



GEORGIA BRACE & SPINE

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PATIENT AUTHORIZATION & ACKNOWLEDGEMENTS

PATIENT INFORMATION:

Patient Name: _____ Referring Dr.: _____
Address: _____
Phone: (____) _____ Email: _____ M or F
Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

INSURANCE INFORMATION:

1) Primary Insurance: _____
Insured Name: _____ Insured D/O/B: _____
Insurance ID#: _____ Group #: _____
Insurance Telephone #: (____) _____
2) Secondary Insurance: _____
Insured Name: _____ Insured D/O/B: _____
Insurance ID#: _____ Group #: _____
Insurance Telephone #: (____) _____

SERVICE PROVIDED:

Service Provided to Patient: _____
Diagnosis of Patient: _____

Medical Records Release Authorization: I authorize Orthopaedic Specialties of Atlanta, Inc. DBA Georgia Brace & Spine to release my medical information to any physician or health practitioner to whom I am being referred for care and to any payer of my care including my insurance company, managed care program, or Medicare carrier upon their specific request. I also authorize any physician or health care provider I have seen to release my medical records to Orthopaedic Specialties of Atlanta, Inc. DBA Georgia Brace & Spine. This includes authorization to appeal to any insurance carrier on my behalf to obtain payment for services rendered.

Financial/Insurance Responsibility: I understand and agree to the following policies regarding financial and insurance responsibilities. I am ultimately responsible for charges incurred for all treatment rendered that my insurance does not cover. This responsibility includes co-insurance and deductible amounts not paid for by my insurance carrier or other party responsible for coverage of my medical expenses including services requested by my treatment practitioner(s). This includes in network and out of network charges. I understand that I am ultimately responsible for knowing whether or not my insurance covers the service being provided to me and that Orthopaedic Specialties of Atlanta, Inc. DBA Georgia Brace & Spine will try in best efforts to assist me as much as possible in understanding whether my insurance will cover my particular expenses, but given the uncertainty and timing of many orders, we cannot be responsible for any information that turns out to be incorrect nor are we responsible for out of network charges. I authorize payment of medical benefits to Orthopaedic Specialties of Atlanta, Inc. DBA Georgia Brace & Spine for services rendered.

Patient Acknowledgement: I certify that the information that I have reported to my physician or Orthopaedic Specialties of Atlanta, Inc. DBA Georgia Brace & Spine about my insurance coverage is correct. I certify that I am receiving a durable medical equipment product ordered by my physician for recovery usage pertaining to my injury and for no other reason.

Notice as to Nature of Services: I understand that the service I receive from Orthopaedic Specialties of Atlanta, Inc. DBA Georgia Brace & Spine has been requested by the treating physician. These services are classified as Durable Medical Equipment (i.e. orthotic bracing, cold therapy units). Some products may not be recognized as necessary medical equipment by many insurance carriers and may be considered investigational or experimental and therefore not covered.

No Guarantees: I am aware that no device is an exact science, and knowledge that there are and can be no guarantees as to the result of any device provided by Orthopaedic Specialties of Atlanta, Inc. DBA Georgia Brace & Spine.

Patient Information: I acknowledge that I have received a copy of the "Notice of Privacy Practices", Medicare DMEPOS Supplier Standards, a summary of my Patient's Bill of Rights and Responsibilities, and the opportunity to complete a Patient Satisfaction Survey. The usage and/or application of the product being issued to me has been demonstrated by an Orthopaedic Specialties of Atlanta, Inc. DBA Georgia Brace & Spine representative or acting authority (i.e. physician, physician assistant, or nurse).

Revocation of Authorization: The authorization may be revoked by me in writing at any time. Such revocation will not affect my financial responsibility to pay for services rendered.

I agree to permit a copy of this authorization to be used in place of the original.

Signature of Patient or Caregiver: _____ Date: _____

Provider Signature: _____

CMS 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 and cannot contract with an individual or entity to provide licensed services.
- 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) An authorized individual (one whose signature is binding) must sign the application for billing privileges.
- 4) A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from 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. This standard requires that the location is accessible to the public and staffed during the 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. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
- 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
- 12) A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
- 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 directly, or through a service contract with another company, Medicare-covered item 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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
- 17) A supplier must disclose to the government 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 implementing 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 from the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date- October 1, 2009
- 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) Must meet the surety bond requirement specified in 42 C.F.R. 424.57(c). Implementation Date- May 4, 2009
- 27) A supplier must obtain oxygen from a state- licensed oxygen supplier.
- 28) A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
- 29) DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
- 30) DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

Equipment Warranty Information

Every product sold by Georgia Brace & Spine carries a manufacturer's warranty. Georgia Brace & Spine will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

Georgia Brace & Spine will repair or replace, free of charge, Medicare-covered braces that are under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

I have been instructed on the care and use of the product and understand the warranty coverage on the product that I have received.

All Soft Goods carry a 90 Day Warranty. All Hard Plastic or Metal Braces carry a 1 Year Warranty.