



Orientation Packet

“Leading you to better Health”

Dear Customer,

Thank you for choosing CPAPNOW for your Sleep and Respiratory Equipment needs.

It is our intent to provide exemplary customer service by our professional staff that has been carefully selected because of their expertise in obstructive sleep apnea and Respiratory equipment.

CPAPNOW Mission Statement:

To improve the lives of individuals using Sleep and Respiratory Equipment.

With our main desire to maintain

industry knowledge of equipment used for therapy.

We thank you for giving us the opportunity to serve you and please feel free to contact us with any questions that you might have.

Sincerely,

CPAPNOW, Inc. Owner's and Staff

Phone: (208)287-1733

Fax: (208)287-1734

support@cpapnow.com

3067 E. Copper Point Dr. Meridian, ID 83642 1616 E. Plaza Loop Nampa, ID 83687

4605 Enterprise Way Ste. #104 Caldwell, ID 83605

CPAP/BI-LEVEL Machine Cleaning & Maintenance Suggestions

DAILY

- Wash the cushion with an approved mask wipe or warm soapy water (based on your product manufacturers' guidelines)
- Do **not** use soap with added scents or antibacterial soap
- Rinse well and allow to air dry out of direct sunlight

WEEKLY

- Separate and hand wash the mask components and headgear in warm, soapy water. (based on your product manufacturers guidelines) **Note:** Headgear may be washed in the washing machine, then air dried.
- Rinse the components well and allow them to air dry out of direct sunlight
- Clean water chamber, non-disposable filter (if applicable), tubing, and outlet connector (Air 11 machine) with warm, soapy water and rinse thoroughly; hang over a shower rod or towel bar to air dry
- Wipe the machine down with a damp cloth

BI-MONTHLY

- Replace disposable filter
- Change nasal cushion or pillows

MONTHLY

- Soak water chamber and tubing in a 1:9 parts distilled white vinegar to distilled water solution for 2-3 hours (Air 11 machine)
- Soak water chamber and tubing in a 1:10 parts distilled white vinegar to distilled water solution for 2-3 hours (Air 10 machine)
- Change full face cushion

YEARLY MAINTENANCE

- It is recommended that your machine is serviced once a year; this free examination ensures your machine is operating properly and the pressure is correct (please call ahead of time to schedule the appointment)

CAUTIONS

- Do not use solutions containing bleach, chlorine, alcohol, aromatics, moisturizers, antibacterial agents or scented oils to clean any equipment; these solutions may cause damage and reduce the life of the products.
- If any visible deterioration of a component is apparent (cracking, tears, etc.) the component should be discarded and replaced.
- Be aware of leaving your mask and tubing where a pet may be able to damage it

Living Will

We are required by state and federal law to ask if you have a Living Will or any other advance directives regarding your health care decisions. If you do not have a Living Will, please consult your family and/or physician and follow these steps:

- 1) Check your state laws regarding Living Wills and Powers of Attorney
- 2) Put your wishes in writing and communicate these to your family and physicians
- 3) Have your wishes signed and notarized

If you need any other information concerning your decision, you can write to:

Compassion and Choices

101 SW Madison St

Portland, OR 97207

You can also contact your local hospital, home health agency or State Attorney General's office.

Medicare Definitions

- Medicare Approved Amount - The dollar amount Medicare considers to be a reasonable charge for equipment rental or purchase.
- Capped Rental - PAP equipment is rent to own. Medicare pays 80% of the approved rental for 13 months. Medicare will consider the equipment purchased for the Medicare client after 13 months of rental has been accrued and billed to Medicare.
- Assignment - When a provider of a service accepts assignment this means they accept the Medicare approved amount. Medicare only pays 80% of the approved amount. The Medicare client is always responsible for the 20% under the part B Medicare.
- Non-Assignment - The provider of service will not agree with Medicare's approved amount for services. The Medicare client is responsible for the full charge of the service. The provider of service will submit the claim for the client, and Medicare's payment will be sent to the client.

Public Notice

CPAPNOW is accredited by the Joint Commission on Accreditation of Healthcare Organizations. If our organization has not addressed patient care or safety complaint he/she is encouraged to contact the Joint Commission.

The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited healthcare organization by calling either 1-800-994-6610 or email

complaint@jointcommission.org

CPAPNOW Complaint Resolution Process

- You may submit a complaint directly to CPAPNOW by phone at (208)287-1733 or letter delivered to 3067 E. Copper Point Dr. Meridian, ID 83642.
- Within five calendar days of receiving a complaint, CPAPNOW will notify the party in question by telephone, letter, or in person that CPAPNOW has received the complaint and that is being investigated
- Within 14 calendar days of receiving a complaint, contact will be made with the complaining party either by phone, email, person to person or letter to inform them of the resolution/action taken to resolve the problem. Medicare requires all Medicare beneficiaries to receive a letter of resolution.

Medicare DMEPOS Supplier Standards

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 30 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by CPAPNOW 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 professionals and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you with a written copy of the standards.

Patient Bill of Rights

1. Kind and respectful care in which his/her individual, physical, emotional, social and spiritual needs are considered
2. Participate in decisions regarding his/her care
3. Be provided with information concerning those aspects of his/her condition related to the care provided by CPAPNOW
4. Receive information in a manner in which he/she can understand and be able to give informed consent to the start of any procedure or treatment
5. Be informed of any responsibilities he/she may have in the care process
6. Have care provided by qualified personnel who are knowledgeable to perform procedures at the level of care required
7. Refuse treatment to the extent permitted by law and to be informed of the consequences of such action
8. Be informed of the availability, upon request, of CPAPNOW's policies and procedures
9. Be informed, at admission of the organization's charges and policies concerning payment for the services

10. Discuss problems and suggest changes regarding the services or staff without fear of discrimination
11. Privacy concerning his/her records
12. Expect and receive care in a timely manner, appropriate to his/her needs
13. Choose their homecare provider
14. Formulate advance medical directives which are legal documents that allow you to give directions for your future medical care
15. As a patient of CPAPNOW you have the right to contact CPAPNOW with complaints directly at (208)287-1733 or email support@cpapnow.com
16. CPAPnow provides the patient with information about the identity and role of the staff member(s) who will provide care, treatment, or service.

Patient/Client Responsibilities

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, infectious diseases or other pertinent items
2. Assist in developing and maintaining a safe environment
3. Inform CPAPNOW when you will not be able to keep a home care visit or appointment
4. Participate in the development of and adhere to your home care plan of service and treatment
5. Request further information concerning anything you do not understand
6. Contact your doctor whenever you notice any change in your condition
7. Contact CPAPNOW whenever you have an equipment problem
8. Contact CPAPNOW whenever you are hospitalized
9. Contact CPAPNOW whenever you have received a change in prescription
10. Give information regarding concerns and problems you have to a CPAPNOW staff member
11. Ensure that the financial obligation for your equipment is fulfilled as promptly as possible
12. Maintain and repair purchased equipment when equipment is no longer under warranty
13. Follow equipment care procedures as outlined on the equipment orientation form

Home safety Checklist

Accidents in the home cause more than 20,000 deaths and 3 million disabling injuries every year. Sadly, many of those falls, burns, poisoning, and other casualties could be prevented. Make your home a safer place.

Bedroom

- Move perfumes and cosmetics out of children's reach
- Put medication in a locked cabinet
- Place an escape ladder in each upstairs bedroom and teach family members how to use it

Stairways

- Clear away stored objects
- Cover stairs with rubber tread, abrasive strips or skid-resistant paint
- Remove pictures and other eye-catchers from stairway walls; they may distract and disorient stair climbers

Bathroom

- Install skid-resistant mats in the shower/bath and on the floor
- Make sure shower or tub enclosures are made from safety glazing materials
- Store medicine in a locked cabinet

Kitchen

- Keep curtains, wall hangings and paper towels away from the stove at all times
- Check that the stove's burners and the oven are clean and grease-free
- Install locks on cabinets with cleaners and other hazardous materials
- Discard old food items

Basement

- See that the home workshop area is dry and clear of debris
- Dispose of old clothing, stored papers and other items that you no longer use
- Have a certified specialist check the furnace and ventilation system once a year
- Remove flammable liquids

Living Areas

- Remove electrical cords that run alongside door jams or across high-traffic areas
- Inspect and replace electrical cords that are damaged or frayed

Fire Safety

- Install a smoke detector on each level of your home; periodically test detectors
- Make sure there are two escape routes from each room and hold drills

Safeguard Against Burglary

- Check that all doors and windows can be locked, and that all locks are in good repair
- Use bars or ornamental grilles in high-hazard locations

Contact CPAPNOW if you have concerns regarding your privacy, and the safety of your personal property.

Notice of Privacy Practices (HIPPA)

How We Use & Disclose Your Health Information:

For treatment we will use your health information to provide you with health care treatment and to coordinate or manage services with other health care providers, including third parties. We may disclose all or any portion of your health information to your attending physician, consulting physician(s), nurses, technicians, medical students, or other company or health care personnel who have a legitimate need for such information in order to take care of you. We may disclose your health information to family members or friends, guardians or personal representatives who are involved with your medical care.

For Payment we will use and disclose your health information for activities that are necessary to receive payment for our services, such as determining insurance coverage, billing, payment, collection, claims management, and medical data processing. We may also give information to other third parties or individuals who are responsible for payment for your health care.

For health care operations we may disclose your health care information for routine company operations, such as business planning and development, quality review of services provided, internal auditing, accreditation, certification, licensing or credentialing activities, education of staff and students and to other health care entities that have a relationship with you and need the information for operational purposes.

Uses That Are Required or Permitted by Law:

Subject to requirements of federal, state and local laws, we are either required or permitted to report your health information for various reasons. Some of these reporting requirements include:

- We may disclose your health information to public health officials for activities such as communicable diseases, injury or disability; to report births and death; to report suspected child abuse or neglect; reactions to medication or problems with medical products
- We may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition & location
- We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health information in response to a court or administrative order, a valid subpoena, discovery request, civil or criminal proceedings, or other lawful process.
- We may release your health information if asked to do so by law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar legal process
 - Regarding a victim or death or a victim of a crime in limited circumstances
 - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime
- We may release health information to a coroner or a medical examiner. This may be necessary, for example, to identify a person who dies or to determine the cause of death. We may also release health information to help a funeral director carry out his/her duties.

- We may release your health information for workers' compensation benefits or to similar programs that provide benefits for work-related injuries/illnesses.
- We may disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.
- We may disclose your health information to federal official(s) for national security activities and for the protection of the President or other Heads of State
- If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

If you are an inmate of a correctional institution or in custody of a law enforcement official, we may release your health information to the institution or law enforcement official.

Information About Your Rights Regarding Your Health

- You have the right to inspect your health information and copy medical, billing or other records that may have been used to make decisions about your care. Submit your request in writing to CPAPNOW, Inc. Privacy Official. We charge a fee for document requests to cover the cost for copying, mailing or other supplies.
- You have the right to request an amendment to your health information that you believe is incorrect or incomplete. Submit your request in writing, using a Request for Amendment to PHI form, and including your reason for the amendment, to CPAPNOW, Inc's Privacy official. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:
 - Was not created by CPAPNOW, Inc. Unless the person or entity that created the information is no longer available to make the amendment.
 - Is not part of the medical information kept by or for CPAPNOW, Inc.
 - Is not part of the information that you would be permitted to inspect and copy; or is accurate and complete
- We are required to maintain a list of disclosures of your health information. However, we are not required to maintain a list of disclosures that we made by acting upon your written authorizations or disclosures made for treatment, payment, or organizational operations. Your request must state a time period, no longer than six years, and may not include dated before April 14, 2003. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred. To obtain a paper copy of this request, contact CPAPNOW, Inc.
- You have the right to request a restriction or limitation on how much of your health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a restriction on the disclosure of your health information to someone who is involved in your care or payment for your care.
- You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we

only contact you at an alternative location from your home address, such as work. You must make your request in writing to CPAPNOW, Inc. or to request and submit a "Confidential Communications Opt Out" form. Your request must specify how or where you wish to be contacted.

- You have the right to a paper copy of this notice
- You have the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future
- You may file a complaint with us verbally or in writing by contacting CPAPNOW, Inc.'s Privacy Official. You may file a complaint with us or with the Secretary of the Department of Health Services if you believe that we have not complied with our privacy practices. You will not be penalized for filing a complaint.

CPAPNOW, Inc.

Attn: Privacy Official

3067 E Copper Point Dr

Meridian, ID 83642

Phone: (208)287-1733

Fax: (208)287-1734

Medicare Standards for DMEPOS Suppliers

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any state health care programs, or any Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State Law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machines, answering service or cell phones during 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 the customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered item, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.

14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for the specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR 424.57 (d)
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR 424.516(f)
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the act) or physical and occupational therapists or a DMEPOS suppliers working with custom made orthotics and prosthetics.

OPRP - Hand washing Guidelines

Steps to proper hand washing:

1. Hands should be washed using soap and warm, running water
2. Hands should be rubbed vigorously during washing for at least 20 seconds with special attention to the backs of hands, wrists, between fingers and under the fingernails.
3. Hands should be rinsed well while leaving the water running
4. With the water running, hands should be dried with a single-use towel
5. Turn off the water using a paper towel, covering washed hands to prevent re-contamination

Hands should be washed after the following activities:

1. After touching bare human body parts other than clean hands and clean, exposed portions of arms
2. After using the toilet
3. After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating or drinking
4. After handling soiled equipment or utensils
5. After food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks
6. After switching between working with raw food and working with ready-to-eat food
7. After engaging in other activities that contaminate hands

Stop the spread of germs that can make you and others sick!

To help stop the spread of germs:

1. Cover your mouth and nose with a tissue, when you cough or sneeze
2. Put your used tissue in the waste basket
3. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands
4. You may be asked to put on a face mask to protect others
5. Wash your hands often with soap and warm water for 20 seconds
6. If soap and water are not available, use an alcohol-based hand rub

Magnetic Mask Contraindications and Warnings

ResMed

Masks with magnetic components are contraindicated for use by patients where they, or anyone in close physical contact while using the mask, have the following:

- Active medical implants that interact with magnets (i.e., pacemakers, implantable cardioverter defibrillators (ICD), neurostimulators, cerebrospinal fluid (CSF) shunts, insulin/infusion pumps)
- Metallic implants/objects containing ferromagnetic material (i.e., aneurysm clips/flow disruption devices, embolic coils, stents, valves, electrodes, implants to restore hearing or balance with implanted magnets, ocular implants, metallic splinters in the eye)

Keep the mask magnets at a safe distance of at least 6 inches (150mm) away from implants or medical devices that may be adversely affected by magnetic interference. This warning applies to you or anyone in close physical contact with your mask. The magnets are in the frame and lower headgear clips, with a magnetic field strength of up to 400mT. When worn, they connect to secure the mask but may inadvertently detach while asleep.

Implants/medical devices, including those listed within contraindications, may be adversely affected if they change function under external magnetic fields (some metallic implants, e.g., contact lenses with metal, dental implants, metallic cranial plates, screws, burr hole covers, and bone substitute devices). Consult your physician and manufacturer of your implant / other medical device for information on the potential adverse effects of magnetic fields.

Philips Respironics

Use of the mask is contraindicated for patients and their household members, caregivers, and bed partners that may be in close vicinity to patients using the masks, that have implanted devices that may be affected by magnets, including but not limited to:

- Pacemakers; Implantable cardioverter defibrillators (ICD); Neurostimulators; Magnetic metallic implants/electrodes/valves placed in upper limbs, torso, or higher (i.e. neck and head); CSF (cerebral spinal fluid shunts (e.g. VP (ventriculo peritoneal) shunt); Aneurysm clips; Embolic coils; Intracranial aneurysm intravascular flow disruption devices; Metallic cranial plates, screws, burr hole covers, and bone substitute devices; Metallic splinters in the eye; Ocular implants (e.g., glaucoma implants, retinal implants; Certain contact lenses with metal; Implants to restore hearing or balance that have an implanted magnet (such as cochlear implants, implanted bone conduction hearing devices, and auditory brainstem implants); Magnetic denture attachments; Metallic gastrointestinal clips; Metallic stents (e.g., aneurysm, coronary, tracheobronchial, biliary); Implantable ports and pumps (e.g., insulin pumps); Hypoglossal Nerve Stimulators; Devices labeled as MR (magnetic resonance) unsafe; Magnetic metallic implants not labeled for MR or not evaluated for safety in a magnetic field.

Magnets with a magnetic field strength of 400 mT are used in the mask. With the exception of the devices identified in the contraindication, ensure the mask is kept at least 6 inches (approx. 15.24cm) away from any other medical implants or medical devices that can be impacted by the magnetic fields to avoid possible effects from localized magnetic fields. This includes household members, caregivers, and bed partners that may be in close vicinity to patients that use the mask.

Equipment Replacement Schedule

Your insurance will allow you to replace equipment on an allowable schedule. Please note that this does not mean your insurance will cover the supplies at 100% payment; anything billed to your insurance is subject to **your deductible** and **coinsurance**. This schedule is also what is recommended by the manufacturer for your equipment.

A7038 - Disposable filter - 2 every **30 days**

A7039 - Non disposable filter - 1 every **6 months**

A7030 - Full face mask - 1 every **90 days**

A7034 - Nasal mask - 1 every **90 days**

A7031 - Full face cushion - 1 every **30 days**

A7033 - Nasal pillow - 2 every **30 days**

A7032 - Nasal cushion - 2 every **30 days**

A7035 - Headgear - 1 every **6 months**

A4604 - Heated tubing - 1 every **90 days**

A7046 - Water chamber - 1 every **6 months**

A7036 - Chinstrap - 1 every **6 months**

A CPAPNOW employee will call you monthly to inform you of what supplies you are eligible for and to place an order if you choose to replace supplies. CPAPNOW is mandated by insurance to make contact with the patient prior to sending supplies, and unfortunately cannot automatically send orders. Please note again that eligibility is not synonymous with 100% coverage, and CPAPNOW will not guarantee coverage of any supplies. It is your responsibility to contact your insurance for verification of coverage of your supplies.

Most insurances follow Medicare's schedule, but a few insurances DO NOT.

Statement of Billing and Collections

CPAPNOW, Inc. wants to assist you in the financial management of our relationship. Please be advised of our billing and collections policy. If you have any questions, please contact our office. Be assured that we will be ethical and fair concerning any billing and collection concern you may have with your account.

Insurance Participation:

- We will file your insurance for services and supplies rendered.
- The patient is responsible to present all current insurance cards at the time of service.
- The patient is responsible for all co-pays, deductibles and coinsurance at the time of service.
- The patient agrees to notify CPAPNOW, Inc. if there is an insurance change.
- The patient agrees that a new rental period may begin if there is a change in their insurance.
- The patient is responsible for knowing their policy coverage, deductible, coinsurance, etc.
- The patient is responsible for insurance follow-up with their plan regarding student status, claim form updates, accident/injury information and terminated insurance plans.

Non-Participation:

The patient is responsible for the full balance at the time of service unless other payment arrangements have been made. Our billing department will file insurance as a courtesy. If your insurance company sends payment to you rather than to CPAPNOW, please be aware that you will receive a bill from CPAPNOW for the outstanding balance.

Self-Pay Patients

Patients with no insurance coverage will be considered self-pay. Self-pay patients are responsible for their full balance at the time of service unless other arrangements are made.

Collections

Collection notices begin if the balance has not been paid within 120 days from the date of service. All unpaid balances will be sent to an outside collection agency. This could result in a negative credit rating.

Termination

CPAPNOW, Inc. expects payment when services are rendered. Failure to make payment could jeopardize your patient/clinic relationship. You may receive a letter at any time providing proper notification of CPAPNOW's intent to terminate the relationship as a result of non-payment for services rendered.

Return Check Fee

I have been informed that the charge for insufficient fund checks is \$25.00 per check. This applies to checks written to CPAPNOW for payment for patient services, including payments for rental equipment or items purchased.

Payments

Payments received are always applied to the oldest outstanding invoice unless payment to a specific transaction is requested.



Emergency Preparedness Checklist

The next time disaster strikes, you may not have much time to act. Prepare now for a sudden emergency. Learn how to protect yourself and cope with disaster by planning ahead. This checklist will help you get started. Discuss these ideas with your family, then prepare an emergency plan. Post the plan where everyone will see it-on the refrigerator or bulletin board. For additional information about how to prepare for hazards in your community, contact your local emergency management or civil defense office and American Red Cross chapter.

Emergency Checklist

Call your Emergency Management Office or American Red Cross Chapter

- Find out which disasters could occur in your area.
- Ask how to prepare for each disaster.
- Ask how you would be warned of an emergency.
- Learn your community's evacuation routes.
- Ask about special assistance for elderly or disabled persons.
- Ask your workplace about emergency plans
- Learn about emergency plans for your children's school or day care.

Create an Emergency Plan

- Meet with household members to discuss the dangers of fire, severe weather, earthquakes and other emergencies.
- Find the safe spots in your home for each type of disaster.
- Discuss what to do about power outages and personal injuries.
- Learn about emergency plans for your children's school or day care.

- Draw a floor plan of your home. Mark two escape routes from each room.
- Show family members how to turn off the water, gas and electricity at main switches when necessary.
- Post emergency telephone numbers near telephone.
- Teach children how and when to call 911, police and fire.
- Instruct household members to turn on the radio for emergency information.
- Pick one out-of-state and one local friend or relative for family members to call if separated during a disaster.
- Teach children your out-of-state contact's phone numbers.
- Pick two emergency meeting places.
 1. A place near your home in case of fire.
 2. A place outside your neighborhood in case you cannot return home after a disaster.
- Take a basic first aid and CPR class.
- Keep family records in a water and fire-proof container.

Prepare a Disaster Supplies Kit

Assemble supplies you might need in an evacuation. Store them in an easy-to-carry container such as a backpack or duffel bag.

Include:

- A supply of water. Store water in sealed, unbreakable containers. Identify the storage date and replace every six months.
- A supply of non-perishable packaged or canned food and a non-electric can opener.
- A change of clothing, rain gear and sturdy shoes.
- Blankets or sleeping bags.
- A first aid kit and prescription medications.
- An extra pair of glasses.
- A battery-powered radio, flashlight and plenty of extra batteries.
- Credit cards and cash.
- An extra set of car keys.
- A list of family physicians.
- A list of important family information; the style and serial number of medical devices such as pacemakers.
- Special items for infants, elderly or disabled members.

Emergency Plan

Out-of-State Contact

Name _____

City _____

Telephone (Day) _____ (Evening) _____

Local Contact

Name _____

Telephone (Day) _____ (Evening) _____

Nearest Relative

Name _____

City _____

Telephone (Day) _____ (Evening) _____

Family Work Numbers

Father _____ Mother _____

Other _____

Emergency Telephone Numbers

Police Department _____

Fire Department _____

Hospital _____

Family Physicians

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Reunion Locations

1. Right outside your home _____

2. Away from the neighborhood, in case you cannot return home _____

Address _____

Telephone _____

Route to try first _____

Escape Plan

In a fire or other emergency, you may need to evacuate your house, apartment or mobile home on a moment's notice. You should be ready to get out fast.

Develop an escape plan by drawing a floor plan of your residence. Using a black or blue pen, show the location of doors, windows, stairways, and large furniture. Indicate the location of emergency supplies (Disaster Supplies Kit), fire extinguishers, smoke detectors, collapsible ladders, first aid kits and utility shut off points. Next, use a colored pen to draw a broken line charting at least two escape routes from each room. Finally, mark a place outside of the home where household members should meet in case of fire.

Be sure to include important points outside such as garages, patios, stairways, elevators, driveways and porches. If your home has more than two floors, use an additional sheet of paper. Practice emergency evacuation drills with all household members at least two times each year.

Floor Plan:

Floor One

Floor Two