

# **SERVICE DRUGS**

**& Compounding Pharmacy**

**Service Drugs LLC**

**Durable Medical Equipment**

**Welcome Guide**

# Welcome to Service Drugs LLC!

We thank you for choosing us to be your home medical equipment supplier. We look forward to serving you.

We are committed to helping people live their fullest lives and are looking forward to supplying you with the products and services that will help you thrive – out of the hospital and in your home.

Service Drugs LLC is dedicated to providing excellent services to our patients while ensuring the quality and professionalism they deserve. We provide genuine care and the most up-to-date, quality medical products available for the patients we serve. This booklet provides important information about our company and what you can expect from us. Please keep it for future reference and contact us at any time if you ever have questions.

The Service Drugs LLC is home medical equipment companies dedicated to helping people thrive. People are at the core of our business – if our patients are happy, we are happy. We believe that people deserve to live full lives, regardless of conditions, Diagnoses or health situations that may arise. We invite you to get to know a little more about us and the principles that guide us to deliver quality service every single day.

## What we Stand for

### **Service Drugs LLC Mission Statement:**

At Service Drugs, our mission is to enhance the health and well-being of our community by providing accessible, compassionate, and personalized pharmacy services. We are dedicated to delivering high-quality medications, expert care, and innovative solutions in retail, long-term care, and durable medical equipment, ensuring that every customer receives the support they need for a healthier life.

### **Service Drugs LLC Vision Statement:**

Our vision is to be the leading pharmacy choice in Ridgeland, MS, recognized for our commitment to excellence in patient care and community service. We aspire to empower individuals and families through education, reliable access to medications, and comprehensive support for long-term health, while fostering partnerships that improve the quality of life for all we serve.

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# General Information

We know that receiving services from a new partner can bring about some questions. We hope the following helps you understand a little more about what you can expect from the Service Drugs LLC. Please keep this for future reference and contact us at any time if you ever have questions.

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## Rent/Purchase options

Medicare defines equipment into two primary categories: “Capped Rental Items”, and “Inexpensive and Routinely Purchased Items”. Patients have the right to choose between the “Rental” and “Purchased” options. If patients fail to make a choice between the “Rental” and “Purchased” options, as it has been presented on the Delivery Ticket, the following choices are acceptable.

1. The “Rental” option for all “Capped Rental Items”
2. The “Purchase” option for all “Inexpensive and Routinely Purchased Items”

Medicare’s descriptions for “Inexpensive and Routinely Purchased Items”, and “Capped Rental Items” are as follows.

### Inexpensive or routinely purchased items

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

Examples of this type of equipment include: Canes, Walker, Crutches, Commode Chairs, Glucometers, Patients Lifts, Trapeze, Bed Side Rails, Low Pressure, and Pneumatic Compressors Positioning Equalization (Lymphedema Pumps) Pads.

### Capped rental items

Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary. After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary’s responsibility to arrange for any required service or repair.

Examples of this type of equipment include but are not limited to: Hospital Beds, Wheelchairs, Nebulizers, Alternating Pressure Pads

### Service, and repair

Service or repair on equipment purchased from Service Drugs LLC that is no longer covered by the manufacturer’s warranty will be subject to current labor charges and the cost of necessary parts. The customer will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with instructions for maintenance, as well as how to obtain any further service (if any is required). All service and repair must be scheduled by calling Service Drugs LLC during regular business hours. Equipment owned by the beneficiary will be evaluated for repair on a case-by-case basis.

## **Warranty coverage for purchased and rental equipment**

Every product sold or rented by our company carries a 1-year manufacturer's warranty. Your Medical Equipment Company will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. Your Medical Equipment Company will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available. I acknowledge that I have been instructed and understand the warranty coverage on the product(s) I have received.

## **Returns**

Merchandise may be accepted for exchange or refund within 30 days of purchase when accompanied by a sales receipt at the discretion of Service Drugs LLC management. To receive a refund the item must be new and in the original packaging. Undergarments, stockings, items worn next to the skin, disposable supplies, bathroom supplies, diagnostic instruments, or any opened sterile or packaged goods will not be accepted for return, refund, or credit unless the item is substandard or otherwise defective. Special order items or large items such as lifts, power lift chairs, power wheelchairs, power chairs, et al will not be accepted for return once ordered should the customer request a refund while in transit or refuse delivery the item will be subject to a minimum 80% restocking fee of the original purchase price at the discretion of Service Drugs LLC management. Custom manufactured equipment, braces, or supplies will not be accepted for return. **Refunds are subject to the discretion of Service Drugs LLC management.**

## **Change of status**

It is essential that you let us know about any changes that may affect your care. Please call us as soon as possible when any of the following occur:

- You change insurance.
- You are admitted into the hospital.
- You have a safety concern with your equipment.
- You are injured while using your equipment.
- Your prescription changes
- You change the doctor who prescribed your equipment or your primary physician.
- Your phone number or address changes
- You no longer require your equipment.

## **Advance directives**

Advance directives are written documents designed to allow competent patients the opportunity to guide future health care decisions in the event that they are unable to participate directly in medical decision-making. These include documents such as living wills and durable powers of attorney. Service Drugs LLC agrees to abide by any advance directives that are provided in writing. If you want to create an advance directive, please contact your attorney, physician, or local hospital. Service Drugs LLC employees cannot help you formulate advance directives. Services provided by Service Drugs LLC are not contingent on whether or not you have advance directives in place.

## **AutoPAY feature**

To better serve our patients, we understand the need for clear communication of our financial policies. Please understand that payment for service is an important part of our professional relationship and we strive to be good stewards of your healthcare dollars.

Prior to receiving products, Service Drugs LLC requires a form of payment on file to satisfy any balances that are not paid by your insurance. This will include that patient portion of rental charges incurred in future months. We accept Visa, MC, AMX, Discover and checks, all information is securely stored on our PCI compliant merchant processor.

Generally, medical equipment is provided on a Capped Rental (or rent-to-own) basis, as dictated by your insurance carrier. (See FAQ#2 on page 7 for more information on Capped Rentals.) Monthly, Service Drugs LLC submits a bill to your insurance company for the rental charges. The insurance company processes the claim, pays their portion, and sends you a statement (explanation of benefits) detailing the patient's responsibility.

We attempt to provide you with the most accurate estimate of the charges that you are responsible for prior to services being rendered but please be aware that after the insurance processes your claim your patient responsibility portion may be different from the estimate provided.

Other equipment generally rents for 13 months before it is considered owned by the patient. Your insurance carrier's policy dictates the number of months equipment is rented. You should expect to pay some portion of your charges each month, as you are responsible for your deductible and co-payments. The amount charged to your credit card/bank account will match the copay/deductible portion on the explanation of benefits that you receive from your insurance company.

Your signature on the acknowledgment receipt form is authorization for Service Drugs LLC to enroll you in the AutoPAY feature to pay for the patient responsibility portions of your bill.

# FAQs

Important information to read about your equipment.

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## **Does this equipment belong to me or to Service Drugs LLC?**

Most medical equipment is rented to you. Some equipment is rented up to 13 months, then it automatically converts to a purchase (Capped Rental). During the Capped Rental Period, the equipment is owned exclusively by Service Drugs LLC, title changes to the patient at the end of the Capped period, assuming the patient has paid all deductible and co-pay obligations. Occasionally, the equipment is purchased at the time of delivery. In this situation, the patient owns the equipment.

Whether your equipment is rented or purchased, it is your responsibility to take care of it. Your insurance will pay for the rental, but not for any damage caused by neglect or misuse. Insurance companies will usually only pay for new equipment every 5 years. You need to allow us access to the equipment for service and upkeep as needed.

## **What does Capped Rental mean?**

Original Medicare has a category of equipment called Capped Rentals. These include things like CPAPs, nebulizers, hospital beds, and manual wheelchairs. We will bill Medicare for a set amount of rental payments (usually 13 months), then this piece of equipment becomes your property. During the Capped Rental period, we will pay for any routine maintenance that is required. After the Capped Rental period when you own the equipment, Original Medicare may help you pay for repairs, otherwise, you are responsible for maintenance and repairs. If you are no longer using the equipment, you should keep possession of it since Medicare will not pay for replacement equipment for 5 years. Please contact us if you have any questions about your equipment.

## **Are you available after hours?**

We have staff members on call 24 hours/day, 7 days/ week for urgent service calls. In the event of an emergency, call emergency services - 911. If your equipment is not working properly and needs to be addressed immediately, please call our office.

We will either help you fix the issue over the phone or replace the equipment as needed. Any problem that is not urgent will be addressed the next business day. We deliver supplies during business hours only. We do not deliver routine supplies and refills after hours or on weekends or holidays, so please plan ahead.

## **What information does my physician need to provide?**

Almost all of our equipment requires a face-to-face visit with a doctor and a prescription. The physician also must have proper documentation in your medical record to support the medical necessity of the equipment that is ordered. Most insurances, especially Medicare, have increasingly strict rules about documentation and they may deny payment if the documentation does not meet their guidelines.

Some equipment, like PAP therapy, requires follow up visits to your doctor in order that the doctor can verify the therapy is helping you.

Again, very strict rules apply about the timing of the follow-up and the documentation that is required by your insurance.

**If you do not see your physician in a timely manner or your physician does not document your medical record correctly, your insurance may not pay for your equipment. We will help you with this issue, but it is your responsibility to make sure your physician complies with your insurance's rules.**

### **How will I pay for this equipment?**

In some cases, you will need to pay in full or in part at the time of service. This will include any equipment or supplies that are purchased, such as bedside commodes and CPAP supplies. In other cases, we will bill your insurance. Insurance companies, including Medicare, pay different amounts for equipment depending on your location, your plan and your deductibles. It is very difficult for us to provide you with an exact amount that you will owe at the time of service. Your insurance company can provide the most accurate information regarding the cost of your equipment. Please contact the member information number or website listed on your insurance card.

We will ask you for a form of payment at the time of setup (a credit card) to keep on file to cover any deductibles or co-payments you owe. After your insurance has paid their portion, you will receive a statement from us via email or postal service telling you how much you owe and the date that we will charge your credit card or bank account. We can not control when your insurance company will pay us, and that makes it impossible to send you a monthly bill for rented equipment. Each bill will have a contact name you can call with questions.

Patients have the option to pay out of pocket if they have a valid prescription.

### **What happens to my billing when I change my insurance?**

It is essential that you let us know about any changes to your insurance as soon as possible. When you notify Service Drugs LLC of your change of insurance, we will verify your new plan and update your account accordingly. Please note that if you are currently renting equipment, the rental will start over with the new insurance, regardless of past billing or payments.

### **What is Competitive Bidding and how does it affect me?**

If you live in or visit certain areas, you may be affected by Medicare's Competitive Bidding Program. If you have Original Medicare and get certain equipment and supplies in designated competitive bidding areas, Medicare will only help pay for this equipment and supplies if they are provided by Contract Suppliers. Contract Suppliers can not charge you more than the 20% coinsurance and any unmet yearly deductible for any equipment or supplies included in the Competitive Bidding Program.



Service Drugs LLC is a Contracted Supplier in your Competitive Bid Area for this piece of equipment. Not all suppliers in this area are Contracted Suppliers. If you need other pieces of equipment, please be sure to ask if the supplier is a Contracted Supplier for Original Medicare.

**What if I want to travel?**

If you plan to travel by car, you can take your equipment with you. Most of our equipment is portable enough for you to take with you. If you need to arrange for equipment at your destination, please contact us at least two weeks before your departure date.

Medicare does not pay for and Service Drugs LLC does not provide equipment for travel outside of the United States. There are online companies that provide this service.

**What if I move or am away from home for an extended period of time?**

If you travel away from home for an extended period of time (several weeks or months) or permanently move to a new location during rental payments, we will help you find a new supplier in that area.

# Service Drugs LLC Privacy Notice

**At Service Drugs LLC, your privacy is of our utmost concern. We take great care with your personal information to ensure you are respected and protected at all times. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

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This single notice is on behalf of, and applies to entities that are owned or controlled by Service Drugs LLC and are part of the Service Drugs LLC affiliated covered entity (ACE). “We” as used in this notice refers collectively to Service Drugs LLC/ACE. If you have any questions about this notice, please contact: Service Drugs LLC, Attn: Compliance Officer: Mitchell Myers 680 Hwy 51, Suite G Ridgeland, MS 39157 Phone: (601) 853-4611.

Our obligations

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

**How we may use and disclose your health information:** The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office who are involved in your medical care and need the information to provide you with medical care.

**For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Health Care Operations:** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to operate and manage our office and to ensure that all of our patients receive quality care. For example, we may use and disclose information to make sure the durable medical equipment, sleep therapy services, and/or respiratory-related service you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an

appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition, or disclose such information to an entity assisting in a disaster relief effort.

### **Special situations**

**As Required by Law:** We will disclose Health Information when required to do so by international, federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation:** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities:** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to

obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be necessary:

- For the institution to provide you with health care
- To protect your health and safety or the health and safety of others
- The safety and security of the correctional institution

### **Uses and disclosers that require us to give you an opportunity to object and opt**

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care to notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practically do so.

**Your written authorization is required for other users and disclosers:** The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Uses and disclosures of Protected Health Information for marketing purposes.
- Disclosures that constitute a sale of your Protected Health Information. Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. However, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### **Your rights**

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy:** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records other than psychotherapy notes. To inspect and copy this Health Information, you must make your request in writing to the address at the bottom of page 14.

We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with

your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend:** If you feel that the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request in writing to the address at the bottom of page 14.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to the address at the bottom of page 12.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to the address at the bottom of **page 12**.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Out-of-Pocket-Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing to the address at the bottom of this page. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.servicedrugsgms.com](http://www.servicedrugsgms.com). To obtain a paper copy of this notice, you must make your request in writing to the address at the bottom of this page.

**Changes to this notice:**

We reserve the right to change this notice and apply the new terms to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with our office in writing or with the Secretary of the Department of Health and Human Services.

To file a complaint with our office, contact: Compliance Officer: Mitchell Myers 680 Hwy 51, Suite G Ridgeland, MS 39157 Phone: (601) 853-4611

**You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights by contacting them directly.**

Online

[hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html](http://hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html)

In Writing

U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201

Toll Free Call Center: 800-368-1019

TTD Number: 800-537-7697

You will never be penalized for filing a complaint: Compliance Officer: Mitchell Myers 680 Hwy 51, Suite G Ridgeland, MS 39157 Phone: (601) 853-4611.

# Patient Rights & Responsibilities

As a patient of Service Drugs LLC, it is important you understand your rights and responsibilities.

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## **You have the right to:**

- Be fully informed in advance about care/products to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, both orally and in writing, in advance of care/product being provided, of the charges, including payment for service/product expected from third parties and any charges for which you will be responsible.
- Be informed of changes in payment information as soon as possible but no later than 30 days after the organization becomes aware of the change.
- Receive information about the scope of services that the organization will provide and specific limitations of those services/products.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment or products after the consequences of refusing care or treatment or products are fully presented.
- Be informed of your rights under state law to formulate an Advanced Directive, if applicable.
- Have your property and person treated with respect, consideration, and recognition of dignity and individuality.
- Be able to identify visiting personnel members through proper identification. + Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of your property.
- Voice grievances/complaints regarding treatment or care, lack of respect of property, or recommend changes in policy, personnel, or services without restraint, interference, coercion, discrimination or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the customer record and of Protected Health Information.
- Be advised on the company's policies and procedures regarding the disclosure of clinical records.
- Choose a health care provider, including choosing an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.

## **You have the responsibility to:**

- Use rental equipment with reasonable care, not altering or modifying it, and returning it (if applicable) in good condition (normal wear and tear expected).

- Report any malfunctions or defects in rental equipment immediately so that repair or replacement can be made, if applicable.
- Provide access to rental equipment for repair/ replacement or pick up, if applicable.
- Utilize equipment provided in accordance with your physician's orders.
- Keep rental equipment at the location given at the time of rental and not to remove it to any other location unless authorized by the provider, if applicable.
- Notify the provider immediately of any hospitalizations, change in address, insurance, telephone number, or physician, or if you do not need the equipment any longer, if applicable.
- Sign an assignment of benefit for all insurance payers to provider.
- Accept financial responsibility for HME/supplies provided as allowed by insurance carrier.
- Pay replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
- Not modify rental equipment, if applicable.
- Ensure that the title of rental equipment remains with Service Drugs LLC until such time the equipment is purchased and paid in full.
- Understand that Service Drugs LLC shall not insure or be responsible to you for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, fire, or act of God.
- Be aware that the provider retains the right to refuse delivery of service/equipment at any time.

### **Medicare DMEPOS Supplier Standards**

The products and/or services provided to you by Service Drugs LLC are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at [ecfr.gov/current/title-42/section-424.57](https://www.ecfr.gov/current/title-42/section-424.57) or by requesting a full written copy from Service Drugs LLC.



# Financial Policy

While we do prioritize our patients' needs, it is important to understand that you are responsible for payment in accordance with Service Drugs LLC's terms. Assignment of benefits to a third-party does not relieve the patient of the obligation to ensure full payment. Billing third-party payers is not an obligation, but rather a service we offer if all necessary billing information and signatures are provided.

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## Medicare

We may accept Medicare assignment, billing Medicare directly for 80% of allowed charges and billing the remaining financial responsibilities to additional insurances or the patient directly. You are responsible for providing our billing department with all necessary insurance information. We offer Electronic Claims Transmission for courtesy billing on unassigned orders. Presentation and verification of your Health Insurance Card is necessary.

## Medicaid

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification. Presentation and verification of your State Beneficiaries Identification Card and personal ID are required.

## Private insurance & managed care

We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information. Presentation and verification of your insurance card and personal ID are required.

## Estimating costs

As a service to you, we will send your bill for services directly to your primary and secondary insurance companies. Additional supplies and services may be necessary, and the total cost increases accordingly. It is important to know that some insurance companies do not pay the exact amount for services that are billed. We attempt to provide you with the most accurate estimate of the charges that you are responsible for prior to services being rendered but please be aware that after the insurance processes your claim your patient responsibility portion may be different from the estimate provided.

## Payment

Prior to receiving products, Service Drugs LLC requires a form of payment on file to satisfy any balances that are not paid by your insurance, Medicaid beneficiaries are excluded from this policy. This will include the patient portion of rental charges incurred in future months. We accept Visa, MC, AMX, Discover and checks, all information is securely stored on our PCI compliant merchant processor.

**We provide equipment upon approval and authorization from the managed care representative. Presentation of your insurance card may be necessary. Remember, billing a**

**third-party insurance does not guarantee payment. Financial responsibility remains with you, the patient.**

# Assignment of Benefits (AOB) & Acknowledgments

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I authorize each of the following.

1. Assignment of payments or other benefits to Service Drugs LLC who will directly bill Medicare, Medicaid, Medicare Supplemental, or other insurer(s) on my behalf.
2. Release and use of my medical information to Medicare, Medicaid, Medicare Supplemental, or other insurers and their agents and assigns.
3. Authorization for Service Drugs LLC to obtain medical or other information necessary in order to process my claim(s), including determining eligibility and seeking reimbursement for the item(s) provided.
4. Authorization for Service Drugs LLC and any of its affiliated entities to contact me by telephone, mail, e-mail, or in-person to provide products and/or information.

I acknowledge receipt of the Service Drugs LLC patient packet, which includes but is not limited to the following notices.

1. I have received the Notice of Privacy Practices and understand the types of uses and disclosures of my Protected Health Information (PHI) that might occur in my treatment, payment of my invoices, or in the performance of our company's health care operations. The Notice of Privacy Practices also describes my rights and Service Drugs LLC's duties with respect to my PHI.
2. I have received the Patient's Rights and Responsibilities.
3. I have received the Medicare Supplier Standards Statement.
4. I have received the Complaint Reporting Procedure.
5. I have received the branch location contact information and hours of operation.
6. I have received Emergency Preparedness Procedures.
7. I have received information related to my financial responsibilities.
8. I have received information related to subcontractor relationships, if applicable.
9. I understand if the equipment received is in the Medicare category of inexpensive or routinely purchased items, it can either be rented up to the allowable purchase price, at which time the title will transfer to the beneficiary or be purchased within the first month. I choose to purchase the equipment categorized as inexpensive or routinely purchased.

## Release and use of information

I hereby consent and state my preference to have the Company communicate with me by email or SMS messaging regarding various aspects of my medical care which may include, but shall not be limited to, test results, needed documentation, required appointments, equipment performance, available replacement products, and billing. I understand that email and SMS messaging are not confidential methods of communication and may be insecure. I further understand that because of this there is a risk that email and SMS messaging regarding my medical care might be intercepted and read by a third-party.

I further understand that in the course of providing services to me, the Company and its employees and agents will receive (either from me or from others such as physicians) personal information and

knowledge about my health, physical condition, treatment, and care that I require, including knowledge about my living conditions and my relationship family and others (hereinafter referred to as Personal Health Information (PHI)). In that regard, I also authorize the Company to release my PHI (A) to my insurers and any agencies, institutions, or individuals (including my physicians) who provide me with health or social services, (B) to the Company's peer review organizations and licensing and accrediting organizations for the purpose of evaluating the Company's provision of services, (C) in connection with any audit or similar review (whether internal or conducted by a third party organization), or (D) to CMS or a commercial payer as may be required for continued certification of the Company.

**I acknowledge the receipt of the Service Drugs LLC financial policy which includes, but is not limited to, the following responsibilities.**

1. I understand that I will be financially responsible for the above equipment and patient balances resulting from the use of the above equipment.
2. I give Service Drugs LLC the right to appeal denied claims on my behalf. Patient balances include, but are not limited to, patient co-insurance and deductible responsibilities, claims denied by my insurance carrier(s), and non-covered services.
3. I understand equipment classified as rental equipment is the property of Service Drugs LLC and will be returned to the company when the need has ended, otherwise a patient balance for the replacement cost of the equipment will be applied to the account.
4. The credit card on file that I have provided verbal authorization to use will be charged for all one-time and recurring patient balances. I understand if I fail to pay amounts due to Service Drugs LLC, they have the right to secure return of any items I have obtained from them with ten (10) days prior notice.
5. I understand that if the device or equipment is lost, stolen, or damaged while in my possession, I am responsible to pay Service Drugs LLC for the replacement of the equipment or supplies if not covered under insurance of any kind.

# Safety Tips

Your safety and well-being are a priority at Service Drugs LLC. The following tips are designed to keep you as safe as possible.

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## The following conditions make you more likely to have a fall at home.

**Multiple Medications:** The more medications you take, the more likely you are to experience dizziness or other potentially dangerous side effects. Tell all of your health care providers about all of the drugs you take. Ask them about any side effects that might place you at risk for falls.

**Walking difficulties:** Shuffling, weakness, stooped-over posture, inability to walk in a straight line, numbness or tingling of toes or feet can make falls more likely. Ask your doctor about assistive devices such as a cane or walker and learn how to use them correctly.

**Chronic conditions:** Conditions that interfere with thinking, such as Alzheimer's Disease.  
Impairment: Impaired vision or hearing.

**Repeated Falls:** Two or more falls in the past 6 months: If you are falling frequently, see your doctor. It is important to find out why you are falling.

**Weakness:** Do not cut back on your normal activities. Inactivity can actually lead to more falls because of lost muscle strength. Your doctor can also recommend an exercise program to increase muscle strength and coordination, which can help to reduce the risk of falling.

## Falls become more dangerous as we grow older.

For children and young adults, most falls result in little more than minor cuts and bruises. But as we age, falls are more likely to result in broken bones, head injury, and even death. One out of three adults over 65 will fall each year. For those over 75, one quarter of these falls will result in a serious injury.

Most falls occur at home. Many of these accidents can be avoided by creating a safer home environment. You may need to reorganize your storage areas, rethink the way your home is decorated, and even change the way you perform activities such as bathing and cooking. However, health care professionals agree – it is much easier to prevent a fall than to recover from one.

Guidelines to prevent falls at home.

### Bathroom

- Use a shower seat
- Install grab bars
- Use non-skid strips on tub
- Beware of wet floors

### Steps

- Use rails on steps
- Secure rugs on steps

- Repair broken steps
- Keep stairs clutter-free

### **Lighting**

- Ensure adequate lighting
- Use nightlights
- Remove clusters of wires
- Keep a charged flashlight ready

### **Floors**

- Remove torn or curled rugs
- Remove throw rugs and runners
- Repair weakened floors
- Make sure all paths are clutter free

If you feel unsteady on your feet, talk to your doctor. You may benefit from a cane or a walker.

### **Be prepared**

- Have someone designated to check on you if an emergency situation occurs. This person could be a neighbor or family member.
- 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 of tuning in to daily weather forecasts and be aware of changing conditions.
- Find where the main utility switches in your home are and assign someone to turn them off in an emergency situation.
- Have a flashlight and extra batteries nearby for power outages. Keep extra blankets in case the heat goes out.
- Keep a back-up supply of medications on hand and rotate them so they do not expire.
- If you have oxygen or other medical equipment, be sure you have a back-up source in case of disaster.
- Always keep a list of emergency phone numbers available, including your medical equipment supplier(s).

### **Additional guidelines**

- Use firm chair with armrests and good back support
- Beware of polished floors
- Beware of pets underfoot
- Clean up spills immediately
- Place regularly used items within reach
- Wear non-skid shoes with treads

- Avoid reaching too far forward
- Hold objects close to your body
- Consider an alarm or carrying a cell phone to get help in case of a fall
- Consider wearing a medical alert device (talk to your doctor and/or caregiver about this)

## **Infection control**

Contact with infected body fluids such as blood, urine, feces, mucous, or the droplets that are sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Sometimes 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 very important.

### Maintain personal hygiene

- Wash or bathe every day.
- Wash your hair at least weekly.
- Brush your teeth and rinse your mouth after every meal and at bedtime.
- Keep your nails trimmed and clean.
- Wear clean clothes and underwear.
- Change dirty clothes and bed liners as soon as you notice soiling.

### Wash your hands frequently

- Before preparing, eating and serving food.
- After using the toilet, contact with body fluids, or outside activities.

### Wash your hands thoroughly

- Wet your hands with plenty of soap and water.
- Lather well over your hands and wrists.
- Briskly rub your hands together.
- Clean under your nails.
- Rinse your hands thoroughly.
- Dry your hands thoroughly with a clean towel.

### Clean contaminated items thoroughly

- Clean medical equipment as instructed by the manufacturer.
- Clean with soap: dishes, denture cups, etc., weekly.
- Change or clean medical equipment and tubing as instructed by provider.

### Meet your health needs

- Eat a balanced diet daily.

- Drink plenty of water daily.
- Get plenty of rest.
- Exercise, as tolerated.
- Follow doctor's orders for medications, including respiratory medications.
- Avoid close contact with persons with known illnesses.

**In Case of Emergency, get medical help quickly by dialing 911.**

- **Give the location of the emergency (full address)**
- **Explain what happened.**
- **Tell how many people need help.**
- **Do not hang up.**

Additional information is available through the Center of Disease Control & Prevention at [cdc.gov](http://cdc.gov).



# Equipment Information & Instruction

New equipment may raise a number of questions during initial use. Service Drugs LLC customer service representatives and technicians are always available to answer questions you may have or provide additional resources, but here is basic information to get you started.

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## Walkers

Put on the shoes you will be wearing when you use the walker. Stand up straight with your feet close together, relax your shoulders, and put the walker in front and partially around you. Place your hands at your sides. The tops of the hand grips should be at the crease of your wrists, if not, adjust the height of the walker by pushing in the buttons on each of the legs and sliding the tube up or down, as appropriate. Make certain the buttons lock back into place and all the legs are adjusted to the same height. Take a few practice steps with the walker to ensure that you can move the walker without bending over.

### Setting up your equipment

- Check your equipment to make sure you have all accessories that were ordered for you. If you are missing anything, contact your equipment provider immediately.
- Adjust telescoping legs to fit your height. A 30° bend in the elbow is desirable, which will place the handgrips slightly above your wrists (if the arm was straight at your side).

### Safety Tips

- Before each use, always check to make your walker is in open locked position. Wear shoes that fit well and avoid shoes that slide off your feet (flip flops, slippers, etc.)
- Avoid shoes with high heels or slippery soles.
- Make sure the surface you are walking on is clear, flat, dry, and well lit.
- Do not step completely into the walker, rather keep it slightly in front of you at all times.
- Safely carry small items in a basket or bag attached to the frame of the walker.
- Look ahead when walking rather than at your feet.
- Do not use walker on steps and keep a safe distance from stairs.

## Crutches

### Setting up your equipment

- Make sure crutches fit properly.
- When standing straight, 2-3 fingers should fit between your armpit and the top of the crutch pad.
- The bend in your elbow should be 20-30° when your hand is on the grip.

## Safety Tips

- Crutches should be 2-3” to the outside of feet.
- Weight goes on the hands, NOT armpits; keeping elbows in will help stabilize crutches.

### When climbing stairs with railing

1. Both crutches under one arm or one crutch under the arm and the other hand on armrest to help push off.
2. When ascending, push on crutches and step up with the “strong leg”. Bring the “weaker leg” up.
3. Bring crutches up last.

When climbing stairs with no railing, use the directions above.

### When descending stairs

1. Bring both crutches and feet to the edge of the step.
2. Lower crutches to middle of next step.
3. Lower weaker leg.
4. Step down with stronger leg.

## Canes

Stand with the tip of the cane 4 inches to the outside of your foot. The cane should extend from the floor to your hip joint. When holding the cane, your elbow should be flexed at a 30-degree angle. If the cane is made of aluminum, adjust it by pushing in the metal button on the shaft and raising or lowering the shaft to the appropriate height. If the cane is made of wood, the length can be adjusted shorter by removing the rubber tip and sawing off any excess wood, then replacing the rubber tip.

### Setting up your equipment

When properly adjusted, your cane should allow the elbow to bend slightly. A 30° angle is preferable.

You may also have the following accessories:

1. Hand/Wrist strap
2. Cane Parker
3. Snow boot or ice pick cane tip.

## Safety Tips

- Be aware of rough or uneven terrain.
- Watch for throw rugs and wood floors in your home. The change in terrain may cause you to slip and/or lose your balance.
- Make sure your walking aid is on stable ground before use.
- Avoid wet or slippery surfaces if possible.

## **Commodes**

**Over toilet:** Lift toilet seat and lid. Remove pail and lid from commode and adjust commode legs (as described previously when adjusting walker legs) to a height that allows commode to fit just over toilet. Place commode over open toilet and it is ready to use.

**At bedside:** Adjust commode legs (as described previously when adjusting walker legs). Place pail onto pail supports directly below.

**Commode Opening:** Place commode against a wall or other secure object and it is ready for use. When finished using commode, place lid over pail to contain odors and to insure against spills.

**In Shower:** Adjust commode legs (as described previously when adjusting walker legs). Remove pail and lid from commode. Make sure the legs of commode are even and commode does not wobble. When finished showering, towel dry the commode.

**These instructions are GUIDELINES ONLY. Use only as directed by your healthcare provider.**

## **Ambulatory aids**

A physical therapist, occupational therapist, or physical medicine and rehabilitation provider can offer the best training in the use of all ambulatory aids.

## **Hospital beds**

Be sure to place the bed clear of anything that might hinder its movement when being raised or lowered. This may include, but is not limited to, walls, curtains, tables, chairs, trash cans, etc. Also, keep the wheels of the bed locked at all times when not specifically moving the bed. After moving the bed, make sure the power cord is still secure in the wall outlet. Your hospital bed has an electric control pad with controls to raise both the head and knees of the bed. It will also raise the entire bed height to allow for easier patient access for the caregiver. Some hospital bed controls have a “lock” feature. If your hospital bed has this feature, you can lock it so the patient cannot change the bed positions themselves or unlock it to give the patient full access to the control. Keep electric control pad dry to avoid malfunction and/or fire.

The side rails should be in the UP position if there is any danger of the patient falling from the bed.

The side rails come in two lengths (full and half rails). To raise or lower the side rails, pull out the release pin located at bottom of rail while holding rail with opposite hand and then move to desired position. Make sure the release pin is secured in new position before leaving the patient unattended. In case of a power outage, use the emergency crank that is placed into the bedsprings, under the mattress, at the foot of the bed. Place crank into base of motor and manually turn to raise or lower bed until your electricity has been restored.

**Please call us if you hear or smell anything unusual.**

Low Air Loss Mattress Inflate mattress to maximum pressure. Reduce pressure gradually for patient comfort, making sure that the patient does not bottom out. There should be a minimum of one (1)

inch of clearance below the patient's pelvic region. Inflate mattress to "Maximum" before transferring the patient. Check manufacturer's instructions for rapid deflation to administer CPR.

### **Patient lifts**

- Before lifting patient, spread base legs fully outward with lever next to mast.
- Adjust sling straps or chains to proper height.
- Slide into position near patient being careful of swinging hanger.
- Once the patient is in sling, lift just enough to clear surface & allow swivel.

### **Safety Tips**

- Make sure the patient's head is clear from the cradle attachment.
- Only raise boom high enough for patient in sling to clear the "transfer from" surface.
- Make sure all parts of the lift are properly secured.
- Adjust chains or straps and slings prior to allowing patient to be lifted.
- Spread the legs of lift base to ensure maximum stability.
- When raising the patient's weight, ensure that release is locked into "lift" position.
- Check for pinch points on patient where the sling makes weight-bearing contact.
- Do this before rolling the lift away from the "transfer from" surface.
- When moving lift (occupied), push slowly and smoothly towards "transfer to" surface.

### **Wheelchairs**

To open the wheelchair – place hands on the seat rails and push down with both hands.

To close wheelchair - grab the upholstery at center, front, and back of seat and pull up.

To adjust length of leg rests - loosen the nut by the foot plate, adjust, and retighten. Always make this adjustment with the patient's leg in the elevated position.

To clean wheelchair – wipe with clean damp cloth.

To transport wheelchair – lock wheels, remove foot/leg rests, grab front of frame and rear wheels, and lift carefully.

### **Safety Tips**

- Never use wheelchair without foot/leg rests, it may cause circulation problems for the patient.
- Never stand on foot/leg rests.
- Always lock wheels when getting in or out of wheelchair.
- Put wheelchair against wall or have someone steady it from behind whenever possible.
- Wheel locks are not designed to be used as brakes.
- Avoid or use caution on wet, slippery, or uneven surfaces.

- Do not reach beyond the seat area because you could lose your balance, and your wheelchair could tip over.
- Never hold onto removable parts when lifting a wheelchair. Injury could occur if removable parts separate from the chair during lifting.

## **CPAP/BiPAP**

### Setting up your equipment

- CPAP/BiPAP compressor.
- 6 feet of corrugated (flexible) tubing.
- Patient interface; i.e. mask or nasal pillows.
- Headgear
- Humidifier (Optional)
- The equipment provider will have to preset the pressure on your machine according to your physician's orders.

### Using Your Equipment

- Plug unit into a grounded and working outlet.
- Attach or connect flex tubing into CPAP/BiPAP unit.
- Attach patient interface to opposite end of tubing.
- Unhook headgear straps and thread through slots in the mask. Fasten the mask onto the headgear straps and adjust for the largest size possible.
- Hold the mask in place over the nose, pressing gently against your face; slide headgear over your head. Adjust the headgear straps.
- To remove mask, unfasten the bottom straps, then slide the mask up over your head.

### Safety Tips

The following conditions may contraindicate the use of CPAP/BiPAP:

- Bullous Lung Disease
- Pneumothorax
- Pneumocephalus
- Low Blood Pressure

### Maintenance

- If your unit is supplied with a foam filter, it must be cleaned (rinsed with water) every week.
- If your unit has a disposable filter, it should be replaced at least every month.
- Masks should be cleaned with mild soap and water every day.
- Tubing should be cleaned with mild soap and water every week and allowed to air dry.
- Headgear should be hand or machine washed periodically.
- The humidifier, if present, should be cleaned with mild soap and water weekly. White vinegar may be used to remove deposits if you have hard water.

## Special Procedures

- If nasal drying occurs, the use of a humidifier may be recommended. The humidifier runs between the CPAP/BiPAP compressor and the flexible tubing. Fill the humidifier with distilled water. Refer to specific operator's manual for cleaning instructions.

## Hints for mask comfort

- Wash face thoroughly before each use to remove excess oils.
- Do not over-tighten the headgear strap. Over-tightening can irritate your face and cause damage to the mask.

If any of the following occur, contact your physician.

- Runny Nose
- Nasal, sinus, or ear pain
- Obstructive sleep apnea symptoms recur or persist
- Light-headedness or dizziness

Frequently replacement items: Every 3 – 6 months

- Filters
- Mask/nasal pillow system or headgear
- Tubing
- Pillows/cushions

## Aerosol therapy

### Setting up your equipment

1. Place Aerosol compressor on a solid, flat surface
2. Assemble nebulizer kit
3. Attach tubing to compressor outlet and to nebulizer
4. Place medication into nebulizer medicine cup
5. Place 'T' with mouthpiece onto nebulizer

### Using Your Equipment

1. Plug aerosol into grounded outlet.
2. Make sure the power on compressor is in the "Off" position.
3. Add medication to nebulizer and connect tubing to the compressor air outlet.
4. Switch the compressor "ON"; the medication will begin to mist.
5. Breathe slowly and deeply, holding the mist in your lungs every few minutes. Continue until the medication is gone.
6. Once completed, switch "Off" the compressor and disassemble nebulizer.

## Safety Tips

- Check with a physician for any drug sensitivity and ensure medication is compatible with all other current medications you may be taking.
- Should your pulse increase by more than 30 Beats Per Minute (BPM), discontinue treatment and consult physician.
- Check expiration on medication, and do not use if medication is expired.

## Urinary

### Safe Use of Intermittent Catheter Supplies (Female)

Please keep this information in a safe place.

The information provided herein is for educational purposes only and does not replace prescriber directions. A licensed prescriber should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies.

#### Female Self-Catheterization

You will use a catheter (tube) to drain urine from your bladder. You may need a catheter because you have urinary leakage, not being able to urinate, surgery that made a catheter necessary, or another health problem.

#### What to Expect at Home

Urine will drain through your catheter into the toilet or a special container. Your health care provider will show you how to use your catheter. After some practice, it will get easier.

Sometimes family members, a school nurse, or others may be able to help you use your catheter.

You will get a prescription for the right catheter for you. Generally, your catheter may be about 6 inches long, but there are different types and sizes. You can buy catheters at medical supply stores. You will also need small plastic bags and a gel such as K-Y jelly or Surgilube. DO NOT use Vaseline (petroleum jelly).

Ask how often you should empty your bladder with your catheter. In most cases, you empty your bladder every 4 to 6 hours, or 4 to 6 times a day. Always empty your bladder first thing in the morning and just before you go to bed at night. You may need to empty your bladder more frequently if you have had more fluids to drink.

You can empty your bladder while sitting on a toilet. Your provider can show you how to do this correctly.

1. Wash your hands with soap and water.
2. Collect your supplies: catheter (open and ready to use), towelette or other cleaning wipe, lubricant, and a container to collect urine if you are not planning to sit on the toilet.

3. Use clean disposable gloves if you prefer not to use your bare hands. Gloves do not need to be sterile unless specified by your doctor.
4. Gently pull the labia open and find the urinary opening.
5. With your other hand, cleanse your labia 3 times from front to back, up and down the center, and on both sides. Use a fresh antiseptic towelette, baby wipe, or cotton ball with mild soap and water each time.
6. Rinse well and dry (if soap and water was used)
7. Apply the lubricant to the tip and top 2 inches of the catheter (if not pre-lubricated)
8. While you continue to hold your labia with one hand, use your other hand to gently slide the catheter up into your urethra until urine starts to flow.
9. Let the urine drain into the toilet or designated container.
10. When urine stops flowing, slowly remove the catheter. Pinch the end closed to prevent drips.
11. Wipe around your urinary opening and labia again with a fresh towelette, baby wipe, or cotton ball with mild soap and water.
12. If you used a container to collect urine, empty it into the toilet. Always close the toilet lid before flushing to prevent the spread of germs.

#### Helpful Tips for Female Catheter Use

- Use a mirror if you have trouble locating your urinary opening.
- Do not force the catheter when inserting.
- Relax, breathe deeply, and start over if you experience discomfort during insertion.
- If you are reusing your catheter, you must clean it every day.
- Do not let the catheter make contact with any bathroom surfaces.
- Throw away the catheter if/when it becomes dry and brittle.
- When traveling, carry a separate plastic bag for storing used catheters. If possible, rinse the catheters before placing them in the bag. When you return home, follow the instructions below to clean them thoroughly.

#### Cleaning Your Catheter (Female and Male)

Most insurance companies will pay for you to use a sterile catheter for each use. Some kinds of catheters are meant to be used only once, but many catheters can be re-used if they are cleaned correctly.

If you are reusing your catheter, you must clean your catheter every day. Always make sure you are in a clean bathroom. DO NOT let the catheter touch any of the bathroom surfaces (such as the toilet, wall, and floor).

1. Wash your hands with soap and water.
2. Soak the catheter in hydrogen peroxide for 30 minutes, or rinse out the catheter with one of the following: - A solution of 1-part white vinegar and 4 parts water - Warm water and soap.
3. Rinse with cold water.
4. Hang the catheter over a clean towel to dry.
5. When dry, store the catheter in a new, clean plastic bag.



## When to Call the Doctor

Call your health care provider if:

- You are having trouble inserting or cleaning your catheter.
- You are leaking urine between catheterizations.
- You have a skin rash or sores.
- You notice a smell.
- You have pain in your vagina or bladder.
- You have signs of infection (a burning sensation when you urinate, fever, fatigue, or chills).

## Safe Use of Intermittent Catheter Supplies (Male)

Please keep this information in a safe place.

The information provided herein is for educational purposes only and does not replace prescriber directions. A licensed prescriber should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies.

### Male Self-Catheterization

A urinary catheter tube drains urine from your bladder. You may need a catheter because you have urinary leakage, not being able to urinate, prostate problems, or surgery that made it necessary.

Clean intermittent catheterization can be done using clean techniques.

### What to Expect at Home

Urine will drain through your catheter into the toilet or a special container. Your health care provider will show you how to use your catheter. After practice, it will get easier.

Sometimes family members or others may be able to help you use your catheter.

Catheters and other supplies can be bought at medical supply stores. You will get a prescription for the right catheter for you. There are various types and sizes. Other supplies may include towelettes and lubricant, e.g. K-Y Jelly or Surgilube. DO NOT use Vaseline.

In most cases, you should empty your bladder with your catheter every 4-6 hours, or 4-6 times a day.

Always empty first thing in the morning and just before bedtime. You may need to empty your bladder more frequently if you have had more fluids to drink.

Avoid letting your bladder get too full. This increases your risk of infection or complications.

1. Wash your hands with soap and water.
2. Collect your supplies: catheter (open and ready to use), towelette or other cleaning wipe, lubricant, and a container to collect urine if you are not planning to sit on the toilet.
3. Use clean disposable gloves if you prefer not to use your bare hands. Gloves do not need to be sterile unless specified by your doctor.
4. Move back the foreskin of your penis if you are uncircumcised.

5. Clean the tip of your penis with Betadine (an antiseptic cleanser), a towelette, baby wipes, or soap and water.
6. Apply the lubricant to the tip and top 2 inches of the catheter (if not pre-lubricated)
7. With one hand, hold your penis straight out.
8. With your other hand, insert the catheter using firm, gentle pressure.
9. Once the catheter has been inserted, urine will start to flow.
10. After urine starts to flow, gently push in the catheter about 2 more inches or to the “Y” connector.
11. Let the urine drain into the toilet or designated container.
12. When urine stops flowing, slowly remove the catheter. Pinch the end closed to prevent drips.
13. Wash the end of your penis with a clean towelette or baby wipe. Make sure the foreskin is back in place if you are uncircumcised.
14. If you used a container to collect urine, empty it into the toilet. Always close the toilet lid before flushing to prevent the spread of germs.

#### Helpful tips for Male Catheter Use

- Do not force the catheter when inserting.
- Relax, breathe deeply, and start over if you experience discomfort during insertion.
- If you are reusing your catheter, you must clean it every day.
- Do not let the catheter make contact with any bathroom surfaces.
- Throw away the catheter if/when it becomes dry and brittle.
- When traveling, carry a separate plastic bag for storing used catheters. If possible, rinse the catheters before placing them in the bag. When you return home, follow the instructions below to clean them thoroughly.

#### When to Call the Doctor

Call your health care provider if:

- You are having trouble inserting or cleaning your catheter.
- You are leaking urine between catheterizations.
- You have a skin rash or sores.
- You notice a smell.
- You have penis pain.
- You have signs of infection, such as a burning sensation when you urinate, a fever, or chill.

#### **Incontinence Products**

##### Tips for a Proper Fit

- A diaper or brief should be level at the waist. A pad should be slightly higher in the back than in the front.
- Always make sure the product is completely unfolded.
- The product should be snug against the groin and around the legs.

- The product should not bunch around the abdomen.
- Always position the product with the outer covering facing away from the skin

#### Tips for Proper Use

- Avoid wearing a larger size than is necessary, as this can cause leakage.
- Always change the product on a routine basis or when soiled.
- Always wash your hands with soap and water before and after changing the product
- Do not let the adhesive fastener tabs come into contact with lotions or powders.
- When disposing of products, roll them up to minimize odors.

Problem: Red groin creases or lines on inner thigh

Possible Causes: Leg cuffs not fitted to leg creases.

Solutions: Make sure the product is fully opened and leg cuffs are secure around the groin area

Problem: Redness on groin area or buttocks

Possible Causes: Infrequent changes; Peri-care issue

Solutions: Change product routinely and timely; ensure proper pericare with each change

Problem: Redness on inner thigh

Possible Causes: Peri-care issue product is not secure.

Solutions: Ensure skin is clean and dry check proper size and fit

Problem: Moisture gathering

Possible Causes: Peri-care issue product is not secure.

Solutions: Ensure skin is clean and dry check proper size and fit

Problem: Leakage

Possible Causes: Product is too large; product is not properly secured.

Solutions: Make sure the product is fully opened and sufficiently secure around the waist and legs

Problem: Rashes or blisters

Possible Causes: Tape touching skin brief is too tight, Peri-care issue.

Solutions: Make sure the tape is correctly applied, check for areas of restriction during application, ensure skin is clean and dry

#### Troubleshooting

PLEASE NOTE: Misapplication or incorrect fit may result in skin problems; however, other medical conditions may cause these irritations and a physician should be consulted whenever a skin irritation develops. This information is for education only and does not constitute medical advice.

## **Frequent replacement items**

### Disposable

- Should be replaced 10 - 14 days.
- Treatment time is usually 15 - 25 minutes for 3cc liquid.
- Must be hand-washed only in warm water, rinsed well, and air dried.

### Non-Disposable

- Replaced every 6 months.
- Treatment time is usually 6 - 8 minutes for 3cc liquid.
- Dishwasher safe, can be placed in boiling water to disinfect and sterilize.

### Maintenance

- Rinse the nebulizer after every treatment and place it on a dry paper towel. At the end of the day, wash all of the parts with warm soapy water, rinse, and soak with 1:3 vinegar and water solution for 30 minutes and rinse.
- Your local provider may recommend a germicidal disinfectant solution to clean your nebulizer rather than vinegar and water. Mix with water according to directions. The solution can be stored for up to 30 days.
- Always rinse your equipment after cleaning.
- Replace compressor filters whenever material becomes discolored. Please contact your equipment provider for any questions, adjustments, or repairs

# Patient Satisfaction Survey

As your medical equipment provider, we feel that to better serve you, it is vital that we have knowledge of, and understand your concerns. Please let us know how we are doing by taking the time to complete this simple survey and help us determine how we can improve our performance. We welcome the opportunity to serve you better. For any complaint, problem, compliment or concerns please contact Service Drugs LLC through the information located on the inside cover of this booklet.

# Complaints & Grievances

While we constantly strive to provide a seamless and enjoyable experience for our patients, we do respect our customers' right to express themselves. Service Drugs LLC has a policy to allow any patient or their authorized representative the right to file a grievance or complaint regarding services provided by our company. Our corporate compliance team is committed to swift and timely action when our patients or partners are less than satisfied.

**To assist with voicing your concerns, we ask that you follow the escalation process below.**

When you have a concern, you can speak to a member of our company by contacting your designated branch location.

- You may speak with a customer service representative at Service Drugs LLC who will attempt to assist you.
- If the customer service representative cannot provide the assistance you require, request to speak with a manager.
- If a member of our management team cannot provide the assistance you require, we urge you to contact our corporate compliance team by calling (601) 853-4611. A resolutions associate will be assigned to you and will provide the individualized attention necessary in order to resolve your concern.

You may submit your concern in writing to:

Service Drugs LLC, Attn: Compliance Officer: Mitchell Myers 680 Hwy 51, Suite G Ridgeland, MS 39157 Phone: (601) 853-4611

Service Drugs LLC is committed to complying with the Medicare Beneficiary Complaint requirements as established by applicable Centers for Medicare & Medicaid (CMS) standards. Service Drugs LLC are accredited by the HQAA, an organization that monitors the quality of services of healthcare providers. If you have a complaint about the quality of care you received, you may contact HQAA toll free, 9:00 a.m. to 5:00 p.m., Eastern Time, weekdays at 866.909.4722 or [www.hqaa.org/contactus](http://www.hqaa.org/contactus).



