



WELCOME TO TALK TO ME TECHNOLOGIES

Talk to Me Technologies is a privately-owned company dedicated to providing patients/clients with quality equipment and services. We specialize in speech-generating devices and provide a variety that spans all ages and abilities.

We are with you and your speech pathologist every step of the way: from the initial evaluation, the funding process, delivery and training.

Talk to Me Technologies prides itself on its carefully trained staff; people who know and understand your needs and respond to them in a personal and timely manner. These include our staff of Speech Language Pathologists, AAC Consultants, Funding Coordinators, Office Managers and Claims Coordinators. All our staff works together as a team to provide the finest service available.

Talk to Me Technologies is proud to let you know that we offer:

- Funding Coordination from beginning to end with insurance companies, Medicare and Medicaid programs (speech-generating devices are typically covered by these programs)
- Delivery and Repair Services
- Equipment Set-Up and Instruction

We are pleased that you have chosen Talk to Me Technologies. You can be assured that we strive to find and match you with a communication solution that best suits your needs. We want your response to be loud and clear the next time someone says, "Talk to me."



CLIENT INFORMATION FORM

1. CLIENT [PERSON RECEIVING THE EQUIPMENT]

| | | |
|--|---------|---|
| TODAY'S DATE: | | DATE OF BIRTH: |
| CLIENT NAME: | E-MAIL: | |
| STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHER <input type="checkbox"/> EMPLOYED <input type="checkbox"/> FULL-TIME STUDENT <input type="checkbox"/> PART-TIME STUDENT | | SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| ADDRESS: | | HOME PHONE: () - |
| CITY: | STATE: | ZIP: |
| CLIENT'S MAIN PERSONAL CONTACT: | | RELATIONSHIP: |
| HOME PHONE: () - | | ALT PHONE: () - |
| BEST WAY TO REACH CLIENT: <input type="checkbox"/> PHONE <input type="checkbox"/> ALT PHONE: <input type="checkbox"/> EMAIL | | E-MAIL: |
| BEST WAY TO REACH CAREGIVER: <input type="checkbox"/> PHONE <input type="checkbox"/> ALT PHONE: <input type="checkbox"/> EMAIL | | FAX: () - |

2. RESIDENCE [WHERE CLIENT LIVES]

| |
|---|
| CURRENT PLACE OF RESIDENCE (CHECK ONE): <input type="checkbox"/> HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> SKILLED NURSING FACILITY <input type="checkbox"/> NURSING FACILITY <input type="checkbox"/> CUSTODIAL FACILITY (ASSISTED LIVING) <input type="checkbox"/> INTERMEDIATE CARE FACILITY/MENTALLY RETARDED FACILITY |
|---|

3. DIAGNOSIS [CLIENT CONDITION WHICH REQUIRES REQUESTED EQUIPMENT]

| | | |
|---------------------------------------|--|--|
| PRIMARY DIAGNOSIS: | ONSET DATE: | |
| SECONDARY DIAGNOSIS: | ONSET DATE: | |
| SPEECH DIAGNOSIS: | ONSET DATE: | |
| IS DIAGNOSIS A RESULT OF AN ACCIDENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ | TYPE OF ACCIDENT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> AUTO <input type="checkbox"/> OTHER |

4. SPEECH LANGUAGE PATHOLOGIST [THE CLINICIAN THAT PERFORMED THE EVALUATION AND PROVIDED THE WRITTEN REPORT]

| | | | |
|-------------------|------------------------|------------|------|
| NAME: | | E-MAIL: | |
| ADDRESS: | CITY: | STATE: | ZIP: |
| WORK PHONE: () - | ALTERNATE PHONE: () - | FAX: () - | |

5. TREATING PHYSICIAN [THE TREATING PHYSICIAN IS THE MEDICAL DOCTOR WHO HAS PRESCRIBED THE REQUESTED EQUIPMENT]

| | | |
|----------|-------------------|------------|
| NAME: | CITY: | STATE: |
| ADDRESS: | WORK PHONE: () - | FAX: () - |

6. PRIOR EQUIPMENT [LIST EQUIPMENT PAID FOR BY 3RD PARTY FUNDING IN THE PAST 5 YEARS]

| | | | |
|---------|-------|--------|---------|
| DEVICE: | DATE: | PAYOR: | VENDOR: |
|---------|-------|--------|---------|

7. INSURANCE [Indicate Which Types Of Insurances The Client Has]

*****IMPORTANT*****

TALK TO ME TECHNOLOGIES DOES NOT BILL YOUR INSURANCE UNTIL THE DAY YOUR DEVICE IS DELIVERED TO YOU. THEREFORE, ANY CHANGE IN ANY OF YOUR INSURANCES MUST BE COMMUNICATED WITH US UP TO AND INCLUDING THE DATE OF DELIVERY.

***** ATTACH FRONT/BACK COPIES OF CURRENT INSURANCE CARDS TO THIS FORM.**

| | |
|--|--|
| <p>PRIMARY INSURANCE:</p> <p><input type="checkbox"/> MEDICARE</p> <p><input type="checkbox"/> MEDICAID / MEDICAL ASSISTANCE</p> <p><input type="checkbox"/> TRICARE / MILITARY COVERAGE</p> <p><input type="checkbox"/> PRIVATE / GROUP / COMMERCIAL INSURANCE</p> <p>POLICY HOLDER NAME: _____</p> <p>POLICY HOLDER DATE OF BIRTH: _____</p> <p>POLICY HOLDER EMPLOYER: _____</p> | <p>SECONDARY INSURANCE:</p> <p><input type="checkbox"/> MEDICARE</p> <p><input type="checkbox"/> MEDICAID / MEDICAL ASSISTANCE</p> <p><input type="checkbox"/> TRICARE / MILITARY COVERAGE</p> <p><input type="checkbox"/> PRIVATE / GROUP / COMMERCIAL INSURANCE</p> <p>POLICY HOLDER NAME: _____</p> <p>POLICY HOLDER DATE OF BIRTH: _____</p> <p>POLICY HOLDER EMPLOYER: _____</p> |
|--|--|

8. OTHER INSURANCE

| | | |
|--|----------------------|--------------------|
| TYPE: <input type="checkbox"/> MUSCULAR DYSTROPHY ASSOCIATION <input type="checkbox"/> OTHER | | |
| CONTACT NAME: | CONTACT PHONE: () - | CONTACT FAX: () - |

9. EQUIPMENT RECOMMENDATIONS

[COMPLETE LIST OF ALL EQUIPMENT, ACCESSORIES, AND PARTS REQUESTED]

| | |
|--|--|
| <input type="checkbox"/> RENTAL OR <input type="checkbox"/> PURCHASE | FOR RENTALS, LIST THE MODEL OF DEVICE. ACCESSORIES AND MOUNTING HARDWARE ARE NOT AVAILABLE WITH RENTALS |
| DEVICE / DESCRIPTION: | MANUFACTURER: |
| DEVICE / DESCRIPTION: | MANUFACTURER: |
| DEVICE / DESCRIPTION: | MANUFACTURER: |
| DEVICE / DESCRIPTION: | MANUFACTURER: |

10. WHEELCHAIR INFORMATION

| |
|---|
| WILL COMMUNICATION DEVICE BE ATTACHED TO A WHEELCHAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| WHEELCHAIR MODEL: _____ WHEELCHAIR TUBING (SHAPE, SIZE FOR MOUNT): _____ |

11. SHIPPING INFORMATION [COMPLETE STREET ADDRESS AND PHONE NUMBER IS REQUIRED]

*****IMPORTANT*****

- A. WE CANNOT SHIP TO A P.O. BOX.
- B. MEDICARE FUNDED DEVICES MUST SHIP TO THE CLIENT'S HOME ADDRESS

| | | |
|----------|--------------|--------|
| ADDRESS: | PHONE: () - | EMAIL: |
| CITY: | STATE: | ZIP: |

12. FORM COMPLETED BY:

| | | |
|---|---------------------|--------------|
| <p>NAME:</p> <p>_____</p> <p>[PLEASE PRINT]</p> <p>_____</p> <p>SIGNATURE</p> | <p>PHONE: () -</p> | <p>DATE:</p> |
|---|---------------------|--------------|

TALK TO ME TECHNOLOGIES IS REQUIRED TO KEEP A COPY OF ALL DOCUMENTATION ON FILE TO COMPLY WITH STATE AND GOVERNMENT REQUIREMENTS; HOWEVER, A COPY SHOULD BE KEPT BY BOTH THE CLIENT AND THE CLIENT'S CONTACT PERSON.

MAIL COMPLETED FUNDING PACKET TO ADDRESS ON FIRST PAGE



CUSTOMER INFORMATION CHECKLIST

Customer: _____

Equipment: _____

This form is valid for 6 months from date of signature and is to include any/all rentals and/or purchases.

1. Customer Information, Customer Complaints, Customer Rights and Responsibilities (See separate pages.)
2. HIPAA Privacy Notice and Medicare Supplier Standards (See separate pages.)
3. Acceptance of Services
I understand that by signing this agreement, I authorize provision of products and/or services to me by **Talk to Me Technologies**. I also understand that the products and services provided are prescribed by my physician and that it is necessary that I remain under the supervision of my attending physician during the course of my care.
4. Same or Similar Equipment No Yes
If "No" is checked, I acknowledge that I have never received the same or similar equipment within the last five years, as listed above, from another home medical equipment provider. If I have selected "Yes", then I understand my insurance carrier may not cover the named equipment and I may be asked to execute an Advance Beneficiary Notice.
5. Release of Information
I hereby authorize release to **Talk to Me Technologies** any and all of my medical records pertaining to my medical history, services rendered, or treatments received from my physician(s) or hospital. In order to process insurance claims, I also hereby authorize **Talk to Me Technologies** to furnish to my insurance carrier(s), any medical history, services rendered, or treatment needed.
6. Release of School Information (for school aged clients only)
I also authorize release to **Talk to Me Technologies** any and all school/educational history, records and treatment received from _____ (name of school/district).
7. Photographs/Video
I hereby give my permission and authorize **Talk to Me Technologies** the ability to take, use and release any photographs and/or video clips of any or all parts of the evaluation process and/or wheelchair/equipment being used. And I have the right to request cessation of the production or use of the recordings, videos or other images at any time.
8. Assignment of Benefits
I authorize direct payment of insurance benefits by my insurance company to **Talk to Me Technologies**. In the event that my insurance carrier does not accept "assignment of benefits", I understand that payments may be sent directly to me and I am obligated to endorse and directly send such payments to **Talk to Me Technologies** for payment of my bill.
9. Financial Responsibility
I understand that I am responsible to **Talk to Me Technologies** for all charges not covered by my insurance. I recognize that in the event that my insurance company, employer, or any other third party payer refuses to pay the rental and/or purchase price(s) of the above items, or delays payment beyond 90 days of my receipt of items, or in the event that I have no insurance coverage or third party payer, that I will be responsible for said payments and will make prompt reimbursement within 30 days of notification by **Talk to Me Technologies** for all charges.
10. For ALL Medicare clients:
I certify that I **AM NOT** receiving in home or facility based hospice care, skilled nursing or hospital based care. I also understand that if the Medicare part B claim denies due to enrollment in the above listed types of care, I assume full responsibility for the cost of all equipment provided by **Talk to Me Technologies, LLC**.

MY SIGNATURE INDICATES THAT I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS DOCUMENT.

Customer: _____

Date: _____

Relation: _____

Reason: _____

OUR MISSION AND PURPOSE

Talk to Me Technologies' mission is to hear our clients 'talking' as quickly as possible with the use of a speech generating device that best suits their needs.

CUSTOMER INFORMATION

Our normal business hours are 9:00 am – 3:30pm., Monday through Friday. A voice message system will answer the Company's phones after normal business hours. However, most services will be performed during normal service hours. If your call is an emergency and cannot wait until normal business hours, it is suggested that the customer or caregiver dial "911" for professional emergency services.

CUSTOMER COMPLAINTS

Any customer who feels his/her rights have been denied, who desires further clarification of rights, or who desires to lodge a complaint or express contentment with any aspect of service or equipment, including concerns about patient safety and the risk of falls, should contact us through our main telephone number, without fear of reprisal by the company or by any of its employees. If the issue cannot be resolved via a telephone call with a customer service representative, the matter will automatically be forwarded to the appropriate manager.

JCAHO INFORMATION

The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 1/800-994-6610 or emailing complaint@jcaho.org.

CUSTOMER RIGHTS – YOU HAVE THE RIGHT TO:

- Be given timely, appropriate, and quality professional home care services without discrimination.
- Be provided with proper products and services as ordered by a qualified health care professional.
- Receive products in proper operating condition according to the manufacturer's specifications.
- Receive fair treatment, including honoring cultural, spiritual, and personal preferences.
- Request a detailed explanation of your bill for products and services.
- Be communicated with in a way that you can reasonably understand.
- Refuse equipment and services, accepting full responsibility for that refusal.
- Choose your provider of home care services.
- Be assured of confidentiality, to review your records, and to approve or refuse the release of records.
- Have competent and qualified people carry out the services for which they are responsible.
- Voice your grievances and recommend changes without fear of reprisal.
- Report concerns about patient safety without fear of reprisal.
- Be given reasonable notice of discontinuation of service.
- Return any undamaged and properly functioning equipment to Talk to Me Technologies within 30 calendar days of delivery date. Customer assumes return shipping charges. Any equipment payment received will be returned to funding source(s) within 30 days of Talk to Me Technologies' receipt of returned equipment and upon testing for damage and proper function.

CUSTOMER RESPONSIBILITIES – IT IS YOUR RESPONSIBILITY TO:

- Dial "911" whenever a life threatening medical emergency arises.
- Provide complete and accurate information regarding your medical history and billing information.
- Comply with your physician's orders and plan of care.
- Use and care for the equipment provided and not allow use by anyone other than the authorized patient.
- Contact us about any equipment malfunction or defect, and allow our staff to correct the problem.
- Advise us of any changes in your status, including address, medical condition, and billing information.
- Assume payment responsibility for services not covered by your insurance carrier, except when not allowed by law.
- Maintain a safe home environment for the proper utilization of equipment.
- To report to us any concerns about patient safety or occurrences of patient falls.
- Pay for the replacement costs of any equipment damaged, destroyed, or lost due to misuse, abuse, or neglect.

WARRANTY INFORMATION

Every product sold or rented by Talk to Me Technologies carries a one (1) year manufacturer's warranty. Talk to Me Technologies notifies all Medicare beneficiaries of the warranty coverage and we honor all warranties under applicable State law. Talk to Me Technologies will repair or replace, free of charge any Medicare covered item that is under warranty. Any Medicare covered item that is rented to a Medicare beneficiary will be maintained, replaced, or repaired at no charge.

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).

1. 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.
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. 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.
12. 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.
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 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.
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. 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.

MEDICARE DMEPOS ESTANDARES PARA SUPLIDORES

Nota: Esta lista es una versión abreviada de los estándares todo proveedor de Medicare DMEPOS debe reunir para obtener y retener sus privilegios para facturación. La lista completa de éstos estándares, está en 42 C.F.R. pt. 424, sec 424.57(c).

1. El proveedor deberá cumplir con toda licencia aplicable del Gobierno Federal y Estatal y con todo requerimiento regulatorio, y no podrá contratar a un individuo o entidad para proveer esos servicios que requieran licencia.
2. El proveedor deberá proveer información completa y actualizada en la solicitud para proveedor de DMEPOS. Cualquier cambio de ésta información deberá ser reportada al National Supplier Clearinghouse en 30 días.
3. Una persona autorizada (alguien cuya firma ate a la compañía) deberá firmar la solicitud para obtener privilegios de facturación.
4. El proveedor dispensará las recetas/órdenes de su propio inventario o deberá tener un contrato con otras compañías para la compra de los artículos necesarios para dispensar las recetas/órdenes. El proveedor no podrá tener contratos con ninguna entidad que esté excluida del programa de Medicare, cualquier programa de salud Estatal, o de los programas Federales de procuramiento y no procuramiento.
5. El proveedor deberá informar a los beneficiarios de que pueden alquilar o comprar equipo médico durable económico o rutinariamente comprado, y de la opción de compra de los equipos alquilados una vez que lleguen a su término de alquiler.
6. El proveedor deberá notificar a los beneficiarios de la cobertura de las garantías y honrar toda garantía aplicable bajo la ley Estatal y reparar o reemplazar sin costo alguno, todo artículo cubierto por Medicare.
7. El proveedor deberá mantener un local físico en un lugar apropiado. Este estándar requiere que el local sea accesible al público y esté atendido durante las horas de operación. El local deberá medir por lo menos 200 pies cúbicos y tener espacio para guardar los expedientes médicos.
8. El proveedor deberá permitirle a CMS, o a sus agentes, que conduzcan inspecciones, para asegurar que el proveedor esté en cumplimiento con éstos estándares. El local del proveedor deberá ser accesible a los beneficiarios durante horas de negocios razonables y deberá mantener un letrero visible incluyendo las horas de operación.
9. El proveedor debe mantener una línea de teléfono para el negocio la cual esté registrada bajo el nombre del negocio en el directorio local, o un número sin costo, disponible a través de la operadora. El uso exclusivo de un beeper, de una grabadora, de un servicio de contestadora o de un teléfono celular durante las horas de operación, está prohibido.
10. El proveedor debe tener seguro comprensivo de riesgo y responsabilidad por una cantidad de por lo menos \$300,000 que cubra los dos, el negocio y los clientes y empleados del proveedor. Si el proveedor manufactura sus propios artículos, éste seguro debe también cubrir riesgo y responsabilidad del producto y la operación en su totalidad.
11. El proveedor debe estar de acuerdo en no iniciar contacto telefónico con beneficiarios, con algunas excepciones. Este estándar les prohíbe a los proveedores contactar a los beneficiarios de Medicare basados en alguna receta médica verbal a menos de que le aplique alguna excepción.
12. El proveedor es responsable de entregar y explicar a los beneficiarios cómo usar todo artículo cubierto por Medicare, y mantener prueba de entrega.
13. El proveedor debe contestar preguntas y responder a toda queja que los beneficiarios tengan, y mantener documentación de dichos contactos.
14. El proveedor debe dar mantenimiento y reemplazar sin costo alguno o reparar directamente, o a través de un contrato de servicio con otra compañía, artículos cubiertos por Medicare que el proveedor haya alquilado a los beneficiarios.
15. El proveedor debe aceptar devoluciones de artículos de baja calidad o inadecuados de los beneficiarios (artículos cuya calidad sea inferior a la establecida para dicho artículo, o artículos que son inapropiados para el beneficiario en el momento de haber sido medidos y alquilados o vendidos).
16. El proveedor debe revelar éstos estándares para proveedores a cada beneficiario a quien provee artículos cubiertos por Medicare.
17. El proveedor debe revelar al Gobierno toda persona dueña, que tenga participación financiera o participación en el control del negocio.
18. El proveedor no deberá transferir o reasignar su número de proveedor (eje: el proveedor no puede vender o permitir que otra entidad use su número de proveedor de Medicare).
19. El proveedor debe establecer un protocolo para resolver quejas de los beneficiarios relacionadas a éstos estándares. Un registro de éstas quejas deberá ser mantenido en el local del proveedor.
20. El registro de las quejas debe incluir: nombre, dirección, número de teléfono y el número de Medicare (HICN) del beneficiario, un resumen de la queja y cualquier acción tomada para resolverla.
21. El proveedor debe acceder a proporcionarle a CMS cualquier información requerida por el estatuto y regulaciones de implementación de Medicare.
22. Todo proveedor debe ser acreditado por una organización de acreditación aprobada por CMS para obtener y retener sus privilegios para facturación. La acreditación debe indicar los productos y servicios específicos para los cuales el proveedor está acreditado, para que el proveedor reciba pago por esos productos (excepto ciertos productos farmacéuticos exentos).
23. Todo proveedor debe notificar a su organización de acreditación cuando abra un nuevo local de DMEPOS.
24. Cada local del proveedor, propio o subcontratado, debe cumplir con los estándares de calidad de DMEPOS y ser acreditado por separado para facturar a Medicare.
25. Todo proveedor debe revelar durante el periodo de inscripción, todos sus productos y servicios, incluyendo la adición de nuevos productos para los cuales está solicitando acreditación.
26. Debe cumplir con los requisitos de fianza de garantía especificados en 42 C.F.R. 424.57 (c). Fecha de implementación Mayo 4, 2009
27. El proveedor debe obtener oxígeno de un proveedor que tenga licencia del Estado para suplir oxígeno.
28. El proveedor debe mantener documentación, órdenes y referidos, de acuerdo con las provisiones que se encuentran en 42 C.F.R. 424.516(f).
29. Los proveedores de DMEPOS tienen prohibido compartir su local con ciertos otros proveedores y proveedores de Medicare.
30. Los proveedores de DMEPOS deben permanecer abiertos al público por un mínimo de 30 horas por semana con ciertas excepciones.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Commitment to Privacy:

Talk to Me Technologies (TTMT) is dedicated to maintaining the privacy of your healthcare information and we are required by law to maintain the confidentiality of information that identifies you. Any use of healthcare information beyond the uses described below requires your individual written authorization. The Health Insurance Portability and Accountability Act (HIPAA) obligates Talk to Me Technologies to provide you with a copy of our Privacy Notice, outlining our privacy practices and how we safeguard your health information. Talk to Me Technologies abides by the terms of the Privacy Notice currently in effect, and reserves the right to revise or amend the notice, as needed.

Your Health Information Rights:

Although your health record is the physical property of the healthcare facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information;
- Obtain a paper copy of the notice of privacy practices;
- Inspect and copy your health care record;
- Obtain an accounting of disclosures of your health information;
- Request confidential communication;
- Amend your healthcare record;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities:

Talk to Me Technologies is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable requests you may have to communicate health information by alternative means.

Talk to Me Technologies reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to your address on file. We will not use or disclose your health information without your authorization, except for treatment, payment, and healthcare operations.

HITECH Amendment

Talk to Me Technologies is including HITECH Act provisions to its Notice as follows:

HITECH Notification Requirements

Under HITECH, Talk to Me Technologies is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must:

- (1) Contain a brief description of what happened, including the date of the breach and the date of discovery;
- (2) The steps the individual should take to protect themselves from potential harm resulting from the breach;
- (3) A brief description of what Talk to Me Technologies is doing to investigate the breach, mitigate losses, and to protect against further breaches.

Business Associates

Effective February 2010, Talk to Me Technologies Business Associate Agreements have been amended to provide that all HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, and documentation requirements apply directly to the business associate.

Cash Patients/Clients

HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

Access to E-Health Records

HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct Talk to Me Technologies to send the e-health record directly to a third party. Talk to Me Technologies may only charge for labor costs under the new rules.

Accounting of E-Health Records for Treatment, Payment, and Health

Talk to Me Technologies does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, starting January 1, 2014, the Act will require Talk to Me Technologies to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request.

Examples of Disclosure for Treatment, Payment, and Healthcare Operations:

We will use your health information for treatment. Information obtained by our company will be documented in your healthcare record and will be used to provide you with durable medical equipment and/or supplies. The prescription that your physician has ordered will be part of the record and will determine the equipment and supplies that you receive.

We will use your health information for payment. In order to determine your eligibility for equipment and/or supplies, Talk to Me Technologies may contact your insurance company and disclose healthcare related information. Also, Talk to Me Technologies will bill you or a third-party payer for services that you receive from our company. The health information that identifies you, your diagnosis, equipment, and supplies may be included on this bill.

We will use your health information for healthcare operations. Talk to Me Technologies may use your health information to evaluate the quality of care you receive from us, to conduct cost management assessments, and to plan business activities. This information is used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Other Uses or Disclosures:

Business Associates: There are some individuals who are under contract with Talk to Me Technologies and, from time to time, are engaged in the improvement or financial enhancement of our business. So that your health information is protected, however, we require any business associate to appropriately safeguard your information.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Health Oversight Activities: We may disclose health information to health oversight agencies for activities authorized by law, including surveys, audits, and compliance inspections.

Worker's Compensation: We may release your health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Warranty Registration: We may provide your name and identifying information to a third party regarding your speech-generating device, in order to properly register the warranty.

For More Information:

Please contact Talk to Me Technologies' Privacy Officer, at 877-392-2299, if you require additional information and/or want to pursue your rights, including:

- Requesting restrictions;
- Inspecting and copying your record;
- Securing an accounting of disclosures;
- Requesting additional disclosures;
- Revoking authorizations at any time;
- Filing a complaint

If you believe your privacy rights have been violated, you may contact our company's Director of Clinical Operations. You may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights). There will be no retaliation for filing a complaint.