















## 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.

## 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 email [athomemedical@atlantichhealth.org](mailto:athomemedical@atlantichhealth.org) to coordinate a return.

## 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.

## 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.

## Consent to Phone Calls, Messages & Emails

- You give permission to AtHome Medical. 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 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 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, 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 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.

# Medicare DMEPOS supplier standards

1. A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the contractor within 30 days.
3. A supplier must have an authorized individual whose signature is binding sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory or contract with other companies for the purchase of items necessary to fill orders. A supplier cannot contract with any entity that is currently excluded from the Medicare program, any state health care programs, or any other federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable state law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufac-

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.

tures its own items this insurance must also cover product liability and completed operations.

11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 C.F.R. section 424.57(c)(11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and Medicare Beneficiary Identifier of the beneficiary, a summary of the complaint, and any actions taken to resolve it.

21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.

22. A supplier must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (unless an exception applies).

23. A supplier must notify their accreditation organization when a new DMEPOS location is opened.

24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.

25. A supplier must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.

26. A supplier must meet the surety bond requirements specified in 42 C.F.R. section 424.57(d) (unless an exception applies).

27. A supplier must obtain oxygen from a state-licensed oxygen supplier.

28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. section 424.516(f).

29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.

30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act), physical and occupational therapists or DMEPOS suppliers working with custom made orthotics and prosthetics.

## 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 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 ceases.
- 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, and commode chairs.
- Equipment in this category can be purchased or rented, however AtHome Medical only sells this equipment.

### 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.

## Fall Prevention/Risk Assessment

**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.**

Every 14 seconds, an older adult is seen in an emergency department for a fall-related injury. Falls are the leading cause of both fatal and nonfatal injuries for people 65 and older, with an estimated 1 in 4 older adults reporting falling each year. Falls have serious impacts on health and can significantly reduce independence, confidence, connections to others, and well-being.

Many risk factors for falls, ranging from muscle weakness to improper footwear, can be changed to reduce this risk.

If you make some changes, some adjustments, it's going to make you be able to be in that environment longer.

### All rooms

- Install carpet with short, dense pile.
- Secure rugs with double-sided carpet tape and make thresholds even.
- Make sure electrical and extension cords are out of the way.
- Keep exits and hallways open.
- Provide bright, evenly distributed light.
- Use lampshades that reduce glare.
- Make sure light switches and electrical outlets are easy to reach.
- Use nightlights.

### Stairs

- Put handrails on both sides of stairways.
- Make sure steps are in good repair.
- Use non-skid contrasting tape, rubber stair treads, or coated, skid-resistant surface treatment on non-carpeted stairs in one-inch intervals. Use three long strips of tape on each step.
- Check carpeting to make sure it is firmly attached along stairs. Make immediate repairs to worn or loose carpet.



- Choose a carpet pattern that doesn't hide step edges, making it look like steps have ended when they haven't.
- Remove any rugs at the top or bottom of stairways.
- Use at least 60-watt bulbs in stairways and have on-off switches at the top and bottom of stairs.

### Kitchen

- Get sturdy stepstools — preferably with handrails — to reach upper shelves.
- Avoid using floor wax.

### Bathroom

- Use rubber bathmats or strips in bathtubs and showers.
- Install at least two grab bars in the bath.
- Secure bathroom rugs to the floor.
- Use raised toilet seats and/or install handrails near the toilet.

### Exterior

- Be sure there is adequate lighting to get safely in and out of the house.
- Install handrails along any flight of outdoor steps.
- Buy sand or salt for icy walkways.
- Keep steps, sidewalks, decks and porches clear of newspapers, and sticks, rocks, wet leaves and other debris.

- Repair broken or uneven pavement on walkways and driveways.
- Remove shrub or tree roots sticking out of the ground.

### 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 window 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))

## FALL RISK ASSESSMENT

- **Do not have throw rugs; ensure area rugs are secured with non-slip pads or double-sided tape.**  
True or False
- **Maintain clear pathways.**  
True or False
- **Have a night light in the bedroom, hallway, and bathroom.**  
True or False
- **All stairways, inside and outside the home should have sturdy handrails.**  
True or False
- **Be careful when taking medications which might cause me to become dizzy or drowsy.**  
True or False
- **There are no electrical cords on the floor that may be a "tripping" hazard.**  
True or False
- **Wipe up spills immediately.**  
True or False

## EXERCISES TO HELP PREVENT FALLS

### STRENGTHEN YOUR LOWER BODY

Sit in a chair, arms folded across your chest, rise to a standing position, then return to a sitting position, as quickly as you can, five to 10 times. Do it again, this time in slow motion. Alternate between the two.

Stand with feet about hip-length apart and arms on hips. Step forward with your right leg and bend both knees; gradually lower your body until your knees are bent at (or close to) a 90-degree angle. Shift forward so that most of your weight is through the front leg. Hold the position for a few seconds, then return to the starting position by straightening your leg. Repeat 10 times.

### INCREASE ANKLE FLEXIBILITY

Work out with resistance bands (you can buy them in stores or online for less than \$10 for a set). While seated, place a band around the arch of your foot, holding the ends in each hand. Point your toes and flex your foot as far as you can. Switch sides and repeat.

Also try heel lifts. Stand at a kitchen counter or table so that you can lightly touch the surface for balance, with feet hip-width apart. Slowly lift up your heels and rise up on your toes. Hold for five seconds, then slowly lower your heels back down. Repeat two to three sets of 10.

### IMPROVE REACTION TIME

When you're watching the news, do sitting calve raises or squats. Start slowly, and then try increasing the speed in which you do them.

## OXYGEN RISK ASSESSMENT

- **I have a fire safety plan:**

True or False

- **No Smoking Signs are posted:**

True or False

- **I have smoke alarms in my home:**

True or False

- **Tanks are stored safely and properly:**

True or False

- **I do not use my oxygen near open flames (stove/candles/fireplaces, etc):**

True or False

### Oxygen Safety

- Have a Fire Safety Plan.
- 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 – hair dryers, 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.**

**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.**

### 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.

**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.**



## 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.



## 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.
3. **CPAP/BIPAP:** Evaluation required between the 31st and 91st day after therapy begins.
4. **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.

**Daily:** Wash the mask system with warm, soapy water. Please make sure that you use unscented soap. We recommend plain Ivory liquid soap or baby shampoo. Rinse well and allow to air dry away from direct sunlight.

**Weekly:** Separate and hand-wash the mask components and headgear in warm, soapy water. Do not use soaps with added scents. Rinse well and allow to air dry away from direct sunlight. The headgear may be washed without being taken apart.

**Cleaning Precautions:** Do not use solutions containing vinegar, bleach, chlorine, alcohol, aromatics, moisturizers, antibacterial agents or scents to clean any part of the system or air tubing. These solutions may cause damage and reduce the life of the product. Do not expose any part of the system to direct sunlight as it may deteriorate the product. If any visible deterioration of a component is apparent (cracking, tears, etc.), you should discard and replace the component.

**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.

**Can I use tap water in my CPAP chamber?** It is strongly recommended that you use distilled water in your humidification chamber as it is free of minerals and will prolong the life of the chamber by preventing mineral build-up. Distilled water is suitable to use. Although the use of tap water will not harm you, it may cause your chamber to deteriorate at a faster rate.

**Where can I find detailed instructions about cleaning my equipment?** Please refer to the user instructions packaged with your mask. For videos about your products, check out:

[www.youtube.com/fphealthcare](http://www.youtube.com/fphealthcare),  
[www.youtube.com/PhilipsRespironics](http://www.youtube.com/PhilipsRespironics), or  
[www.youtube.com/ResMedAmericas](http://www.youtube.com/ResMedAmericas)

## HOW TO ORDER SUPPLIES:

Call 866-430-7688 or email: [supplies@papsupply.com](mailto:supplies@papsupply.com)

Download the **My Sleep Coach** mobile app available on Apple iTunes & Google Play app stores by searching on the mobile store. You can also login to our patient portal at

**[www.papresupply.com](http://www.papresupply.com)**

**Our automated system will remind you when you are due for replacement supplies.**

## CPAP & Mask Replacement

Proper maintenance will prolong the use of your CPAP equipment and mask, but over time your equipment will need to be replaced. Here are some signs that your equipment is overdue for replacement:

- Tubing is discolored, stretched or unable to fit onto the CPAP.
- Mask seals are discolored, do not seal properly, or show signs of tearing.
- Headgear is over-stretched or discolored.
- CPAP chamber shows evidence of deterioration. This includes residue buildup on the heater-base, signs of cracking, or small water leaks.

Many insurance providers recognize the need for CPAP equipment and mask replacements and may cover the cost of some of these. A typical replacement schedule of your equipment is shown below:

**Autoship** – 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, Medicare HMO's, Amerihealth, Horizon Blue Cross Blue Shield (CCX), Horizon NJ Total Care, Oxford Health Plans, United Healthcare Plans (UHC and UHC) prohibit providers from automatically providing supplies.

## REPLACEMENT SCHEDULES\*

PRODUCT	REPLACEMENT
A) Disposable Filter	A) 2 Per Month Sent in 3 Month Supply
B) Reusable Filter	B) 1 every 6 months
Nasal Pillows/Cushions	Twice per month. Sent in 3 month supply
Full Face Seal/Cushion	Monthly sent in 3 month supply
Tubing	3 Months
Mask	3-6 Months
Chamber	6 Months
Headgear	6 Months
Chin Gear	6 Months

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

## 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

### 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**

## Blue Cross / Blue Shield Patients NJ

CareCentrix manages your claims: here is a letter that outlines the relationship

# Welcome to CareCentrix

## your home health care coordinator

CareCentrix works for you and your health plan to help ensure that you receive home health care from our network of qualified home healthcare providers. CareCentrix plays an important role in the quality of your healthcare by selecting home healthcare providers who are licensed and credentialed in their field of care.

### Who is CareCentrix?

CareCentrix is an expert in home health care coordination. We work on behalf of your health plan to help ensure your covered home health care is delivered by skilled network providers with the appropriate training. CareCentrix is also responsible to collect health care payments as specified by your health plan.

### Who do I call if I have questions?

If you have a medical question, please call your local doctor, nurse or health care provider. CareCentrix cannot answer medical questions. If you have a medical emergency, call 911.

Your health plan can answer questions about your home health benefits. If you would like to know what you may owe for your home health care, please call CareCentrix at 1-800-808-1902, select option 2. You can also ask any questions about your statement.

### How do I pay my co-pay or deductible?

If your plan has a co-pay, you are required to pay this amount to CareCentrix at the time of your service. You can make a payment over the phone by calling 1-800-808-1902, and selecting option 2. CareCentrix accepts all major credit cards and can even accept a check payment over the phone.

### Why don't I pay my home care provider directly?

As part of our agreement with your health plan and our network providers, CareCentrix pays your home health provider directly. You do not pay our participating home health care providers for services covered by your health plan.



Payment questions? Call 1-800-808-1902, select option 2

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# 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
- Complaint Resolution
- Notice of Privacy Practices
- Patient Rights & Responsibilities
- Know your Rights
- Emergency Preparedness
- Delivery, Service, Repair, & Warranty
- Financial, Billing, Payment, & Returns
- Advanced Directives
- Medicare Supplier Standards
- Medicare Capped Rental & Inexpensive or Routinely Purchased Items Notification
- Fall Prevention / Risk Assessment pg.12
- Oxygen Safety Risks - Any concerns reviewed with me. pg.14
- Advise to Complete Authorization to Notify Form and return form to AtHome Medical
- Infection Control
- 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

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

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

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

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

Please mail by folding the form and sending it to At Home Medical, 200 The American Rd., Morris Plains, NJ 07950 or email the form to: [athomemedical@atlanticehealth.org](mailto:athomemedical@atlanticehealth.org)

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**PROVIDER COPY**



## Authorization to Provide Notice for Providers of Oxygen or Oxygen Delivery Systems

This "Authorization to Provide Notice" form is to be used by providers of oxygen or oxygen delivery systems when the provider has received an order from a licensed health care practitioner and is required to notify the fire department or company serving the municipality in which a patient resides of the name and address of the patient and the existence of oxygen or an oxygen delivery system at that residence, pursuant to N.J.S.A . 52:17B-139.7

### 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.

**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.**

By checking "I consent," you, the patient, or the patient's authorized representative if the patient is incompetent, acknowledge that the provider of this oxygen or oxygen delivery system has provided you with information regarding the notification requirements of this law and that you authorize the provider to notify the local fire department of the delivery. **By checking "I do not consent" on the authorization form, or if you fail to return the form, YOU must notify the local fire department that there is oxygen or an oxygen delivery system in your home.**

Patient's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

**Name of fire department or company:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Provider's Name: AtHome Medical

Address: 200 American Road, Morris Plains, NJ 07950 800-287-0643

\_\_\_\_\_ I CONSENT AND AUTHORIZE THE PROVIDER TO GIVE NOTIFICATION

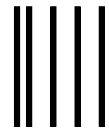
\_\_\_\_\_ I DO NOT CONSENT

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

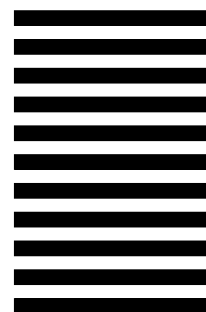
Printed name, if authorized representative: \_\_\_\_\_

Witness: \_\_\_\_\_

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NO POSTAGE  
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IF MAILED  
IN THE  
UNITED STATES



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