



PATIENT / CLIENT INFORMATION

734.522.8531

8:00 am – 5:00 pm

Monday – Friday

313.389.8010

24-Hour Equipment Emergency Number



HEALTHCARE QUALITY ASSOCIATION
ON ACCREDITATION

BILLING & PAYMENT

Michigan Medical Equipment, Inc will accept assignment of benefits of most primary insurance carriers, on behalf of patients for services provided. All Medicare Part "B" claims are electronically submitted for processing. Once Medicare "B" has paid their portion of a claim, Michigan Medical Equipment, Inc will bill supplemental insurance and the patient for any unpaid portion. Third party billing is not an obligation of Michigan Medical Equipment, Inc but rather a service offered to our patients and clients provided we received all necessary approval signatures when the services begin.

Medicare

Michigan Medical Equipment, Inc may accept Medicare Part "B" assignment, billing Medicare directly for 80% of allowable and billing the beneficiary/third party for the 20% co-pay and associated deductibles.

Medicaid

Michigan Medical Equipment, Inc may provide equipment to Medicaid recipient upon verification and approval of coverage status and medical justification. Presentation of your State Beneficiaries Identification Card and personal ID will be required.

Private Insurance

Michigan Medical Equipment, Inc may bill private carriers upon verification and approval of coverage status and medical justification. The patient/client is responsible for providing all necessary insurance information. Presentation of your insurance card and personal identification are required when billing private insurance carriers.

Managed Care

Michigan Medical Equipment, Inc will, upon approval and authorization from the managed care provider, accept assignment of managed care claims for processing once all appropriate identification has been established.

Deductibles & Coinsurance

Deductibles will not be waived. Coinsurance can be waived if the patient can document that they are still in need of the equipment and cannot financially afford to pay for their share. A letter substantiating that the patient is unable to pay must be written and signed by the patient.

REIMBURSEMENT

Deductible

The Medicare Part "B" deductible is currently \$203 per calendar year. The deductible is taken from claims in the order Medicare processes them, not necessarily in service date order. The Medicare Part "B" deductible is satisfied only once per calendar year, regardless of the number of claims filed or carriers involved. The deductible is satisfied by using Medicare's allowed charges, which does not always equal the actual charge billed by the supplier. Our claims are filed the same day of each month as long as the equipment is in the home, and for this reason our bills enter Medicare's system before the doctor's office.

Patient Liability for Non-Covered Services

When assignment is accepted or not accepted on a claim, suppliers may bill beneficiaries for services that are denied as non-covered services. While assignment agreement prohibits suppliers from collecting more than Medicare's allowable charge for covered services, it does not prohibit billing for non-covered services. Billing for non-covered services applies to services that are never covered by Medicare.

When accepting assignment, before furnishings services which a supplier believes are excluded coverage as not “reasonable and necessary” that supplier will inform the beneficiary of the non-covered services. The supplier will then inform the patient of the charge of the item. It will be necessary to have a waiver of liability signed to protect the company against possible liability for the service under the waiver of liability provision.

Necessity & Reasonableness

Although an item may be classified a Durable Medical Equipment, it may not be covered in every instance. The equipment must also be necessary for treating the illness or injury to be considered covered. Furthermore, when the type of equipment furnished substantially exceeds what is required for the treatment of the illness or injury involved, payment will be reduced to the least expensive equipment that will meet the patient’s needs.

EMERGENCY PREPAREDNESS

Thank you for choosing Michigan Medical Equipment as your provider of home medical equipment and supplies! Each of our staff members is specially selected and highly trained in providing the best possible service.

It is the intent and mission of Michigan Medical Equipment, Inc. to provide all our patients/clients with uninterrupted service. In the event of a natural disaster (e.g., tornado, blizzard or ice storm) you may experience a power failure or loss of the use of your medical equipment.

Where it is possible and indicated we will provide a back up system for your use during a power failure. If you are an oxygen patient, you will receive oxygen cylinders that are sufficient for at least three hours. If you have a hospital bed, there are mechanisms to manually operate the bed. In order to facilitate our ability to respond to your needs in a timely manner, please keep our **24-hour emergency telephone number 313-389-8010** handy for equipment related emergencies.

In addition, we request a second phone number as our emergency contact. This should be a family member or neighbor that we could call regarding your status if we are unable to get in touch with you.

As a precaution, Michigan Medical Equipment advises that you develop a plan of action in the event you lose power, or your environment becomes unsuitable. This can be as simple as arranging with a family member to stay at their home during an emergency.

If you are supplied with a back-up oxygen system, please store it in a readily accessible location and restrict its use to emergency situations. You should check the function of the oxygen system at least monthly. Please contact Michigan Medical Equipment if your system does not work, if you need a refill or have any questions regarding its use.

If you have any questions regarding your preparations for an emergency, please contact our office.

RESOLVING COMPLAINTS

Michigan Medical Equipment receives grievances and/or complaints from clients and customers in a standardized process. If you should have a complaint, please call the office at 734-522-8531.

PATIENT/CLEINT BILL OF RIGHTS

As an individual receiving home care services, let it be known and understood that you have the following rights:

1. To select those who provide your home care services.

2. To be provided with legitimate identification by any person or persons who enter your residence to provide home care services for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the company who provides treatment or services for you and be free from neglect or abuse, be it physical or mental.
5. To assist in the development and planning of your home care program so that it is designed to satisfy, as best as possible to your current needs.
6. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another home care provider, or the termination of service.
7. To express concerns or grievances or recommend modifications. To your home care service without fear of discrimination or reprisal. The Medicare hotline number is 866-238-9650.
8. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments and risks of treatment.
9. To receive treatment and services within the scope of your home care plan, promptly and professionally, while being fully informed as to company policies, procedures and charges.
10. To refuse treatment and services with the boundaries set by law, and to receive professional information relative to the ramifications of consequences that will or may result due to such refusal.
11. To request and receive the opportunity to examine or review your medical records.

RETAIL PRICE LIST

Oxygen Concentrator	\$150 per month rental
HomeFill System	\$150 per month rental
Full Electric Hospital Bed	\$120 per month rental
Standard Wheelchair	\$45 per month rental
Reclining Wheelchair	\$75 per month rental
Nebulizer	\$90 purchase
2-Wheel Walker	\$65 purchase
4-Wheel Walker	\$150 purchase

Prices do not reflect discounts that may be given to certain insurance companies including Medicare.

CAPPED RENTAL BENEFITS

“Capped rental” means that Medicare pays a monthly rental payment to Michigan Medical Equipment, Inc., up to a certain number of months of continuous use while the equipment or service is still needed by the patient. The maximum number of months is called the “capped” level. Medicare will reimburse Michigan Medical Equipment, Inc., for up to 13 months of continuous use. Once all 13 months of Medicare payments have been made and all applicable Copay and Deductibles have been met, you will own the equipment. If the patient passes away or does not need the equipment before the end of the 13th month, then the equipment must be returned to Michigan Medical Equipment, Inc. If the patient goes onto hospice or into a Skilled Nursing Facility within the 13 month time frame, then the equipment must be returned to Michigan Medical Equipment, Inc.

EQUIPMENT RETURNS

Michigan Medical Equipment, Inc., will 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 the beneficiaries.

EQUIPMENT WARRANTY INFORMATION

All equipment that Michigan Medical Equipment, Inc. sells, or rents comes with a minimum one-year warranty or longer depending on manufacture warranty.

Michigan Medical Equipment will notify all Medicare beneficiaries of warranty coverage, and we will honor all warranties under applicable law.

Michigan Medical Equipment 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 the manual is available.

NOTICE OF PRIVACY PRACTICES

NOTICE EFFECTIVE DATE: January 1, 2021

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.

Contact Information

If you have questions about this notice, please contact Privacy Officer, Ryan Terwilliger, at Michigan Medical Equipment, Inc 734-522-8531.

Our Pledge Regarding Your Medical Information

We understand that information about you and your health is personal and we are committed to protecting this information. A record of the services and products you receive from Michigan Medical Equipment, Inc is created and maintained in order to provide you with quality services and to comply with certain legal requirements. This notice applies to all records of your care created or maintained by Michigan Medical Equipment, Inc. Your record may include documents provided to Michigan Medical Equipment, Inc by your insurance company or treating physician.

This notice will tell you how we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of this information.

How We May Use and Disclose Your Health Information

The following categories describe different ways that we may use and disclose health information. For each category we will explain what we mean and, in some instances, provide an example. Not every use or disclosure will be listed. However, all the ways we are permitted to use and disclose health information will fall within one of the following categories.

Treatment

We may use your health information in the normal course of providing you with necessary services or supplies. For example, we may review your health information in order to provide you with services or supplies prescribed by your physician. We may also disclose your health information to people outside of Michigan Medical Equipment, Inc who are involved with us in providing services or supplies to you.

Payment

We may use and disclose your health information to others for purpose of receiving payment for the services or supplies you receive. For example, a bill may be sent to you or an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and the service or supplies provided.

Healthcare Operations

We may use and disclose your health information for operational purposes, that is, for use by Michigan Medical Equipment, Inc staff other than those providing services or supplies. For example, your health information may be used by our quality improvement department to evaluate the performance of our staff, assess the quality of care and outcomes in your case and in similar cases and to determine how we may continually improve the quality and effectiveness of the services we provide. At times, we may remove identifiers from your health information so others may use the anonymous information to study healthcare delivery.

Appointment Reminders/Contacts

We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or to discuss with you an order of supplies. We may also sue and disclose your health information in order to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may release your health information to a friend or family member who is involved in your care or helps pay for your care.

Research

We may use or disclose your health information for research purposes pursuant to your signed authorization, or with institutional review board or privacy board approval.

As Required by Law

We will disclose your health information when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We will disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the general public.

Government

If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may release your health information to authorized federal officials for national security activities authorized by law.

Public Health Risks

We may disclose your health information for a number of public health activities. These include disclosures:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report adverse events, product defects or problems, to track products, to notify patients of product recalls, and to conduct post-marketing surveillance as required by the Food and Drug Administration;
- To notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance;

- To notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition; and
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight

We may disclose your health information to a health oversight agency for health oversight activities authorized by law, which may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, search warrant, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement

We may disclose your health information if asked to do so by a law enforcement official:

- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death if there is reason to believe it may be the result of criminal conduct;
- About criminal conduct at any of our facilities; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners/Medical Examiners/Funeral Directors

We may disclose your health information to a coroner, medical examiner or funeral director to assist them in performing their duties.

Other Uses or Disclosures

Uses or disclosures of your health information other than those identified in this notice will be made only with your written authorization. You may revoke that authorization at any time.

Your Health Information Rights

You have the following rights regarding your health information:

- To request restrictions/limitations on certain uses and disclosures of your health information. However, Michigan Medical Equipment, Inc is not required to agree to such a request;
- To request that we communicate with you about health matters in certain way. For example, you can ask that we only contact you at work or by mail;
- To inspect and obtain a copy of your health record;
- To request an amendment incorrect or incomplete information in your health record; and
- To receive an accounting of certain disclosures made to entities outside of Michigan Medical Equipment, Inc

All requests must be submitted in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and its practices. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. In addition, each time you receive a delivery, we will offer you a copy of the current notice in effect.

GENERAL HOME SAFETY TIPS

Equipment Operation

- Follow the provided instructions for operating the equipment.
- Never reset, bypass, or cover alarms, and be sure alarms are not covered up when the device is carried in a bag.

Fire Safety

- Install smoke detectors in the home. Test them monthly & change the batteries twice a year.
- Identify doors, windows, or alternative exits that may be used in a fire.
- Post the fire department's phone number by each phone.
- Purchase a fire extinguisher and ensure that family members know how to use it.
- Be careful with smoking materials.
- Never use oxygen in the presence of smoking materials or open flames.

Electric

- Use approved surge protectors rather than extension cords when possible.
- Do not stretch electrical cords across walkways where they may present a tripping hazard.
- Arrange furniture so that outlets may be used without an extension cord.
- Do not set furniture on top of electrical cords. The cord could become damaged and create potential fire and shock hazards.
- Do not run electrical cords under carpeting as it may cause a fire.
- Do no overload outlets.
- Use a light bulb of the correct type and wattage to avoid overheating and potential fire hazards.
- Keep heaters away from passageways and flammable items (curtains).

Lighting

- Make sure stairways are clearly lit from top to bottom so that each step is visible.
- Install light switches at the top and bottom of the stairs.
- Keep a flashlight close at hand.
- Motion sensors that activate lighting in outdoor environments may offer safety and security.

Floors

- Remove loose carpeting or throw rugs that slide.
- Secure rugs and runners by attaching double-faced carpet tape or rubber matting to the underside.
- Be sure that handrails run from the top to the bottom of a flight of stairs.
- Make sure there are no bulges in floor coverings.

Telephone

- Place a phone where it would be accessible in case of an accident.
- Post emergency numbers and the residence address near each phone.

Bathrooms

- Install a nightlight in the bathroom.
- Apply non-slip strips on shower and bathtub floors.
- Avoid water temperatures higher than 120 degrees to avoid scalding.
- Install grab bars to help patients/clients get in and out of the tub and shower.

MEDICARE DMEPOS SUPPLIER STANDARDS

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly; or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.