



Corporate Office:
3820 Northdale Blvd Ste 309B
Tampa, FL 33624

Patient Data

Phone: 866-961-0606
Fax: 877-552-3422

Please Fill Out Completely
Please Send Copy of Patient's Insurance Card

Hours: M-F 8a-5p EST
Fees Available Upon Request

Patient	Home Phone	Work Phone
Address		
City	State	Zip
Social Security #	Circle: Male / Female	Height: _____ Weight: _____ Date of Birth
Contact Person NOT living with patient.	Phone:	Relationship:
Employer Name	Employer Address, City, State, Zip	Employer Telephone #
Name of Insurance Company	Adjuster:	Primary Insurance Phone #
Address of Insurance Company	City	State Zip:
Insured's Name: (If different from patient)	Subscriber's DOB:	Relationship to Patient:
Policy / Claim #: Group #:	Dr's office is (In or Out) w/ insurance provider In network provider #	
Accident related to: (Circle One) Employment Automobile Illness _____	Date Occurred:	State Occurred
Secondary Insurance Company (Address, City, State, Zip)	Adjuster:	Phone#:
Insured's Name (If different than patient)	Relationship	Policy # Group #
Attorney (Name, Address)	Attorney Phone #:	Attorney Fax #:

PATIENT'S AUTHORIZATION

I am under the care of Dr. _____ . It has been determined that _____ along with necessary supplies is an effective modality for my diagnosed condition.

SER #

LOT#:

ASSIGNMENT OF BENEFITS TO COMPANY, CONSENT TO RELEASE HEALTH INFORMATION & AGREEMENT TO PAY

Patient requests that payment of all authorized benefits be made on their behalf to World Wide Medical Services, Inc for products & services that have been provided to patient. In the event benefit payments due World Wide Medical Services, Inc. are paid directly to Patient, the payee shall immediately endorse and remit to World Wide Medical Services, Inc all such benefit payment checks. Patient further authorizes a copy of this agreement to be used in place of the original to release to The Centers for Medicare & Medicaid Services and its agents, or other payers, any information needed to determine these benefits or compliance with current healthcare standards. The Patient authorizes all medical personnel and/or entities involved in Patient's treatment to disclose to World Wide Medical Services, Inc any and all information concerning the Patient's medical history and condition that may assist World Wide Medical Services, Inc in processing claims for items provided to the Patient by the World Wide Medical Services, Inc. The Patient hereby authorizes healthcare providers to rely on this Consent to Release Health Information without the need for a separate release authorization to release the information for treatment, payment and health care operations purposes. If this was a pick-up or return of equipment, I acknowledge that I have returned the item(s) listed to your staff. World Wide Medical Services, Inc bills third-party payers as a courtesy.

ACKNOWLEDGMENT OF INSTRUCTIONS, RETURN DEMONSTRATION & UNDERSTANDING OF COMPANY INFORMATION

Patient acknowledges receiving instruction and has demonstrated or verbalized understanding in the proper use & care of the equipment or supplies received & will follow them. Patient understands the business hours of World Wide Medical Services Inc & understands that a World Wide Medical Services, Inc. representative may be contacting patient regarding any additional information that may be needed related to this agreement. Patient certifies that they have not rented or purchased the equipment listed on this agreement through Medicare in the past, Patient acknowledges receipt & understanding of World Wide Medical Services, Inc's Company Patient Health Information Privacy Notice & that all information on both sides of this document is correct.

Signature of patient or authorized representative: _____ **Date:** _____
If signed by caregiver or other, please list relationship and diagnosis related reason for not signing (Example: Husband, Sister, R.N., etc. & "patient unable to sign due to _____").

WORLDWIDE MEDICAL SERVICES, INC. – MISSION STATEMENT

We are dedicated to exceeding our customer's expectations in providing the greatest quality & value in home medical equipment products, supplies & services.

RIGHTS, RESPONSIBILITIES, RENTAL & SALES AGREEMENT

"Company" when used in this agreement, refers to World Wide Medical Services, Inc. "Patient" refers to the person receiving medical equipment & supplies. TITLE to the rental of equipment & all parts shall remain with the Company, unless equipment is purchased & paid for in full. Patient must promptly notify Company of rental equipment malfunctions or defects & allow Company representatives to enter their premises to perform REPAIR & SERVICE; written manufacturer or Company warranty will apply on all sales. Company shall not insure or be responsible to patient or caregiver for any PERSONAL INJURY OR PROPERTY DAMAGE related to any product, including that caused by improper use or function thereof, the act or omission of any third party, or by any criminal act or activity, fire or act of God. I understand that I am fully responsible for all deductibles, coinsurance & disallowables, unless in the event this may pose a financial hardship. Company may impose a monthly service fee of 1 1/2 % of the unpaid balance. Sales RETURNS may be accepted in unopened packages &/or salable condition within three (3) business days from date of original invoice with proof of purchase. Due to health department regulations, no merchandise may be accepted for return if worn next to the skin, food product, used for sanitary or hygienic purposes or if it is disposable (electrodes, wipes, creams, batteries, etc.). Special order items will require a deposit & are non-returnable. Company maintains 24-hour availability by telephone. Patient is responsible for monitoring supply levels. Should a life-threatening MEDICAL EMERGENCY arise, the patient or caregiver must contact their local emergency services number for assistance. Patient retains the right to refuse Company services & assumes responsibility for any consequence relating to REFUSAL of any service ordered delivered to the patient by a healthcare professional. Patient may participate in all decisions regarding service, including admission, plan of service, of anticipated outcomes of service and of any barriers in outcome achievement, discharge, transfer & referral. Patient personal healthcare information listed on the reverse side will be kept CONFIDENTIAL by Company and only used for healthcare operations, services & payment purposes. In the interest of health & safety, Company retains the RIGHT TO REFUSE DELIVERY of service at any time, however, does not discriminate. Patient has a right to respect, dignity, privacy, choice, informed consent, special communication needs, participation in the care planning process, adequate care & services, appropriate assessment and management of pain, knowledge of service limitations, description & charges of those services available and payment for them. Patient agrees to NOTIFY Company of any MEDICAL STATUS change such as doctor's prescription, advance directives being in place or changed, acquiring an infection requiring hospitalization or MD visit, change of residence or insurance coverage. Company is privately-owned and any financial benefits of referrals made by the Company will be disclosed to the patient. Patient will be communicated in a way they can understand. Those wishing to express their comments regarding our services, review, amend, review disclosure, restrict or revoke consent on their records, without fear of reprisal, should contact the Company during business hours; you will be notified of receipt of your comments within 5 business days; we will notify you of the results of our investigation within 14 business days. We are approved by Medicare (800-633-4227) and licensed by Florida Dept of Health (850-488-0595); should we be unable to resolve an issue, please feel free to contact them. Our staff wears name tags for identification. Patient & Company agree to go to arbitration should a disagreement arise.

PATIENT HEALTH INFORMATION-PRIVACY NOTICE

Please note that we maintain paper & electronic files that may contain private information about you that may include, but are not limited to your name, address, phone number, contact person, height & weight, diagnosis, prognosis, physician(s), prescriptions, plans of service & treatment, vital signs & other clinical impressions, insurance coverage(s), equipment rented & purchased from us, credit card number(s), dates of service, etc. We release, transfer & disclose the above information to third parties to facilitate appropriate provision & review of services & billing for our clients of record. These files are legal documents & are also used for education, evaluating the performance of our organization, marketing & planning purposes. We have measures in place to protect patient health information as required by law. These measures include, but are not limited to, security precautions being in place in our buildings, vehicles, billing software, transactions with government entities, vendors, consultants, surveyors, your family or appointed representative & other appropriate parties, transmission of data to third-parties, telephonic & wireless communications, maintenance, retention & destruction of data, etc. You have the right to amend, restrict, revoke consent to release, examine or obtain copies of the data that we have in your file & have released to others upon request. If you have questions concerning any of the above, please contact our Privacy Officer at our number on the reverse side.

MEDICARE SUPPLIER STANDARDS

1. A supplier must be in compliance with all applicable Federal & State licensure & regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes must be reported to the National Supplier Clearing House 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 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 DME & 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 & repair or replace free of charge Medicare covered items under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS, or its agents to conduct onsite inspections to ascertain the supplier's compliance with 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 or cell phone 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 & all customers' and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover the product liability and completed operations.
11. A supplier must agree not to initiate phone contact with beneficiary with a few exceptions allowed. This prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items & maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contact.
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 standard 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. 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, & any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations. Medicare Hotline: 800 633-4227.
22. All suppliers must be accredited by a CMS-approved accreditation organization and must indicate the specific products and services for which the supplier is accredited in order to receive payment for those specific products and services.
23. All suppliers must notify their accreditation organization when a new location is opened. The accreditation organization may accredit the new location for three months after it is opened without requiring a new site visit.
24. All supplier locations 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 which they are seeking accreditation. If a new product line is added after enrollment, the supplier will be responsible for notifying the accrediting body of the new product so that the supplier can be re-surveyed and accredited for these new products.
26. All DMEPOS suppliers must obtain a surety bond in order to receive and retain a supplier billing number.