



Quantum Medical Supply, Inc (QMS)

1818 S Australian Ave suite 301
West Palm Beach, FL 33409
Phone: (800) 704-6515 Fax: (561) 688-6510
Monday through Friday 9:00AM – 4:00PM

Dear valued patient: We would like to welcome you aboard!

We want to make sure you have the supplies you need and your orders are always filled properly, timely, and to your satisfaction.

If you change physicians or your address, please notify us as soon as possible so that we may update your file and avoid any delays in your delivery.

At Quantum Medical Supply we encourage you to call and ask any questions. If you need help with your products, shipping, billing or any other concerns, please contact us so that we may help you. Our goal is not only to provide you with your supplies but also to help you utilize them properly and to the best of your health and benefit.

Customer Concerns & Complaints:

Our goal is to provide nothing but the highest quality of services to our patients. This is why your concerns are our concerns. If you have any concerns about the services you are receiving from our organization we would like to hear from you.

You may contact our customer service representative at 1-800-704-6515. If they are not able to resolve your concern, it will be forwarded to a manager, who will contact you within 14 business days to resolve your concern/complaint. We will notify you, in writing, the action taken to resolve your complain.

We have also provided hotline numbers if you may have a concern regarding fraud and abuse or any treatment or services provided by our organization.

Medicare Hot-line: **1-800-447-8477**

Accreditation Commission for Healthcare: **1-919-785-1214**



Phone
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Fax
(561) 432-8205



Email
orders@quantummedicalsupply.com



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Equipment Warranty Information:

Every product sold or rented by our company carries a 3 month manufacturer's warranty. Quantum Medical Supply will notify all Medicare beneficiaries of the warranty coverage and we will honor all warranties under applicable law. Quantum Medical Supply 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.

OUR RETURN POLICY

Please contact QMS at 800-704-6515 and request a RETURN AUTHORIZATION NUMBER within 10 days of receiving the item(s)

- ALL ITEMS MUST BE RETURNED IN THEIR ORIGINAL BOXES. Please package the boxed item in a separate shipping box.
- Wear your shoes INSIDE YOUR HOME ON A CARPETED SURFACE until you have determined that they fit properly. If they do not fit properly, please contact us so can exchange them for you.
- If the shoes are worn outside, we may not be able to accept them for return/exchange.

Thank you, Quantum Medical Supply.



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CLIENT BILL OF RIGHTS

1. Be fully informed in advance about service/care to be provided and any modifications to the service/care plan
2. Participate in the development and periodic revision of the plan of service/care.
3. Informed consent and refusal of service/care or treatment after the consequences of refusing service/care or treatment are fully presented
4. Be informed in advance of the charges, including payment for service/care expected from third parties and any charges for which the client/patient will be responsible
5. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
6. Be able to identify visiting staff members through proper identification
7. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff or service/care without restraint, interference, coercion, discrimination or reprisal
8. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
9. Choose a health care provider
10. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
11. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
12. Receive appropriate service/care without discrimination in accordance with physician orders
13. Be informed of any financial benefits when referred to an organization
14. Be fully informed of one's responsibilities
15. Be informed of provider service/care limitations
16. Be informed of client/patient rights under state law to formulate advanced care directives.

RESPONSIBILITIES OF THE PATIENT

1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service.
2. To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve you, as needed and as able, in developing, carrying out, and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies.
4. To review the organization's safety materials and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your health care plan you do not fully understand.
6. To notify your attending physician when you feel ill, or encounter any unusual physical or mental stress or sensations.
7. To notify the organization when you will not be home at the time of a scheduled home care visit.
8. To notify the organization prior to changing your place of residence or your telephone number.
9. To notify the organization when encountering any problem with equipment or service.
10. To notify the organization if you are to be hospitalized or if your physician modifies or ceases your home care prescription.
11. To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home health care plan developed for you.
12. To notify the organization of denial and/or restriction of the organization's privacy policy.

MEDICARE DMEPOS SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary. The products and/or services provided to you by Quantum Medical Supply are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations, Section 424.57©. These standards concern business professional and 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.



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QUANTUM MEDICAL SUPPLY INC. NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulation Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE INFORMATION

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your identifiable healthy information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our organization has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice at any time.

B. IF YOU HAVE QUESTIONS OR CORRESPONDENCE IN REFERENCE TO THIS NOTICE, PLEASE CONTACT:

QUANTUM MEDICAL SUPPLY INC. ATTENTION: DEPT. OF PATIENT PRIVACY C/O

MARC VETRANO 1818 South Australian Avenue Suite 301 WEST PALM BEACH, FL 33409 (800) 704-6515

C. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES:

The following categories describe the different ways in which we may use and disclose your identifiable health information.

1. **Assistance:** Our organization may use your identifiable health information to assist you. For example, we may ask you to perform a home glucose test, and we may use the result to help reach a solution to any problems you may be encountering. Many of the people who work for our organization may use or disclose your identifiable health information in order to assist you in solving any problems. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, and affiliate companies of QUANTUM MEDICAL SUPPLY, INC. spouse, children, or parents.



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2. **Payment:** Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.
3. **Health Care Operations:** Our organization may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
4. **Order Reminders:** Our organization may use and disclose your identifiable health information to contact you and remind you of orders/delivers.
5. **Health Related Benefits and Services:** Our organization may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
6. **Release of Information to Family/Friends:** Our organization may release your identifiable health information to a friend or family member that is helping you pay for your health care, or who assists in taking care of you.
7. **Disclosure Required By Law:** Our organization will use and disclose your identifiable health information when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks** Our organization may disclose your identifiable health information to public health authorities that are authorized by law to collect information for purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however we will only disclose this information if the patient agrees or we required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
2. **Health Oversight Activities:** Our organization may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions: civil, administrative, and criminal procedures or actions: or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings:** Our organization may use and disclose your identifiable health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party



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involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **Law Enforcement:** We may release identifiable health information if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe might have resulted from criminal conduct
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Serious Threats to Health or Safety:** Our organization may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under those circumstances, we will only make disclosures to a person or organization able help prevent the threat.
6. **Military:** Our organization may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
7. **National Security:** Our organization may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We may also disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Inmates:** Our organization may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and /or (c) to protect your health and safety of the other individuals.
9. **Workers' Compensation:** Our organization may release your identifiable health for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION:

You have the following rights regarding the identifiable health information that we maintain about you:

1. **Confidential Communications:** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to QUANTUM MEDICAL SUPPLY INC. DEPARTMENT OF PATIENT PRIVACY specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request: however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make a request in writing to QUANTUM MEDICAL SUPPLY INC. DEPARTMENT OF PATIENT PRIVACY. Your request must describe in a clear and concise fashion: (a) the information you restricted; (b) whether you are requesting to limit our organization's use, disclosure or both; and (c) to whom you want the limits apply.
3. **Inspection and Copies:** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy



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notes. You must submit your request in writing to QUANTUM MEDICAL SUPPLY INC. DEPARTMENT OF PATIENT PRIVACY in order to inspect and/or obtain a copy of your identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.

4. **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to QUANTUM MEDICAL SUPPLY INC. DEPARTMENT OF PATIENT PRIVACY. You must provide us with reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosure:** All of our patients have the right to request an "accounting disclosures." An "accounting disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to **QUANTUM MEDICAL SUPPLY INC. DEPARTMENT OF PATIENT PRIVACY**. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within 12 month period is free of charge, but our organization may charge you for additional lists within the same 12 month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **QUANTUM MEDICAL SUPPLY INC. DEPARTMENT OF PATIENT PRIVACY**: (800) 704-6515.
7. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact **QUANTUM MEDICAL SUPPLY INC. DEPARTMENT OF PATIENT PRIVACY**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
8. **Right to Provide an Authorization for Other Uses and Disclosures:** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorized you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note: We are required to retain records of your care.



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What to expect should you receive a bill from our company

We trust you will find great value in the products you have received. Our company bills CMS according to the 2023 Medicare Fee Schedules when processing your claim. We only bill for the products your physician has prescribed, and you will see those amounts reflected in your Explanation of Benefits you receive from Medicare and your Secondary Insurance Company.

You may, however, be responsible for the deductible and coinsurance amounts not covered by your insurance provider, depending on secondary insurance or financial hardship. You may be invoiced for any remaining balance.

Should you have a remaining balance our company will provide you with four different payment options to choose from, as referenced below. Please allow 4-6 weeks processing time from date of delivery.

- Option #1 – Secondary Insurance
- Option #2 - Pay balance by Credit Card
- Option #3 – Pay balance in installments

Our company bills for products and services in accordance with Medicare fee schedule guidelines.

By accepting, receiving, and electronically signing for products and services delivered by UPS, under penalty of perjury, you have provided true and accurate information regarding the processing of this claim. Proof of delivery is one of the supplier standards as noted in 42 CFR, 424.57(12). Proof of delivery documentation must be made available to Medicare upon request. Your Proof of Delivery signature will include acknowledgment of the following documents:

- CMS Supplier Standards
- Instructions for use (<https://www.drcomfort.com/shoe-care-instructions>)
- Assignment of Benefits
- Protocol for Resolving Complaints
- Equipment Warranty Information
- Beneficiary Information – Rights and Responsibilities
- HIPAA Privacy Notice



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At Quantum Medical Supply Inc, our goal is to deliver our patients with equipment as safely as possible.

In Home Delivery/Pick Up – PPE Requirements

- Delivery technicians bringing equipment to your home are required to wear at minimum a mask; if you are experiencing more complex symptoms additional PPE (personal protective equipment) may be necessary.
- PPE (other than gloves) is disposed of outside of your home. The delivery technician should ask permission to use your outdoor trash receptacle.
- Once gloves are removed hand hygiene (washed with soap and water or use of hand sanitizer if not visibly soiled) should be performed.
- All equipment is wiped down with disinfectant wipes prior to removal from your home.
- If you witness a technician not wearing PPE, disposing of PPE incorrectly, or not wiping down equipment prior to removing it from your home please contact us immediately.
- Proper personal hand hygiene along with social distancing is extremely important in preventing the spread of infectious disease.


If using soap and hot water follow same procedure but at step 8 rinse soap from hands, step 9 dry hands and step 10 turn off faucet with towel.

If your delivery technician did not follow the aforementioned guidelines, please contact us immediately at 561-432-8200.

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED


⌚ Duration of the entire procedure: 20-30 seconds

1a




Apply a palmful of the product in a cupped hand, covering all surfaces;

1b




Rub hands palm to palm;

2




Rub hands palm to palm;

3




Right palm over left dorsum with interlaced fingers and vice versa;

4




Palm to palm with fingers interlaced;

5




Backs of fingers to opposing palms with fingers interlocked;

6




Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

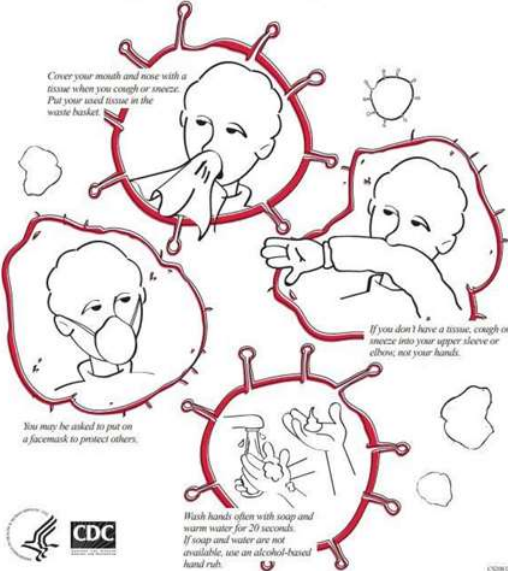
8



Once dry, your hands are safe.

Cover your Cough

— Stop the spread of germs that can make you and others sick! —




Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a facemask to protect others.

Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.





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