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Billing Policy

Payment is required at the time service is rendered. We encourage you to contact your insurance and inquire about your major medical portion for DME (Durable Medical Equipment) services prior to your visit. Our participating providers include Blue Cross of Idaho, Idaho Physicians Network, Pacific Source, Regence Blue Shield, and Tricare, among many others. We submit claims to all other insurance companies including Medicare and Medicaid, however we do not bill or process auto insurance claims.

Patient Financial Services will check your insurance benefits and inform you if there is any unmet deductible and/or co-insurance, as well as the estimated amount due at delivery.

If your insurance plan does not cover the item, the full amount is due upon delivery.

At time of delivery, your insurance will be billed. **NEITHER YOUR INSURANCE NOR BROWNFIELD'S CAN GUARANTEE PAYMENT**, therefore if your insurance does not pay as you or Brownfield's expects, then the deficient amount is your responsibility and must be paid within 60 days of the service. Any overpayment will be refunded to you. If payment in full is not received within 60 days of the date of service, we will send you notice, by mail, that your account is past due. If payment is not received promptly, your account may be referred to a collection agency unless a payment plan has been approved by Brownfield's Patient Financial Services. A 2% interest rate will be charged monthly on delinquent accounts (\$5 minimum). If your account is referred to a collection agency, it cannot be retrieved and your credit rating may be damaged.

For your convenience, we accept VISA, MasterCard and Discover as well as personal checks. A \$30 service charge is assessed on all returned checks.

If custom products are required and are not covered by insurance, Brownfield's requires a 50% deposit before placing an order or beginning manufacture. **ALL CUSTOM MADE AND CUSTOM FIT ITEMS ARE NON-REFUNDABLE**.

If you need financial assistance, we can provide you with information on an outside lending agency, Care Credit. For information go to their website at www.carecredit.com.

Help us help you: Please make sure to keep your Brownfield's records up to date with your most current insurance information, address, and phone number.

MEDICARE DMEPOS SUPPLIER STANDARDS

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

- i. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
- 2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
- 3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
- 4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
- 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.
- A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
- 8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
- 9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
- 10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
- 11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
- A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
- 13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- 14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered 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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
- 17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
- 18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
- 19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
- Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
- 21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
- 22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date October 1, 2009
- 23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
- All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
- 25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
- 26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009
- 27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
- 28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
- 29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
- 30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.