

**Thank you for allowing Lantz Medical / ThuasneUSA to be a part of your care.  
As an accredited supplier, we are required to provide you information and ask for signed acknowledgment of receipt of that information.  
Please take a moment to review this patient handbook and do not hesitate to contact us if you have any questions or concerns.**

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**Mission Statement**

It is the mission of Lantz Medical / ThuasneUSA to provide the highest quality and most efficient devices to contribute to patient success. We will work with our customers including patients, clinicians, physicians and other relevant healthcare providers in an environment of continuous improvement. We will provide patients with the most functional range of motion products available to facilitate a quick return to activities of daily living.

**Information & Contact Numbers**

Your Doctor's Name & Number: \_\_\_\_\_

Your Therapist's Name & Number: \_\_\_\_\_

Your Local Rep's Name & Number: \_\_\_\_\_

Lantz Medical Corporate office: (317) 536-4870 or (866) 236-8889

Our corporate office is open Monday through Friday, 8:00 a.m. to 5:00 p.m. Eastern Standard Time  
You can reach our on-call representative 24-hours-a-day, 365 days a year by calling 866-236-8889 and choosing Option 1.

If there is a state of emergency in your area please ensure your own safety first. You can then contact our corporate office at 866-236-8889 to be alerted to our emergency preparedness plan.

Please call our office or your local representative if you have any questions or concerns about your equipment.

To receive a copy of our Scope of Services, call and speak to Lantz Medical's Compliance Specialist 866-236-8889 extension 210 or send a written request to: Lantz Medical, 7750 Zionsville Rd, Suite 800, Indianapolis, IN 46268

**Medicare DMEPOS Supplier Standards**

The products and/or services provided to you by Lantz Medical 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 at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

## Patient Bill of Rights and Responsibilities

**All patients receiving services and/or equipment from Lantz Medical should be informed of their rights.**

**You are entitled to:**

- Receive a timely response from Lantz Medical when service and/or equipment is needed or requested.
- Be fully informed in advance about service/equipment to be provided and any modifications to the Plan of Care.
- Participate in the development and periodic revision of the Plan of Care.
- Give informed consent/refusal of service after the consequences of consenting/refusing service are fully presented.
- To have access, upon request, to all bills for service received, regardless of whether they are paid out of pocket or by another party.
- To receive a refund for any overcharges.
- Be informed in advance of the charges, including payment expected from third parties and any charges for which you, the patient, will be responsible.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Be able to identify visiting staff members through proper identification.
- Voice grievances and complaints or recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal.
- Choose a health care provider.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
- Receive appropriate service without discrimination in accordance with physician orders.
- Be informed of any financial benefits to Lantz Medical when referred to an organization other than Lantz Medical.
- Be fully informed of one's responsibilities.
- Be informed of provider service limitations
- Be informed of anticipated outcomes of service and of any barriers in outcome achievement.

**Your responsibilities:**

- Client/Patient agrees that rental equipment will be used with reasonable care, not altered or modified and returned in good condition (normal wear and tear excepted).
- Client/Patient agrees to promptly report to Lantz Medical any malfunctions or defects in equipment so that repair or replacement can be arranged.
- Client/Patient agrees to provide Lantz Medical access to all rental equipment for repair/replacement, maintenance, and or pick-up.
- Client/Patient agrees to use the equipment for the purposes so indicated and in compliance with physician's prescription.
- Client/Patient agrees to keep the equipment in their possession and at the address to which it was delivered, unless otherwise authorized by Lantz Medical.
- Client/Patient agrees to notify Lantz Medical of any hospitalization, change in customer insurance, Physician, address or telephone number and when the medical need for the rental equipment no longer exists.
- Client/Patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits to be paid directly to Lantz Medical for any service furnished by Lantz Medical.
- Client/Patient agrees to accept all financial responsibility for home medical equipment furnished by Lantz Medical.
- Client/Patient agrees to pay for the replacement cost of any equipment damaged, destroyed or lost due to misuse, abuse or neglect.
- Client/Patient agrees not to modify equipment without the prior consent of Lantz Medical.
- Client/Patient agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
- Client/Patient agrees that title to rental equipment and all parts shall remain with Lantz Medical at all times unless equipment is purchased and paid for in full.
- Client/Patient agrees that Lantz Medical shall not insure or be responsible to the client/patient for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God.
- Client/Patient understands that Lantz Medical retains the right to refuse delivery of service to any client/patient at any time.
- Client/Patient agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.
- Disposable client/patient items, such as soft goods on CPM machines are a one-time use item and cannot be returned.

### **Product Warranty**

Lantz Medical, Inc. warrants its product to be free from defects in materials and workmanship for a period of one (1) year from the date of sale. Lantz Medical, Inc. makes no other express or implied warranties regarding their products **INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR ANY PARTICULAR PURPOSE.** If the product contains any defects in material or workmanship that arise within one year after sale, Lantz Medical, at its expense, will repair the defect or replace the product, at Lantz Medical's discretion, which shall be consumer's sole remedy,.

## **NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION (HIPAA)**

### **Your Information. Your Rights. Our Responsibilities.**

Effective October 30, 2015, this Notice for Privacy Practices describes the practices of Lantz Medical for safeguarding individually identifiable personal health information and how you can access this information. The terms of this Notice apply to All Patients and Clients of Lantz Medical. Please review carefully:

This notice describes how medical information about you may be used and disclosed.

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **You can get an electronic or paper copy of your medical record.**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You can call and speak to the compliance Specialist toll free at 866-236-8889 extension 210 or submit a request in writing to Lantz Medical, Inc., 7750 Zionsville Rd, Suite 800, Indianapolis, IN 46268
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **You can ask us to correct your medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **You can request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### **You can ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- Lantz Medical does not sell patient information but may use it, with your permission, in our own marketing efforts.

### **You can get a list of those with whom we've shared information.**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**You can get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **You can choose someone to act for you.**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **You can file a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us at Lantz Medical, Inc., 7750 Zionsville Road, Suite 800, Indianapolis, IN 46268
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **Do research**

We can use or share your information for health research.

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

#### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.



**Address workers' compensation, law enforcement, and other government requests We can use or share health information about you:**

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Lantz Medical Billing Policy**

As a convenience to our patients, Lantz Medical, Inc. will bill your insurance carrier for our services. After insurance payment has been received, any remaining balance must be paid by the patient within 30 days. We accept cash, check or most major credit cards.

**Private Insurance** - Lantz Medical, Inc. is not a network provider with all private insurance companies. We will submit all claims for the use of our products/services. Your claims are processed according to your policy benefits including deductible and coinsurance. After insurance payment(s) are received, any remaining balance is considered *patient responsibility*. Any disputed or unpaid claim will be considered *patient responsibility*.

At times Lantz Medical may subcontract or be subcontracted to deliver products/services to you. This is normally done to maximize your insurance benefits. When we use a subcontractor, Lantz Medical will handle all product/service issues while the company(s) that subcontracted us will handle billing and payment concerns.

**Workers' Compensation** - Lantz Medical will submit all claims for the use of our home medical equipment after receiving all information regarding a work related injury. The employer and Workers Compensation carrier information must be provided upon accepting the equipment. Any disputed or unpaid claim will be considered *patient responsibility*.

**Medicare & Medicaid** - Some of our products/services are not covered by Medicare or Medicaid. You, as the patient, should make the decision as to whether you will use and pay for our products/services.

**Self-Pay** - Self-Pay patients are handled on a case-by-case basis. Payment arrangements are expected to be made at the time of equipment delivery.

**Questions** – Billing questions should be directed to our Billing Department at (317) 536-4870 or toll free at (866) 236-8889.



PATIENT COMMUNICATION FORM
(For Complaints, Compliments and Suggestions)

In an effort to deliver the highest quality service and to respond to patient/caregiver concerns and suggestions, Lantz Medical is providing this form for you to express your complaints, suggestions, compliments and concerns regarding Lantz Medical products and services.

This completed form will be routed directly to the compliance specialist, who will review this concern and will respond in writing within 14 days.

Again, we appreciate your assistance in helping us to continually improve our service to our many and valued patients.

CONTACT US: You may mail, fax or email the communication form to us.

MAIL
Lantz Medical
ATTN: Compliance Committee
7750 Zionsville Road, Suite 800
Indianapolis, IN 46268

FAX
877-406-4872

Email
info@lantzmedical.com

Individual completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurer: \_\_\_\_\_

Do you want to be contacted to discuss this compliment, complaint or suggestion? [ ] YES [ ] NO
(If you file a complaint, we are required to respond to you, in writing, within 14 days.)

Do you give permission to Lantz Medical to use your comments for marketing and/or training purposes?
[ ] YES [ ] NO

By checking yes and signing this form, you are consenting to allow Lantz Medical to use and disclose this information to the public. You have the right to revoke this consent by providing written notice but understand revocation of this release will not affect any action Lantz medical took in reliance on this release before receiving the revocation.

Please summarize your complaint, compliment or suggestion. Use additional paper if necessary.

Multiple horizontal lines for summarizing the complaint, compliment, or suggestion.

Signature \_\_\_\_\_

In the Event your complaint remains unsolved with Lantz Medical, you may file a complaint with our Accreditor, Community Health Accreditation Partner (CHAP, Inc.) via their website www.chapinc.org or via phone 800-656-9656

IF YOU SUSPECT FRAUD OR ABUSE, PLEASE CONTACT:
NATIONWIDE – US Dept Health and Human Services 1-800-HHS-TIPS (1-800-447-8477)
FLORIDA – Florida State Abuse Registry 1-888-419-3456 or Florida State Consumer Complaint Hotline 1-800-435-7352