



IMPORTANT!

Statement to Permit Release of Information to Authorize Payment to Provider

Assignment of Benefits and Authorization of Release of Information

Bill of Rights/Responsibilities: I have received a copy of and understand the patient information packet, the Patient Bill of Rights and Responsibilities, Advance Directives and Grievance Procedure. If I have further questions, I will contact a company representative, Monday through Friday, 9-5 EST, by calling 800-854-5729.

Release of Information: I authorize any holder of medical information and home care records, to release said information, as it relates to patient care, to Better Living Now, Inc.; any agent thereof, any referral or transfer agency; physician or third party payor, in support of; the patient’s claim for benefits or necessary agency audits. This information will be used solely on behalf of the patient and will not be available for any other use without patient consent. I understand that I have the legal right to refuse the release of my personal and medical records now held by Better Living Now and that I am waiving this legal right by signing this consent. This consent shall be valid for whatever period of time is reasonably necessary for the individual/agency requesting to review my clinical records to fulfill the above described purpose(s), or until I revoke this consent in writing, such a revocation of this consent shall have a prospective effect only. I further authorize Better Living Now, accrediting or licensing bodies (i.e. JCAHO) to periodically examine my records for the purpose of checking compliance to regulations and BLN quality assurance requirements.

Assignment of Benefits: I request that payment of authorized Medicare/Medicaid and/or private insurance benefits, on my behalf, be made directly to the company. I understand it is my responsibility to provide completed insurance forms, pay any deductible, co-insurance or balance not covered by the third-party payor(s). The company does not accept responsibility for denials of claims associated with contract limitations, plan procedures not followed by the beneficiary or administrative problems. In the event my insurance carrier does not accept “assignment of benefits”, I understand that all correspondence and payments for the company may be sent directly to me. I agree to promptly endorse and submit these as payment of the patient’s bill.

Orientation: I have received orientation for the services and safe operation, and maintenance of my equipment, as appropriate.

Confirmation: I have received a copy of Better Living Now’s Privacy Notice, which outlines how protected health information about me may be used and disclosed and how I can access this information.

Photo Copies: I authorize that photo copies shall be valid as originals.

Returns/Credits: Purchased items are not returnable. I understand the Pharmacy State Law prohibits the return of drugs and supplies dispensed to me.

Advance Medical Directives: Better Living Now, Inc. supports your right as an individual and your family’s right to make decisions about your care that are consistent with your personal values.

Patient has Advance Directive (Please check one) Yes No

Type: _____

Copy made available to Company (Please check one): Yes No

The undersigned certifies that he/she has read the foregoing.

Patient/Beneficiary’s Name (Please Print): _____ Account#/SS#: _____

Patient/Caregiver Signature: _____ Relationship: _____ Date: _____

Please remit to:

Better Living Now, Inc.
185 Oser Ave.
Hauppauge, New York 11788
Attn: Billing Department

www.BetterLivingNow.com



IMPORTANT!
Please Read Carefully

MEDICARE SUPPLIER STANDARDS

In response to orders which it receives, the company fills those orders from its own inventory or inventory of other companies with which it has contracted to fill such orders or fabricates or fits items for sale from supplies it buys under contract; is responsible for delivery of Medicare covered items to Medicare beneficiaries; honors all warranties, expressed and implied, under applicable State law; will answer any questions or complaints a beneficiary has about an item or use of an item that is sold or rented to her or him, and refers beneficiaries with Medicare questions to the appropriate carrier; maintains and repairs directly, or through a service contract with another company, items it rents to beneficiaries; accepts returns of substandard (less than full quality for a particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and/or sold) from beneficiaries; discloses consumer information to each beneficiary with whom it does business, which consists of a copy of these supplier standards to which it must conform, and complies with the disclosure provisions cited on the HCGA-192.

Delivery of an item as stated in supplier standard 2 on HCGA-192 requires the supplier to convey, or provide another entity to convey, an item to the beneficiary. The item may be delivered to the supplier's store for the beneficiary. However, if the item is large or requires assembly, the supplier must deliver the item to the beneficiary. The delivery of any item should be within accepted business practices.

ADVANCE MEDICAL DIRECTIVE

Our company recognizes that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care. It is the policy of our company to encourage individuals and their families to participate in decisions regarding care and treatment. Valid advance directives such as Living Wills, Durable Power of Attorney for Healthcare, and DNR (Do Not Resuscitate) orders will be followed to the extent permitted and required by State law. Our company will not limit the provision of care or otherwise discriminate against an individual based upon whether or not the individual has executed an advance directive. It is our policy, in the event of a cardio-pulmonary arrest, our staff is instructed to call 911, or as a good Samaritan he/she may choose to provide CPR.

If you already have a Living Will or a Durable Power of Attorney for Health Care, it is important that you provide our staff with a copy of the document for your medical record. Keep the original document in a safe, accessible place and be sure that your family members know where to find it. Be sure also, that your physician is aware of your desire and will to comply with your decision.

You have the right to be fully informed of your medical condition. In addition, you have the right to have risks and benefits of any test, procedure or treatment explained to you in terms that you understand. You have the right to refuse any treatment or to revoke an advance directive if you wish.

PATIENT GRIEVANCE

As a home care patient, you have the right to voice concerns or grievances without fear of discrimination, reprisal or interruption of service. If you feel you have been discriminated against; your health or well-being has been threatened; or you have been denied equitable and fair treatment, you should follow these steps, in the appropriate order.

- ___ 1. Call your home care company, 24 hours a day, and ask to speak to a Supervisor or Manager.
- ___ 2. Speak with President or present formal written Grievance, within 30 days.
- ___ 3. Include the name and address of the patient/complainant and the nature of the complaint.
- ___ 4. The President reviews, investigates and documents the complaint/grievance.
- ___ 5. A written response explaining decisions will be issued by the President within 15 days of receipt of the grievance.
- ___ 6. You can call the Attorney's General's office.
- ___ 7. You can call the New York State Consumer Protection Board at (518) 474-8583.