

Welcome Packet for CPAP/BiPAP



(888) 606-8778 - Call or Text

(248) 353-4260 - Fax

hartmedical.org - Shop 24/7



Table of Contents

Welcome to Hart.....	2
Hart's PAP Training Locations.....	3
Bill of Rights and Responsibilities.....	4
Medicare Supplier Standards.....	5
Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification.....	5
After Hours/Emergency Service.....	5
Privacy Notice.....	6
How We May Use and Disclose Health Information about You.....	7
Complaint Policy.....	8
Customer Communication Log.....	8
Billing and Payment Policies.....	10 - 11
Infection Control in the Home.....	11
Deliveries and Services.....	12
Emergency Preparedness.....	12
Hart Medical Equipment Services.....	13
CPAP/BiLevel Patients.....	14 - 15
Basic Cleaning Instructions.....	15
Replacing Supplies.....	15
Helpful PAP Products.....	16
Registering for myAir™	17
PAP Set-up Checklist	18
Physician Fax Notification	20
HealthCall Patient Satisfaction Survey.....	Back Cover

Welcome to Hart Medical Equipment

Hart Medical Equipment cares deeply about the people in the communities we serve. We are an extension of the care provided by physicians, nurses, and clinicians. We strive to conduct our patient operations with the highest standards to ensure comfort, independence, and quality of life.

Patient health, safety, and satisfaction are our top priorities. Our clinical, respiratory, delivery, billing, operations, and education teams work together to provide quality medical equipment and supplies with exceptional service.

Not only do we have numerous locations spanning Michigan and Ohio, we also ship over 23,000 products throughout the country from our website hartmedical.org, where patients can use their card or insurance.

Should you have a question or need help, Hart makes it easy to get in touch.

Online

Chat at hartmedical.org
M-F 8:00 a.m. to 7:00 p.m. EST
Sat-Sun 8:30 a.m. to 5:00 p.m. EST

Email

info@hartmedical.org

Phone

Call or Text
(888) 606-8778

In Person

Local Hart Showrooms
hartmedical.org/locations

Please add Hart's contact information to your phone to ensure you are able to receive calls and important updates. Please scan the QR code below or visit hartmed.org/contact, then click "Save Contact."



Hart makes life simpler with AutoPay



Automatic

Never worry about missing a bill again. Hart will process your payment when it comes due. AutoPay allows us to charge a credit/debit card, checking account, or FSA/HSA on a monthly basis for an agreed upon monthly amount until payment is made in full.



Secure

Rest assured, we will never share your payment information with anyone, and our payment partners utilize state of the art encryption and security measures to ensure your information stays safe and confidential. Once we enter your information, it is stored at the bank.



Billing

After we bill your insurance(s), we run your payment, not to exceed your prearranged payment amount. Signing up for autopay reduces overpayments and late bills.

To set up AutoPay, call or text (888) 606-8778.

PAP Training Locations

PAP setups are performed **by appointment only** at one of these locations:

Bowling Green

1204 W Wooster St, Ste 5
Bowling Green, OH 43402
(419) 352-7021

Cheboygan

994 S Main St, Ste A
Cheboygan, MI 49721
(231) 625-3050

Clinton Township

16151 19 Mile Rd, Ste 105
Clinton Township, MI 48038
(586) 859-4042

Essexville / Bay City

1454 W Center Rd, Ste 3
Essexville, MI 48732
(989) 316-7280

Findlay

1801 S Main St
Findlay, OH 45840
(419) 423-9712

Flint

2316 S Ballenger Hwy, Ste L
Flint, MI 48503
(810) 406-4444

Fremont

1211 Oak Harbor Rd
Fremont, OH 43420
(419) 332-4938

Gaylord

829 W Main St, Ste F
Gaylord, MI 49735
(989) 748-6170

Lansing

6250 S Cedar St, Ste 17
Lansing, MI 48911
(517) 489-5350

Maumee

5757 Monclova Rd, Ste 7
Maumee, OH 43537
(419) 891-4046

Petoskey

2375 Charlevoix Ave
Petoskey, MI 49770
(231) 753-7200

Port Huron

2001 Holland Ave, Ste A
Port Huron, MI 48060
(810) 982-0700

Rochester Hills

1135 W University Dr, Ste 325
Rochester Hills, MI 48307
(248) 650-4560

Southfield

21651 Melrose Ave
Southfield, MI 48075
(248) 304-4540

West Bloomfield

6777 W Maple Rd, Room 60-01
West Bloomfield, MI 48322
(248) 862-7214

To schedule an appointment, please call or text **(888) 606-8778**.

For other Hart locations, please visit hartmedical.org/locations.

Bill of Rights and Responsibilities

You have the right...

- To be informed of and to exercise your rights as explained here
- To be treated with dignity, courtesy, and respect for your rights in the provision of care or service without discrimination. To receive service/care that is free from mistreatment, neglect, exploitation, misappropriation of property, and verbal/mental/physical/sexual abuse
- To receive appropriate care in accordance with orders from the physician (or other properly credentialed prescriber)
- To be provided care and service in a timely manner, receive a timely response from a Hart representative when assistance is needed, and have available a 24-hour emergency call number for assistance by qualified personnel
- To make informed decisions regarding care or service, to participate in the development and periodic revision of the plan of service/care, and to be informed of anticipated outcomes of service/care
- To receive information about the scope of services that the organization will provide and specific limitations on those services
- To informed consent and refusal of service/care after the consequences are presented
- To choose whether or not to participate in research, investigational or experimental studies or clinical trials
- To have complaints/grievances heard, investigated, and if possible, resolved without reprisal
- To confidentiality, privacy, and security, and to be advised on Hart's policies and procedures regarding the disclosure of clinical records
- To have communication needs met
- To have property respected
- To be informed of financial benefit, if any, to the referring organization when the patient is referred to another organization, service, or individual
- To be informed in advance of charges including payment for service/care expected from third parties and any charges for which the patient will be responsible
- To be able to identify staff members through proper identification
- To choose a health care provider
- To be fully informed of your responsibilities as explained below

You are responsible for...

- Notifying Hart when you will not be available for scheduled services/visits
- Notifying Hart if additional equipment and/or supplies will be needed
- Participating as agreed in the plan of care and treatment
- Notifying Hart of changes of address and/or telephone number
- Notifying Hart of any change in condition
- Notifying Hart of any change in physician orders
- Notifying Hart of any change in physician
- Notifying Hart of any change in insurance coverage
- Notifying Hart of needed medical equipment repair for rental equipment or items under warranty
- Notifying Hart when service or equipment is no longer needed so that pick-up of equipment can be arranged
- Notifying Hart of any undue incident involving staff or equipment
- Properly caring for and maintaining rental equipment and returning rental equipment in good working condition
- Making payment arrangements to cover the costs of services rendered in accordance with applicable deductibles and coinsurance amounts
- Meeting your applicable insurance deductible at the beginning of every benefit year regardless of when the rental equipment was delivered. Rental cycles often span multiple benefit years, therefore additional deductibles may apply
- Making payment arrangements for any services/equipment not covered by insurance

Medicare DMEPOS Supplier Standards

The products and/or services provided to you by Hart Medical Equipment are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained from the U.S. Government Printing Office website: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-424/subpart-D/section-424.57>
We will furnish you a written copy of the standards upon request.

Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification

For services on or after January 1, 2006

I received instructions and understand that Medicare defines the equipment that I received as being either a capped rental or an inexpensive or routinely purchased item. (*Oxygen and ventilators are excluded from these categories.*)

For Capped Rental Items: Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary. After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair. Examples of this type of equipment include: hospital beds and mattresses, wheelchairs, alternating pressure pads, low air loss mattresses, nebulizers, suction pumps, enteral feeding pumps, CPAP/BiLevel devices, patient lifts, and trapeze bars.

For Inexpensive or Routinely Purchased Items: Equipment in this category can be purchased or rented; however the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount. Examples of this type of equipment include: canes, walkers, crutches, commode chairs, home blood glucose monitors, seat lift mechanisms, bed side rails, and traction equipment.

Non-Medicare Patients: Although the information above specifically mentions Medicare, many insurance companies have their own capped rental items. The rental periods vary by payer but are generally between 10 and 13 months in length. If at any point you would like to know the rental/ownership status of your equipment, please contact our Billing Department at (810) 406-4450, and a Hart employee will look into your account to determine that information for you.

After Hours/Emergency Service

When renting or for products under warranty, Hart ensures back-up equipment, maintenance, or replacement when an equipment malfunction occurs. It does so by providing access to emergency personnel 24 hours a day, 7 days a week. Equipment may be considered standard, emergent, or non-emergent.

- Standard equipment are devices that are not considered life sustaining; however, the device is used on a daily basis. It includes but is not limited to hospital beds and mattresses, patient lifts, wheelchairs, and wound pumps.
- Emergent equipment are devices that are considered life sustaining and includes oxygen, ventilators, suction, PAP machines with respiratory rates, cough assists, enteral pumps and supplies, apnea monitors, and bilirubin lights.
- Non-emergent equipment are devices that may or may not be used on a daily basis, and the patient can wait until regular business hours for service. This includes CPAP/BiLevel and supplies, ambulatory aids, commodes, diabetic meters and supplies, nebulizers and supplies, and medical/surgical supplies.

Medical equipment maintenance service or replacement will be completed within 24 hours of a call when no back-up medical equipment has been placed in the patient's residence. Emergent medical equipment provided by Hart Medical Equipment will be serviced or replaced within four hours of a reported event. In the event Hart Medical Equipment cannot meet the four hour response time for emergent equipment and no back up equipment is available in the home or the patient needs immediate medical help, patients will be advised to call 911 or go to the nearest emergency room for care. For all patients with oxygen concentrators, a back-up supply of oxygen is given to each patient to ensure no interruption in prescribed oxygen use. Hart considers its maximum response time when evaluating the required amount of back-up oxygen needed. Hart will ensure the back-up oxygen system provides continuing support for a minimum of two times the delivery time at the prescribed rate, frequency, and duration.



Privacy Notice

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Hart Medical Equipment Pledge Regarding Protected Health Information (PHI)

Hart Medical Equipment understands that health information about you is personal. We are committed to protecting Protected Health Information (PHI) about you. We need this information to provide you with quality care and comply with certain legal requirements. This notice applies to all of the records about you generated by Hart Medical Equipment.

We will not use or disclose your PHI without your consent or authorization except as provided by law or otherwise described in this notice. We are required by law to accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations and will notify you if we are unable to agree to a requested restriction.

Hart Medical Equipment reserves the right to make changes to this notice and to our privacy policies from time to time. Changes adopted will apply to any PHI we maintain about you. Hart Medical Equipment is required to provide this notice and abide by the terms of our notice currently in effect.

Your Protected Health Information (PHI) Rights

Although your health record is the physical property of Hart Medical Equipment, the PHI contained in the record belongs to you. You have the right to:

Inspect and Copy: You have the right to inspect and obtain a copy of your PHI. Such a request must be made in writing. This right is not absolute and in some cases we may deny access. We may charge a fee for the cost of copying, mailing, or other services associated with your request.

Amend: You have the right to request to amend your PHI. Such a request must be made in writing.

An Accounting of Disclosures: You have the right to request an accounting of uses and disclosures of your PHI. An accounting does not include disclosures associated with treatment, payment, and health care operations, disclosures made pursuant to an authorization, disclosures required by law, incidental disclosures, or some other disclosures. This request must be in writing and pertain to a specific time frame of less than six (6) months. We will act upon the request for an accounting no later than 60 days after receipt of your written request, but may extend this time frame an additional 30 days under certain circumstances. You may have one accounting per year free of charge, but will be charged a reasonable fee for any additional accountings.

Right to Request Restrictions of Uses and Disclosures: You have the right to request a restriction of the PHI we use or disclose about you however, we may refuse to accept the restriction, unless the requested restriction involves a disclosure that is not required by law to a health plan for payment or health care operation purposes and not for treatment, and you have paid for the service in full, out-of-pocket. You also have the right to request a limit on the PHI we disclose to someone who is involved in your care or the payment for such care. If we do agree with your request, we will comply unless the information is needed to provide you emergency treatment. Such a request must be made in writing.

Request Confidential Communications: You have the right to request communications of your PHI by alternative means or at alternative locations. We will accommodate reasonable requests that are submitted in written form and specify how and where you wish communication.

Revoke Your Authorization: You have the right to revoke your authorization to Hart Medical Equipment to use or disclose PHI about you. Your revocation will be honored to the extent that action has not already been taken and as otherwise provided by law. Revocation must be submitted in writing.

Paper Copy of This Notice: The most current Notice of PHI Practices will be posted in visible areas of Hart Medical Equipment. You will also receive a paper copy of the Notice of Health Information Practices and can request an additional copy if needed.

Make a Request, Report a Concern, File a Complaint, or Request More Information: To obtain forms or to exercise any of your rights described in this notice, you must send written request to: HIPAA Compliance Officer, Hart Medical Equipment 5445 Ali Drive, Suite C, Grand Blanc, MI 48439. If you have questions and would like additional information, or would like to report a concern please contact Hart Medical Equipment during normal business hours, at (888) 606-8778. If you believe that your privacy rights have been violated, you can file a complaint with our Compliance Officer. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

How We May Use and Disclose Health Information about You

The following categories describe different ways that we use and disclose PHI about you. Not every use or disclosure in a category will be listed.

For Treatment: We may use PHI about you to plan your care and provide for medical treatment or services. We may disclose PHI to your treating physician(s), or other health care provider(s) rendering services to you. For example: information obtained by our staff will be recorded in our record. Your physician may sign orders for your care or provide other communications. This information becomes a legal document describing the care you received and is part of your health records.

For Payment: We may use and disclose PHI about you so that third party payers can verify that you actually received the services billed for and to verify your benefits. We may use and disclose PHI about you so that the medical care and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example: the information on or accompanying the bill may include information that identifies you, as well as your diagnosis, care provided, and supplies used. In the event that payment is not made, we may also provide limited information to collection agencies, attorneys, credit reporting agencies, and other organizations as are necessary to collect payment for services rendered.

For Health Operations: We may use and disclose PHI about you for purposes of health care operations. We may use PHI as a source of data for facility planning, community outreach, and to continually work to improve the care we render and the outcomes we achieve. These uses and disclosures are necessary to run the company and help make sure that all of our clients receive quality care. For example: for the purposes of quality we may use information in your health record to assess the care and outcomes in your case and others like it.

Business Associates: We may disclose your PHI to our business associates so they may perform the job we have asked them to do. To protect your PHI, we will require the business associate to appropriately safeguard your information. There are some services provided at Hart Medical Equipment through contracts with business associates. For example: collection agencies and medical storage companies.

Research: We may disclose PHI to researchers when their research has been approved using established protocol to ensure the privacy of your PHI.

Funeral Directors: We may disclose PHI to funeral directors consistent with applicable law to carry out their duties.

As Required by Law: We will disclose PHI about you when required by federal, state, or local law. This includes disclosures required to the Department of Public Health, which is responsible for preventing or controlling disease, injury, or disability. It also includes disclosure for law enforcement purposes as required by law or in response to a valid subpoena.

Worker's Compensation: We may release PHI about you to the extent authorized by, and to the extent necessary to comply with laws relating to worker's compensation.

Organ and Tissue Donation: If you are an organ donor, we may release PHI about you to organizations that handle organ procurement or transplantations.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and certification. These activities are necessary for the government, accreditation, and licensing bodies to monitor the health care system.

Community Resources: We may use and disclose PHI about you to make referrals for discharge planning, or other community resources. Examples include, but are not limited to; infusion, medical equipment companies, hospice, certified home care, and nursing homes or other health related services.

De-identified Information and Limited Data Set: Hart Medical Equipment may use and disclose PHI that has been "de-identified" by removing certain identifiers making it unlikely that you could be identified. Hart Medical Equipment also may disclose limited PHI, contained in a "limited data set." The limited data set does not contain any information that can directly identify you. For example, a limited data set may include your city, county and zip code, but not your name or street address.

Non-Described Purposes

For purposes not described above, including uses and disclosures of PHI for marketing purposes and disclosures that would constitute a sale of PHI, Hart Medical Equipment will ask for your written authorization before using or disclosing your PHI. If you signed an authorization form, you may revoke it, in writing, at any time, except to the extent that action has been taken in reliance on the authorization. Other uses and disclosures of PHI not covered by this notice will be made only with your written permission.

Breach Notice

Hart Medical Equipment is required to provide patient notification if it discovers a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.



Complaint Policy

Hart promotes open communication between patients and staff. Patients are free to voice their complaint regarding policies, care, or services and recommend changes without coercion, discrimination, reprisal, or unreasonable interruption of care or services. Hart receives, investigates, and responds to all complaints and recommendations received from patients. To assist in accommodating feedback needs of our patients a feedback form is located below. You may also voice concerns to the Accreditation Commission for Healthcare at (919) 785-1214, The Michigan Dept. of Licensing and Regulatory Affairs Board of Pharmacy at (517) 335-0918, The State of Ohio Board of Pharmacy at (614) 466-4143, and/or Medicare at (800) 633-4227.

Customer Communication Log

At Hart we genuinely strive to provide the highest quality in available home care services for our patients and their families. That is why your concerns are our concerns. To ensure that our service meets your total satisfaction, we ask you to completely describe any problem, concern, or compliment you may have.

This completed form will be routed directly to the manager, who will promptly review the form. If you submit a problem or concern, the manager will make verbal or written communications with you to assure you the problem has or is being addressed.

We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our many valued customers.

Customer Name: _____ Insurance ID #: _____

Customer Address: _____

Customer Telephone #: _____ Date of experience: _____

Description of problem/concern/positive experience: _____

Action taken to resolve concerns/complaints: _____

**Mail to: Hart Medical Equipment
Attn: Corporate Compliance Dept.
2284 S Ballenger Hwy, Ste A
Flint, MI 48503**

Email to: CorporateCompliance@hartmedical.org

Hart Employee: Attach this form to the Communication Form (ADFM026) and follow the Corrective Action Policy (ADOP008) for completion.

This page intentionally left blank because pages 8/9 are to be perforated.

Billing and Payment Policies

Hart Medical Equipment will accept assignment of benefits for 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, Hart will bill supplemental insurances and the patient for any unpaid portion. Third party billing is not an obligation of Hart Medical Equipment but rather a service offered to our clients provided we receive all necessary approval signatures when the service begins.

Medicare:

Hart Medical Equipment will accept Medicare Part “B” assignment for most services, billing Medicare directly for 80% of the allowable and billing the beneficiary or a third party for 20% co-pay and associated deductibles.

Medicaid:

Hart Medical Equipment may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification. Presentation of your State Beneficiaries Identification Card and personal identification will be required.

Private Insurance:

Hart Medical Equipment may bill private insurances 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:

Hart Medical Equipment will, upon approval and authorization from the contracted managed care provider, accept assignment on most services of managed care claims for processing once all appropriate identification has been established.

Waiver of Deductible and Coinsurance:

A patient’s deductible will not be waived under any circumstance. A small payment each month will suffice if full payment cannot be made at the times of service.

The coinsurance may be waived only on rental items if the patient has been billed more than three times, and can document that they are still in need of the equipment and cannot financially afford to pay for their share of the rental. A Hart Medical Equipment financial assistance form must be completed and letter substantiating that the patient is unable to pay must be written and signed by the patient. Patients must also understand that if at any time their ability to pay changes, they are obligated to fulfill their financial obligation.

Reimbursement Deductible:

The Medicare Part “B” deductible is taken from claims in the order that Medicare processes them, not necessarily in service date order. The Medicare Part “B” deductible is satisfied by using Medicare’s allowed charges, which does not always equal the actual charges billed by the supplier. At the beginning of each year, you may be requested to pay Hart Medical Equipment your Medicare deductible amount. 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 often before the doctor’s office or hospital.

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 their insurance’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 one’s insurance such as services that are occasionally denied as “not medically reasonable and necessary.”

Billing and Payment Policies, continued

When accepting assignment before furnishing services which a supplier believes is excluded from coverage as not “reasonable and necessary”, the supplier will inform the beneficiary of the non-covered services. For services rendered prior to receiving documentation to determine if services are excluded from coverage, the supplier will then inform the patient of the charge for this item. It will be necessary to have a waiver for liability signed to protect the supplier against possible liability for the service under the waiver of liability provision.

Necessity and Reasonableness:

Although an item may be classified as Durable Medical Equipment (DME), it may not be covered in every instance. The equipment must also be necessary and reasonable for treating the illness and injury, or must improve the functioning of a malformed body part in order to be considered covered. Payment of equipment that does not reasonably perform a therapeutic function for an individual cannot be authorized. 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.

Signature Requirements:

The supplier may obtain from the patient and retain on file a lifetime authorization for the submission of equipment rental and/or purchase claims in the patient’s behalf. When a beneficiary’s signature is required and he/she is unable to sign, we can accept the following:

- A delivery ticket, education materials, assessments, or other Hart Medical Equipment documents signed and witnessed by another person.
- An Assignment of Benefits (AOB) signed by another person. The person signing should sign the patient’s name, his/her own name, and relationship to the patient.

Durable Medical Equipment Medicare Contractor:

In an attempt to provide greater efficiency in Medicare programs as they apply to Durable Medical Equipment (DME), which includes Oxygen, Nebulizers and CPAP/BiLevel equipment, effective October 1, 1993, the Health Care Financing Administration (HCFA) awarded contracts to four health care carriers, and in 2016 it was decreased to two carriers for the four regions. These carriers are referred to as Durable Medical Equipment Medicare Administrative Contractors or DME MACs.

Each DME MAC covers a specific geographic region of the country. Payment for DME claims, under this regional carrier system, will only be made to you or to your supplier. Remember these four DME MACs process Medicare claims only for DME.

Returns:

Merchandise may be accepted for exchange or refund within 30 days of purchase when accompanied by sales receipt. To receive a refund, item must be new and in the original packaging. Refunds are subject to management discretion. To ensure the safety of all of our Hart Medical Equipment patients, oxygen contents, enteral nutrition products, hygiene/toilet products, and disposable supplies ARE NOT accepted for return, refund, or credit. If you received a substandard or inappropriate item that was covered by your insurance at the time it was fitted, rented, or sold, contact Hart Medical Equipment to determine your options for return or replacement.

Infection Control in the Home

Controlling the spread of illness or infections is important. When a person coughs or sneezes, body fluids/droplets are sprayed into the air. These droplets may spread illness from one person to another. Infections may also be spread through contact with surfaces that have been contaminated with body fluids. Maintaining a clean environment and disinfecting frequently touched surfaces helps to keep infections under control. Always wash hands (scrub for 20 seconds or sing the ABC song) when working with equipment or supplies and after completing procedures. Additional infection control measures:

- Avoid clutter as it can be a fall, fire, or infection control risk.
- Disinfect frequently touched surfaces such as doorknobs, light switches, counter tops, remotes, etc.
- Wear gloves when possible for cleaning up after pets; i.e., litter boxes, and aquariums.

Deliveries and Services

Deliveries:

To order oxygen tanks, please visit hartmedical.org/exchange to fill out the Oxygen Service Request Form or chat with a Hart representative online via Live Chat at hartmedical.org, and they will help place an order for you. You may also call or text Hart Medical Equipment 24 hours in advance for routine and repeat orders for enteral nutrition, ventilator, and tracheostomy supplies to ensure available inventory for your delivery. Standard deliveries are made Monday-Friday, 9:00 AM-5:00 PM. Please allow 2-3 business days for shipped items.

Rental Equipment:

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided by the initial set-up. Service, parts, and labor are provided free of charge on active rental equipment or if still under manufacturer warranty (except in the case of misuse or abuse). If the rental equipment has been damaged through misuse or abuse, the maintenance and repair costs become the patient/client responsibility. Rental equipment becomes patient owned once the number of months on rental meet your insurance company's purchase price. If you are unsure if your equipment is still renting, contact Hart's Billing Department at (810) 406-4450 for more information.

Purchased Equipment:

New or used equipment for purchase or rental covered by an insurance payer is subject to the manufacturer's warranty from the date of initial set up for the specific patient. Refer to the warranty information provided with the item at the time of purchase. Used equipment purchased from Hart by an individual versus an insurance has a 90-day warranty on parts and labor.

Service and Repair:

Service and repair on equipment purchased from Hart Medical Equipment that is no longer covered by manufacturer's warranty will be subject to current labor charges. The customer will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with maintenance instructions and how to obtain any necessary services. All service and repair must be scheduled by calling our office at (888) 606-8778 during regular business hours.

Emergency-Preparedness

Hart has an emergency-preparedness plan to provide continuing care or services in the event of an emergency that interrupts patient care or services and encourages you to do the same.

Your emergency-preparedness planning should include:

- Having someone designated to check on you if an emergency situation occurs
- Determine a primary evacuation route and alternatives
- Arrange for a friend or relative in another town to be a communications contact for the extended family
- Make a habit of tuning in to daily weather forecasts and be aware of changing conditions
- Find out where the main utility switches are and assign someone to turn them off in an emergency or disaster
- Have a flashlight nearby and extra batteries for power outages
- Keep extra blankets on hand if the heat goes off
- Try to keep a back-up supply of medications on hand and rotate them so they don't expire
- If you have oxygen or other medical equipment, be sure you have a back-up source in case of a disaster
- Always keep a list of emergency phone numbers on hand, including the number for your medical equipment supplier

Hart Medical Equipment Services

Respiratory Therapy

Oxygen Home Use Systems

- Oxygen Concentrators
- Oxygen Gas Cylinders
- Airvo High Flow Oxygen
- Nebulizers

Oxygen Portable Systems

- Home Fill Systems
- Small Gas Cylinders with Conservers
- Portable Oxygen Concentrators
- Portable Liquid Oxygen
- O₂ Rolling Carts, Totes, & Bags

Sleep Therapy

- CPAP/BiLevel
- Ventilators
- CPAP Pillows
- Nasal Pillows & Cushions
- CPAP Sanitizers

Ventilators

- Non-Invasive Ventilators
- Invasive Ventilators

Other

- Cough Assists, Suction Devices
- Percussive Vest

Specialty Products

- Ostomy
- Speech Generating Devices
- Wound Care Supplies
- Phototherapy
- Breast Pump
- Mastectomy
- Nutritional Formula

Urology Products

- Intermittent Catheters
- Foley Catheters
- Closed System Catheters
- Urology Collection
- Incontinence Products

Diabetes & Therapy Supplies

- Glucose Monitors
- Diabetic Shoes, Insoles, & Socks
- Test Strips & Lancets
- Foot & Skin Care Products
- CGM & Insulin Pumps

Bath Safety

- Grab Bars & Tub Rails
- Bath Benches & Chairs
- Transfer Benches
- Toilet Safety Frames
- Raised Toilet Seats

Mobility & Ambulatory Products

- Standard Wheelchairs
- Walkers
- Crutches & Canes
- Scooters
- Accessories

Lift Chairs

- Lift Chairs
- Uplift Power Seats
- Lift Chair with Massage
- Lift Chair with Heat

Patient Room

- Beds
- Bedside Tables & Commodes
- Patient Lifts & Trapezes
- Pressure Support Surface
- Pillows & Cushions

Orthopedic Support & Rehab Products

- Off-the-Shelf Bracing
- Custom Braces
- Hot/Cold Therapy
- Moist Heating Pads
- Cushions

Compression Support

- Ready to Wear Stockings
- Anti-embolism Stockings

CPAP/BiLevel Patients

You have been tested for sleep disorders and determined to benefit from a PAP device. The pressure(s) necessary to benefit your disorder were established by your doctor and have been programmed into your machine. Hart Medical Equipment supports your therapy through a variety of new technologies which provide feedback and coaching when issues may arise. The benefits from this therapy can range from improving daytime sleepiness to helping resolve blood pressure, heart arrhythmias, and even diabetic issues. Most patients feel refreshed in the mornings and many users state they have never slept so well!

Sleep research has determined that patients need to wear their equipment a minimum of 4 hours a day continuously to benefit from its use. Your insurance company will want to see your compliance and will provide you a 3 month window to get comfortable with your equipment. The equipment you have received has internal memory which can be downloaded to provide your sleep professionals information regarding the quality of your sleep and mask fit, as well as provide your insurance the documents they may require.

It is important that you read the following information and suggestions so you will receive the greatest benefit from using your PAP device.

1. Getting accustomed to wearing a mask during sleep may take some time – for some, up to two weeks. If you are having difficulties, try using it for shorter periods of time and gradually increasing until you are able to use it all night. Naps are a great opportunity.
2. A proper mask fit is important to successful therapy. Contact Hart when you are having discomfort, unable to tolerate, or experiencing air leaks with your mask.
3. Most PAPs used by Hart can provide feedback on mask fittings. If you are a side sleeper, you may have some sealing issues (high leak) – this may be caused by your pillow. There are specialized pillows designed for PAP users that are available through Hart if desired. **See CPAP Pillow**
4. Today's PAP units are very quiet but the mask's exhalation port and hose can transmit some sound. Do not block the exhalation port as this is what purges the carbon dioxide from your mask.
5. Keeping a consistent sleep and wake cycle helps to develop your body's internal clock, sometimes referred to as a circadian rhythm. A balanced internal clock can help you feel awake and refreshed in the morning.
6. Consistent use of your PAP device will allow your body to receive the oxygenation it needs. There are a lot of studies which support the health benefits of using PAP and the improvements of co-morbidities such as diabetes, high blood pressure, and certain heart conditions.
7. Your snoring should be reduced greatly or disappear completely. If at some point your bed partner notices that you are snoring loudly again, please let us know. You may need additional adjustments of the device.
8. Try to place your PAP device in a dust-free area next to your bed. It is important that the filter not be obstructed by bedding, draperies, clothing, etc.
9. If you wake up in the morning with a dry mouth and throat, you may be sleeping with your mouth open. A chin strap or mask that covers the mouth and nose is available to accommodate sleepers who are chronic mouth-breathers.
10. If after 2-3 weeks of attempting to regularly use your PAP device you continue to experience irritation of your nose, please contact Hart.
11. It is necessary to follow the cleaning and maintenance instructions given to you by Hart and your manufacturer's manual. Proper cleaning and maintenance will extend the life of your equipment and ensure that it functions properly. Refer to your operator's manual provided to you at the time of set-up.
12. Comfort = Compliance. The oils in your skin cause the soft materials of the mask to get stiff. This will cause subtle leaks which can be eliminated by gently tightening your headgear. Be cautious that you do not over tighten as this can lead to pressure sores. Most insurances will replace masks and cushions on a regular basis to minimize this concern. There are also special wipes available to assist you in cleaning your mask. These wipes are very quick and easy to use and will help to lengthen the life of your mask. **See Mask Wipes**

CPAP/BiLevel Patients, continued

13. To help you manage your replacement supplies, Hart uses an automated supply call service. The call service will call you when you are eligible for supplies – about every 3 months – and will ask you some questions required by your insurance. The supplies will then be mailed to you and your insurance will be billed. If you believe you are eligible for replacement supplies and have not received a call, you can call (888) 542-4928. You will be asked to confirm your identity by entering the 4 digits of your birth year.
14. If you required surgery or hospitalization for any reason, make sure that you inform your physician of your sleep disorder and the need to use the PAP device during sleep. Please take your PAP to the hospital so that the doctors can use it during your hospitalization, particularly when you are sedated before and after surgery.
15. If your PAP unit is getting processed by insurance, you likely need to show consistent use for them to continue the rental beyond 90 days. Some insurances and physicians will expect you to also have a follow-up appointment with your doctor to document your improvements. If the physician requires a usage report from your machine, Hart can assist you in getting this. **Failure to secure a physician follow-up could result in your insurance not covering future rentals or supplies.**

NOTE: You should be able to use your CPAP/BiLevel all night long, every night. If, after trying the above suggestions, you still cannot sleep through the night, contact your local Hart office.

Basic Cleaning Instructions

1. Empty the humidifier every day after use.
2. Wash the humidifier in warm water and mild detergent (such as Palmolive, Dove, Ivory, or a mild dish soap). **Never use antibacterial soap or cleaning chemicals.**
3. Rinse the humidifier thoroughly and allow to dry.
4. Wipe the exterior of the device with a dry cloth. Never use cleaning chemicals on your machine.
5. Masks should be cleaned daily. Clean by soaking in warm water and a mild detergent just like the humidifier or with mask cleaning wipes. In the event of a sinus infection or cold, soak mask daily for 30 minutes in a mixture of 3 parts water and 1 part vinegar, then rinse in water for 2-3 minutes to remove residue.
6. Headgear and tubing should be cleaned weekly in warm water and mild detergent (such as Palmolive, Dove, Ivory, or a mild dish soap). **Never use antibacterial soap or cleaning chemicals.**

When should I replace supplies?

Every 1 Month	Every 3 Months	Every 6 Months	Every 5 Years
<ul style="list-style-type: none"> • Mask cushions/pillows • Machine filters 	<ul style="list-style-type: none"> • Mask (excludes headgear) • Tubing 	<ul style="list-style-type: none"> • Headgear and chin straps • Humidifier water chamber 	<ul style="list-style-type: none"> • PAP machine

List is subject to insurance guidelines. Medicaid allows supplies every 12 months.

Helpful Products to Assist You in Getting Comfortable with Your PAP Device

Note: Products listed below are not covered by insurance and may not be available in all Hart stores.



ResMed AirMini

Smallest CPAP available, fits in the palm of your hand



Transcend PAP

Portable, small, fully-featured travel CPAP weighing less than one pound



Contour Mask Wipes

Provide quick and easy cleaning and can extend the soft seal of your mask



Liviliti Paptizer CPAP Sanitizer

Kills 99.99% of bacteria, germs, and viruses in as little as 3 minutes



Jobar CPAP Hose Holder

Keep your CPAP tubing tangle free and out of your way while sleeping



Vive CPAP Tube Brush

Thoroughly cleans CPAP, BiLevel and vent tubing



Contour CPAP Pillow

Special pillow for use with side sleepers



Cann-Ease Moisturizing Gel

Moisturizing gel with aloe vera for dry noses



Liviliti Healthy CPAP Tube

The only antimicrobial CPAP tube designed to eliminate and prevent up to 99.99% of bacteria



Snugz

Mask liners that provide a protective barrier for the skin and create an improved mask seal

Order products at hartmedical.org/cpap

Use code **HART10** to save 10% on your first order, not to be used with insurance covered items.

Registering for myAir™

ResMed myAir™ allows you to track your sleep therapy based on data that is automatically uploaded from your PAP machine to the application after each therapy session. The detailed metrics, personalized coaching, and instructional materials available through myAir™ help you succeed with your sleep therapy to create a well-rested, healthier you.

To set up your myAir™ account online:

1. On your phone, laptop, or tablet, go to <https://myair.resmed.com/>, or find and download the “myAir™ by ResMed” application from your smartphone’s app store.
2. Open the app and Click on “Create Account”.
3. Fill in the requested information to create your myAir™ account.
 - a. Select location (United States)
 - b. First, last name
 - c. Email, confirm email
 - d. Date of Birth
 - e. Gender
 - f. Time Zone: (UTC-05:00) Eastern Time (US & Canada)
 - g. Pre-sleep therapy questions (optional)
4. Check the Terms of Use and Privacy Notice consent box (required).
5. Click “Continue button”.
6. You will receive an email asking you to activate your account. Click on the link “Active my account” in the email to be redirected to the ResMed website. Login to your newly created account.
7. Select your machine
 - a. For AirSense 11 Machines:
 1. Enter 4-digit key displayed on the AirSense 11 touchscreen to complete Bluetooth pairing
 2. Add Mask: Select brand, model, cushion type (if applicable)
 3. Select “Show me how” to follow steps for personal therapy assistant to help with set up (machine setup, mask setup, test drive)
 - b. For AirSense 10 or AirCurve 10 machines
 1. Enter 11-digit serial number & 3-digit device number (on back of machine)
 2. Add Mask: Select brand, model, cushion type (if applicable)

PAP Set-Up Checklist

Patient Name: _____ Date: _____

CPAP/BiLevel Pressure: _____ Machine type: _____

Mask: _____ Size: _____

Installation

- How to turn the flow generator ON
- How to attach headgear, mask, and tubing
- How to position mask and headgear
- Demonstrate proper connection and operation of PAP unit
- Oxygen Bleed-in @ _____ LPM
- Informed on the importance of turning the PAP device on prior to introducing oxygen flow and disconnecting the oxygen prior to turning the PAP unit off
- Patient provided return demonstration on safe and proper use of equipment and adjustment of interface
- Mask may be replaced once within the first 30 days of PAP set-up. A new order from your doctor may be needed

Care and Cleaning

- Explain cleaning procedure for mask, headgear, and tubing
- Explain the supplies have a limited life and replacement schedule
- Explain cleaning procedure of flow generator
- Explain cleaning procedure of intake filter
- Refer to manufacturer's manual/guide for specific device and mask instructions

Safety Checklist

- Explain the procedure if ear/sinus infection and/or skin irritation develops after PAP use
- This equipment is not a life-sustaining device. In the event of a life-threatening problem, seek medical attention immediately
- PAP pressure verified against physician order and patient notified not to change pressures

Follow-Up and Reordering

- Patient understands masks, headgear, tubing, and filter replacement procedure
- Patient has received the Hart Welcome Packet
- Explanation given to customer concerning plan of service and future follow-up procedures including support calls from the U-Sleep and possible replenishment calls
- The telephone number for the Hart Supply Center is (888) 542-4928
- Patient has received the manufacturer's operator's manual and warranty information
- Reviewed HealthCall Customer Satisfaction Survey

Insurance Coverage Requirements

- Patient has 90 days to meet insurance requirements (4 hours a night for 30 consecutive nights)
- Insurance/Physician may require a follow-up office visit between 31-90 days after set-up**

Follow-Up Date: _____ Physician: _____ Location: _____

Comments:

Patient Signature: _____ Date: _____

Daytime Phone: _____ Email: _____ @ _____

Preferred Method of Contact: Phone Call Text Messages Email

This page intentionally left blank because pages 18/19 should be perforated.

Fax Notification

PAP Patient Set-Up Confirmation

Patient Name: _____ Date of Birth: _____

Referring Physician: _____ Sleep Center: _____

Physician Phone: _____ Physician Fax: _____

Hart Location: _____ Set-Up Clinician: _____

Hart Telephone: _____ Hart Fax: _____

PAP Order

Mode: CPAP BiLevel BiLevel S/T ASV/AutoSV AVAPS/IVAPS

Settings: _____

MFG / Model: _____

Humidifier: Yes No Heated: Yes No

Hose: Slimline Heated

Mask Type: _____ Size: _____

Headgear: Standard Other: _____

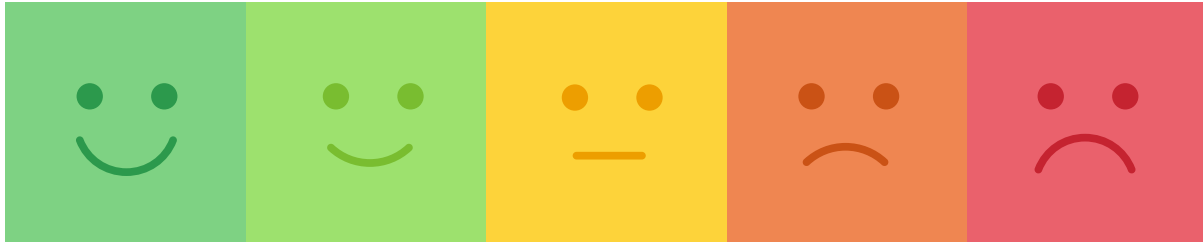
Set-Up Date: _____

Notes: _____

CONFIDENTIALITY NOTICE: The information contained in this transmission, including any attachments, may contain confidential and privileged information, including health information that is legally protected from disclosure by the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the intended recipient(s). The recipient(s) of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of this transmission is strictly prohibited. If the information was received in error, please contact Hart Medical Equipment immediately to arrange for the return or destruction of all copies of this transmission.

This page intentionally left blank because pages 20/21 should be perforated.

HealthCall Loyalty Score Satisfaction Survey



WELCOME TO THE FAMILY!

Thank you for choosing Hart Medical Equipment and allowing us to serve your medical equipment and supply needs.

We are always working to improve our services. Your opinion is important to us. In approximately a week, you may be receiving a phone call asking you to participate in a brief phone survey. The incoming caller ID will be displayed as "Hart Medical." We would appreciate if you would answer the survey to let us know how we are doing. The survey is short and takes less than four minutes.

Thank you in advance for your participation. Should you have any questions, please call or text us at (888) 606-8778 or Live Chat at hartmedical.org.

