meets or exceeds the standards of our industry to provide patient services based on our respect of patient rights, while remaining fiscally responsible.

We at AtHome Medical pledge to continue to enhance our knowledge within our scope of practice through employee in-service training, staff education, seminars, equipment preventative maintenance programs, response to patient satisfaction surveys, knowledge of community resources and adherence to federal regulations that govern the homecare industry.

We at AtHome Medical have provided you with a Bill of Rights and shall honor those rights. We understand that the formation of Advance Directives and/or living wills are part of your rights as a patient. The staff of AtHome Medical will not assist in the formation of advance directives; we advise you to contact your physician, attorney, and/or clergy to assist in the formation of such directives.

The employees of AtHome Medical will honor those advance directives that have been directed to us by your physician, to the best of our ability. Due to the ethical and moral preferences of the

staff, our policy states that we shall not remove life support equipment from a patient. We hope that you understand this policy and, if you have any questions, will call us and discuss it with one of our professional staff members.

In an emergency, where medical assistance is required and there is not an advance directive in place, the Respiratory Therapist and Nurses who are trained to perform CPR, would call 911 and begin CPR as required. All other employees of AtHome Medical would call 911 and wait for emergency medical assistance to arrive.

### Fall Prevention

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***Falls are the leading cause of injury in older people. More than half of all falls occur in the home. Discuss FALL PREVENTION with your physician. Take necessary steps to make your home safe.***

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- Do not have throw rugs; ensure area rugs are secured with non-slip pads or double-sided tape.
- Maintain clear pathways.
- Have a night light in the bedroom, hallway, and bathroom.

- All stairways, inside and outside the home should have sturdy handrails.
- Be careful when taking medications which might cause me to become dizzy or drowsy.
- There are no electrical cords on the floor that may be a “tripping” hazard.
- Wipe up spills immediately.

### **Important:**

If you use oxygen – be sure you know exactly where the tubing is before you stand up and move about; gather tubing in your hand as you walk, keeping it behind you.

### **Additional concerns if children live in the home or are visiting:**

- Make sure stairways are gated.
- Make sure windows screens are secured.

### **For more information you may contact:**

- Administration on Aging ([www.acl.gov](http://www.acl.gov)).
- American Association of Retired Persons ([www.aarp.org](http://www.aarp.org))
- US Consumer Product Safety Commission ([www.cpsc.gov](http://www.cpsc.gov))

### **Oxygen Safety**

- DO NOT SMOKE – do not let OTHERS smoke while oxygen is in use
- Oxygen is not explosive, but does support combustion
- Post your Non-Smoking signs in a prominent place – near the entrances of your home
- When using oxygen, stay at least 5 feet away from any open flame – gas stove, candles, fireplaces, etc.
- If you must cook while using oxygen, be careful that the tubing stays away from heat source; use the microwave whenever possible
- Keep oxygen away from heat producing or possible spark producing electrical appliances – hairdryers, razors, etc.
- Do not use flammable products while using oxygen – aerosol sprays or petroleum (oil) based products
- Use only water-based lotions, creams, and lubricants on your hands and face – DO NOT USE any petroleum products
- Never attach an extension cord to an oxygen concentrator
- Never run electrical cords under carpeting or rugs
- Cotton bedding is preferable (to prevent possible static electricity)
- Fire extinguishers and working smoke detectors are highly recommended

- Open the cylinder valve slowly, turn regulator off when oxygen is not in use
- Cylinders must be secured and stored only in a cart or lying down; never “prop” a cylinder against the wall, furniture, etc.
- Store oxygen cylinders in a well-ventilated area, away from heat sources; not in closets or the trunk of your car
- While driving, be sure all cylinders are secured, preferably on the floor of the back seat
- When using an oxygen concentrator, proper ventilation around the machine is necessary; at least 12 inches away from walls, furniture, or beds – do not put the concentrator in a closet
- When using liquid oxygen do not touch any “frosted” parts, frostbite may occur
- Do not permit children or untrained persons to handle or operate oxygen systems
- Know your usage time on any portable system, and plan accordingly

**Be sure you understand and follow your physician’s orders for your oxygen use**

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***Always have the phone number for AtHome Medical handy: 1-800-287-0643 If you have any questions about the safe use of oxygen, contact the respiratory team for further assistance.***

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### **Authorization to Provide Notice**

- The use of oxygen or an oxygen delivery system in the home poses special safety hazards to the patient, other occupants of the home, neighbors and firefighters in the event of a fire in the home. For this reason, the New Jersey Legislature passed a law which provides a process for notifying local fire departments of the existence of oxygen or oxygen delivery systems at residences so that fire departments may respond appropriately to the special safety hazards. The law requires the provider of the oxygen or an oxygen delivery system to inform the local fire department that oxygen or an oxygen delivery system is in a patient’s home.
- If the patient or the patient’s authorized representative refuses to authorize written notice, then the patient is obligated to give the notice.

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***A person who fails to notify the local fire department, as stated above, is a disorderly person and is subject to fines and other penalties under the law.***

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## Infection Control

### TOP TEN INFECTION PREVENTION TOOLS:

1. Wash hands with friction for at least 20 seconds often
2. Clean surfaces especially bathrooms, kitchen, and health equipment daily
3. Do not touch your face unless your hands are clean
4. Cover your mouth when sneezing or coughing into a tissue or your arm
5. Wear a mask outside of your home or near anyone that may be sick in your home and car
6. Social distance at least 6 feet from others outside of your immediate family
7. If you feel sick stay home and away from other in your home
8. Get vaccinated including the flu shot
9. Exercise daily and eat well balanced meals
10. Remind caregivers to wash their hands prior and after care

### HAND WASHING

As you touch people, surfaces, and objects, you accumulate germs on your hands. You can infect yourself with these germs by touching your eyes, nose, or mouth, or spread them to others.

It is best to wash your hands with soap and water. Over-the-counter antibacterial soaps are no more effective at killing germs than is regular soap.

Follow these steps:

1. Wet your hands with clean, running water – either warm or cold.
2. Apply soap and lather well.
3. Rub your hands vigorously for at least 20 seconds. Remember to scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
4. Rinse well.
5. Dry your hands with a clean towel or air-dry them.
6. Turn off faucet with paper towel.

### HAND SANITIZERS

Alcohol-based hand sanitizers, which do not require water, are an acceptable alternative when soap and water are not available. If you use hand sanitizer, make sure the product contains at least 60% alcohol.

### COVER COUGH AND SNEEZES

Cover your mouth and nose with a tissue or your arm when sneezing or coughing to prevent germs from spreading up to six feet.

## Emergency Preparedness

### In case of an emergency:

- Dial 9-1-1
- Stay calm and speak clearly.
- Listen carefully and verbally respond to the dispatchers' questions.
- State your emergency.
- State your address
- STAY ON THE LINE, do not hang up until the dispatcher tells you it is OK to do so.
- If you can, stay by the phone in case the dispatcher needs to call you back.

### Preparing For an Emergency

- Refill medications promptly to ensure you have an adequate supply on-hand.
- Have an emergency back-up source/supply for any medical equipment requiring electricity.
- Keep a list of emergency phone numbers, including your medical equipment supplier.
- Have a family member or neighbor check on you if an emergency occurs.
- Arrange for a friend or relative in another town to be a contact for the extended family.

- Listen to daily weather forecasts and be aware of changing conditions.
- Determine an evacuation route and alternatives.
- Have a flashlight and extra batteries nearby for power outages.
- Keep extra blankets in case the power goes out.
- Keep supply of bottled water on-hand.

### Notice to Patients Prescribed a PAP Device (CPAP or Bi-Level) to Treat Obstructive Sleep Apnea (OSA) (Applies to Medicare, Medicare HMOs or any insurance that follows Medicare guidelines)

For your insurance to continue to pay for your PAP device after the first 3 months of use:

1. You must use the device at least 4 hours a night for at least 21 of 30 consecutive nights during the first 12 weeks after starting therapy.
2. You must see your physician for a face-to-face follow up evaluation to document you are benefiting from therapy and will continue using the device.

**CPAP/BIPAP:** Evaluation required between the 31st and 91st day after therapy begins.

**Respiratory Assist Device (RAD):** Evaluation required between 61st-91st day after therapy begins)

In order to help your physician with this evaluation, we provide a download from your PAP device which has recorded your usage since the day you received the device. We suggest you immediately contact your physician to make an appointment for this required follow up visit. If you do not see your physician for this required evaluation by the 91st day, we will be unable to bill your insurance company. If you fail to meet your insurance coverage criteria and do not return our equipment by the 120th day, you will be responsible to pay the full retail amount which will be charged to your credit card.

## Maintaining your PAP Device

### Cleaning:

Clean mask, headgear, tubing, and water chamber and outlet port once or twice a week. Using a mild soap like dish soap. Hand wash with warm water. Rinse well and allow to dry out of direct sunlight. You should either wipe clean or rinse the plastic cushion part of the mask daily.

Memory Foam cushions CANNOT be submerged in water and should be wiped clean daily and replaced monthly. Never clean with alcohol as this can dry and dry and weaken the plastic.

### Disinfecting:

You can disinfect using a solution of 1 part vinegar 9 parts water. Soak the mask with headgear,

tubing, and water chamber for 10-30 minutes. Rinse thoroughly with clean warm water. This can be done routinely, but if you are sick, you should do this daily.

### Water Chamber: water chamber and outlet port can be cleaned in dishwasher (top shelf)

Fill the water chamber with DISTILLED WATER only. Empty the water every morning, allow to air dry or wipe dry. Fill not going above the max line before use. You should inspect the water chamber for wear and deterioration. Replace water chamber if a component is cracked, becomes cloudy or pitted. Replace it immediately if there is anything leaking from the water chamber.

### Filter:

Check the filter at least weekly and dry dust with your fingers to avoid accumulation of dust. REPLACE FILTER when it is discolored or at least every 2-3 months to avoid an accumulation of dust and allergens. You can order additional filters and change it every 2 weeks if needed.

### Replacement:

Your mask, tubing and filters will eventually need to be replaced to assure cleanliness and a proper seal. AtHome Medical may send you supplies in the mail as insurance allows. Individual insurance plans determine the frequency as to when supplies are covered.

### Recommended replacement schedule:

- Mask Headgear: every 6 months
- Whole Mask: Every 3 months but the cushion can be replaced Monthly if needed.
- Pillows: up to twice a month
- Disposable filter: up to twice a month
- Water chamber: every 6 months
- Tubing: Every 3 months

To ORDER NEW SUPPLIES: Email [athomesleep@atlantichhealth.org](mailto:athomesleep@atlantichhealth.org) or call 800-287-0643.

**Auto-ship** – Patients have the ability to set their supplies to automatically ship out at the time they are to be replaced. This is dependent upon their insurance and the patient must be in compliance with their CPAP usage. Unfortunately, Medicare prohibits providers from automatically providing supplies.

**Automated** – Patients may also choose to have an automated reminder call to let them know when supplies are due.

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***\*All Patients must have valid/current insurance on file, valid prescription and be in compliance in order to receive supplies***

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**FOLLOW UP:** You should follow up with your doctor between 31-90 days unless otherwise directed. You will also need to have an annual visit to renew your prescription for supplies and

ensure your machine is working for you. Consult your physician for their recommended follow up schedule.

## Cleaning Instruction and Replacement Guide

### Oxygen

- Nasal Cannula
  - Wash as needed; replace every two weeks.
- Extension tubing
  - Replace every 1-3 months or as needed.
- Humidifier bottles
  - Empty daily and refill with distilled water.
  - Wash, rinse and disinfect 2x a week.
  - Replace monthly or as needed.

### CPAP/ Bi-Level

- Hoses
  - Drain water and air-dry daily; wash 2 or more times a week.
- Masks/ Nasal Pillows
  - Wash 2 or more times a week; replace as needed.
- Humidifier Chambers
  - Empty water daily and refill with distilled water.
  - Wash, rinse, and disinfect 2x a week; replace as needed

**Pulse Oximeter Probes**

- Disposables
  - Replace as needed.
- Non-Disposable
  - Wipe gently with alcohol as needed.

**Medication Nebulizers**

- Rinse after each treatment and let air dry.
- Wash once a day.
- Disinfect 2 or more times a week; replace as needed.
- Aerosol mask – wash and rinse daily, let air dry; replace as needed.

**Large Volume Nebulizers**

- Empty daily and refill with distilled water, sterile water, or as directed by therapist.
- Wash and disinfect 2-3 times a week; replace as needed.
- Trach collar/ mask – wash daily; replace as needed
- Corrugated tubing
  - Never drain water back into nebulizer.
  - Replace tubing once a week.
- Collection bag – empty as needed, replace as needed.

**Suction**

- Cannister – empty, wash and rinse daily; replace as needed
- Connection tubing – rinse after each use; replace as needed
- Filters – replace as needed.
- Filters (depending on model)
  - Wash or replace as directed and as needed

**Ventilators**

- **Refer to instructions provided by your AtHome Medical Respiratory Therapist**

**Complaint Resolution**

AtHome Medical has a comprehensive complaint resolution process to help resolve issues in a quick and effective manner. Your candid feedback helps us continually improve our service to patients. We genuinely strive to provide the highest quality health care services to our patients. If you have a concern that does not need to be addressed immediately, you may speak to the person delivering your equipment at the next visit. If you do not want to wait to speak to the delivery person or if the issue involves our employee, please call or email us.

For questions, inquiries, complaints or concerns related to billing, payments or customer statements contact our billing department at (800) 287-0643.

## Home Medical Equipment Booklet Acknowledgment

By signing below, you acknowledge you have been instructed to read the applicable operating, safety and cleaning instructions, in the Home Medical Equipment Booklet, for any product being delivered or shipped to you.

## Patient Information Booklet Acknowledgment

By signing, you acknowledge you are instructed to read the following information in the Patient Information Booklet.

- Mission, Vision & Values
- Compliance Commitment
- Patient Rights & Responsibilities
- Know your Rights
- Delivery, Service, Repair, & Warranty
- Financial, Billing, Payment, & Returns
- Medicare Supplier Standards
- Medicare Capped Rental & Inexpensive or Routinely Purchased Items Notification
- Advanced Directives
- Fall Prevention
- Oxygen Safety
- Infection Control
- Emergency Preparedness
- Notice to Patients Prescribed a PAP Device (CPAP or Bi-Level) to Treat Obstructive Sleep Apnea (OSA)
- Maintaining your PAP Device
- Cleaning Instruction and Replacement
- Complaint Resolution
- Notice of Privacy Practices

I hereby acknowledge receiving instruction (verbal or written) on the equipment I was provided.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

MRN: \_\_\_\_\_





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