

Wound Care Concepts. Inc.
2701 Bartram Road
Bristol, PA 19007
215-788-2700 fax: 215-788-2715

Facility Name:_____

Patient Checklist & Assignment of Benefits

Patient Name:_____ Health Insurance #:_____

Secondary Insurance:_____ Health Insurance # _____

My check marks adjacent to the following items, along with my signature appearing below, attest that I have received, read, and/or been instructed, in detail, on this information.

(Initial Appropriate Items)

_____	My rights as a patient/client (cp)
_____	My responsibilities as a patient/client (cp)
_____	My financial responsibility (cp)
_____	My assignment release (cc)
_____	Information on Company Products/Services (cp)
_____	Important telephone numbers (cp)
_____	Warranty Information (cp)
_____	Notice of Privacy Practices
_____	Copy of supplier standards

1. Assignment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits to Wound Care Concepts Inc. for medical supplies and/or medication(s) furnished to me by Wound Care Concepts Inc.
2. Direct billing to Medicare, Medicaid, Medicare Supplemental or other insurer(s).
3. Release of my medical information to Medicare, Medicaid, Medicare Supplemental or other insurers and their agents and assigns.
4. Wound Care Concepts Inc. to obtain medical or other information necessary in order to process my claim(s), including determining eligibility and seeking reimbursement for medical supplies and/or medication(s) provided.
5. Wound Care Concepts Inc. to contact me by telephone or mail regarding my medical supplies and/or medication(s) order.

I request that payment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits be made on my behalf to Wound Care Concepts Inc. for any medical supplies and/or medications furnished to me by Wound Care Concepts Inc.. I authorize any holder of medical information about me to release to Wound Care Concepts Inc., my physician(s), caregiver, CMS, its agents and to my primary and/or other medical insurer any information needed to determine or secure eligibility information and/or reimbursement for covered services. I agree to pay all amounts that are not covered by my insurer(s) and for which I am responsible.

Is the Patient physically and mentally able to sign this form? 0 Yes 0 No

If Yes, patient signature: _____ Date ____/____/____

If No, reason why they are unable to sign: _____ Date ____/____/____

*If no, authorized representative signature: _____ Date ____/____/____

Print representatives name: _____ Date ____/____/____

*If the authorized representative of the patient is signing, please be advised your signature does not make you responsible for the patient's financial obligation.

Wound Care Concepts Inc.
2701 Bartram Road
Bristol, PA 19007
Telephone: 800-840-9041
Fax: 215-788-2715
Business Hours: (9:00 a.m.- 5:00 p.m)
www.woundcareconcepts.com

Complete Patient Satisfaction Is Our Goal!

Dear Patient/Caregiver:

Thank you for the opportunity to supply surgical dressings pursuant to your plan of care.

Wound Care Concepts Inc. supplies wound care products to patients. If a customer or patients feel that any product did not perform pursuant to their perceived specification, Wound Care Concepts, Inc. will accept return of unopened items only for a “full refund” less any applicable freight charge within 30 days of delivery. Should a product be damaged during transit, the product will be replaced.

In the event the returned product is subject to Medicare/Medicaid reimbursement, the patient file will reflect the return and billing will be notified to terminate billing of the returned product. If billing was submitted and payment received, Wound Care Concepts, Inc. will submit the appropriate “DME Overpayment Form” to the carrier.

Thank you for the trust you have placed in our company and products.

Very Truly Yours,
Wound Care Concepts Inc.



2701 Bartram Road · Bristol, PA 19007 · Phone (800) 840-9041 · Fax (800) 840-9054

Patients Rights & Responsibilities

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her surgical dressings. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to a reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patients Responsibilities:

1. The patient should promptly notify Wound Care Concepts, Inc. of any product failure or damage.
2. The patient is responsible for any surgical dressings that are lost or stolen while in their possession should promptly notify Wound Care Concept's in such instances.
3. The patient should promptly notify Wound Care Concept's, Inc. of any changes concerning their physician.
4. The patient should promptly notify Wound Care Concepts, Inc. of any changes concerning their physician.
5. The patient should notify Wound Care Concept's, Inc of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for the cost of any surgical dressing which the patient's insurance company/companies do not pay.



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Medicare DMEPOS Statement

DMEPOS Suppliers have the option to disclose the following statement in order 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 Wound Care Concepts Inc. 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 and operational matters (e.g. honoring warranties and hours of operation). The full text of these standard's can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you with a written copy of the standards.



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Warranty Information

Every product sold by our company carries a 30 day manufacturer's warranty on unopened products. Wound Care Concepts Inc. notifies all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. Wound Care Concepts Inc. will replace, free of charge, Medicare-covered wound care supplies that are under warranty. In addition, directions with warranty information will be provided to beneficiaries.

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations 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 HEALTH INFORMATION. PLEASE READ IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Wound Care Concepts, Inc. is dedicated to maintaining the privacy of your identifiable health 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 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 practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Wound Care Concepts, Inc. 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 during any office visit.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE VICE PRESIDENT OF OPERATIONS OF WOUND CARE CONCEPTS, INC. AT 215-788-2700.

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

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

1. Treatment. Wound Care Concepts, Inc. may use your identifiable health information to treat you. Many of the people who work for Wound Care Concepts, Inc. may use or disclose your identifiable

health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children or parents.

2. Payment. Wound Care Concepts, Inc. 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 use and 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. Wound Care Concepts, Inc. 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, Wound Care Concepts, Inc. 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. Appointment Reminders. Wound Care Concepts, Inc. may use and disclose your identifiable health information to contact you and remind you of visits/deliveries.

5. Health-Related Benefits and Services. Wound Care Concepts, Inc. 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. Wound Care Concepts, Inc. 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. We will release information to friends and family member who we have reason to believe are involved in your healthcare. If there are specific friends or family members you wish **not** receive your information, please submit the information in writing to our Operations Manager.

7. Referrals/Pre-authorizations. Wound Care Concepts, Inc. may use and disclose your identifiable health information to contact you and/or your insurance carrier(s) regarding coverage and pre-authorization, after we have received a referral from another healthcare provider regarding your care. At the time we contact you or your insurance carrier(s), we will provide you with access to our Notice of Privacy Practices. Wound Care Concepts may use and disclose your identifiable health information to contact another healthcare provider regarding your care.

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905 Sheble Lane Suite 102
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8. Disclosures Required By Law. Wound Care Concepts, Inc. 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. Wound Care Concepts, Inc. may disclose your identifiable health information to public health authorities that are authorized by law to collect information for the 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 or 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 are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related to primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Wound Care Concepts, Inc. 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. Wound Care Concepts, Inc. 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 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
- Regarding criminal conduct at our offices
- 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 of victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Serious Threats to Health or Safety. Wound Care Concepts, Inc. 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 these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. Military. Wound Care Concepts, Inc. 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. Wound Care Concepts, Inc. may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may 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. Wound Care Concepts, Inc. 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 or the health and safety of other individuals.

9. Workers' Compensation. Wound Care Concepts, Inc. may release your identifiable health information 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 Wound Care Concepts, Inc. 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.

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In order to request a type of confidential communication, you must make a written request to our Vice President of Operations. For more information, call our Vice President of Operations at 215-788-2700 and specify the requested method of contact or the location where you wish to be contacted. Wound Care Concepts, Inc. 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 your request in writing to our Vice President of Operations at 215-788-2700. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to 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 notes. You must submit your request in writing to our Vice President of Operations at 215-788-2700 in order to inspect and/or obtain a copy of your identifiable health information. Wound Care Concepts, Inc. 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 a 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 Wound Care Concepts, Inc. To request an amendment, your request must be made in writing and submitted to our Vice President of Operations at 215-788-2700. You must provide us with a reason that supports your request for amendment. Wound Care Concepts, Inc. 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 Wound Care Concepts, Inc., unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures"

is a list of certain disclosures Wound Care Concepts, Inc. has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to our Vice President of Operations at 215-788-2700. 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 a 12 month period is free of charge, but our practice may charge you for additional lists within the same 12 month period. Wound Care Concepts, Inc. 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 our Vice President of Operations at 215-788-2700.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with Wound Care Concepts, Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with Wound Care Concepts, Inc., contact our Vice President of Operations at 215-788-2700. 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. Wound Care Concepts, Inc. will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization 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,

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How is Wound Care Concepts different?

Wound Care Concepts is a an Accredited Medicare Part B biller, which is important for you because:

- **Wound Care Concepts conforms strictly to Medicare Guidelines.**
- **If Medicare refuses to pay for any reason, Wound Care Concepts does not bill our partners or your residents.** Wound Care Concepts is a Participating Medicare Part B provider and accepts full Medicare assignment.



Frequently Asked Questions

Can you work with our existing formulary?

Yes! Wound Care Concepts recommends Gentell Advanced Wound Care products, but we can also work with your existing formulary to ensure that your patients receive the best standard of care.

We have an exclusive buying contract. How can we work with you?

Products acquired through Part B are not purchased by your facility, so you do not violate your buying contract. You will continue to purchase supplies for your Part A residents under your buying contract, and Wound Care Concepts will supply wound care products for covered residents at your facility – reducing your facility's expenses for wound care.

Is it hard to get started?

Wound Care Concepts has no start-up fees, no complicated contracts and no hidden fees – just great service and an excellent standard of care.



- On-site certified wound specialists
- The latest wound care education
- The Fastcare Wound Reporting System for easy compliance with federally-mandated documentation



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Clinical Expertise

Wound Care Concepts' certified wound specialists have years of experience helping residents, nurses and administrators. We will:

- Make monthly wound rounds with facility nurses to assist with assessments and treatment decisions.
- Use the Fastcare videoconferencing system to advise remotely or in emergencies.
- Monitor proper application and utilization of wound care products
- Educate your staff on documentation that meets federal and state requirements.
- Train your staff on producing fast and accurate compliance reports with Fastcare.

Education & Assistance

Good wound care starts with evidenced-based practices that we are eager to share through:

- Wound care inservices presented to your staff by our certified wound specialists.
- *Wound Advisor Guide* – a booklet that includes product information and usage guidelines for leading products, and can be customized for your formulary.
- On-going wound management education during monthly wound rounds with our certified wound specialists.



Fastcare™ Wound Reporting

New technology for better wound care

Fastcare:

- Enables facility nurses to perform wound documentation at bedside to comply with state and federal regulations.
- Provides PUSH score, trend, and required wound log reports at the press of a button. No need to compile logs – Fastcare will do it for you!
- Generates QAPI reports for quality improvement programs.
- Optionally records wound images to show progress toward closure.
- Optionally connects to leading Electronic Health Records (EHR) services to reduce data entry.
- Is secure and HIPAA compliant.



Corporate Integrity Guarantee

We conform strictly to Medicare Guidelines.

We will not charge you if Medicare refuses payment.