

WELCOME TO DIABEST INC.

DIABEST, INC is a privately – owned company dedicated to providing home care patients/clients with quality healthcare equipment and services. We specialize in the rental, sale, and service of a wide of respiratory products, medical supplies, Orthotics, Prosthetics, Orthopedics shoes as well as durable medical equipment.

DIABEST, INC prides itself on its staff of highly motivated and carefully trained home care professionals: people who know and understand your needs and respond to them in a personal and friendly manner. These include equipment specialists, custom service representatives, and billing specialists. All our staff works together as a team to provide the finest patient care available.

At DIABEST, INC, we accept only those patients/clients whose health care can be properly met by the services we offer and by the area we serve. We deliver all our products and services to customers in the State of New Jersey.

A Partial Listing of our services includes:

* Home Medical Equipment * Home Care Supplies * Aids to Daily Living * Therapeutic Equipment * Orthotics & Prosthetics

OUR MISSION AND PURPOSE

... is to provide the highest quality home healthcare equipment, supplies, and service to all of our patients regardless of race, creed, sex, color, religion, method of payment, or medical diagnosis.

CUSTOMER INFORMATION

DIABEST, INC normal business hours are 10:00 am to 6:00 pm, Monday through Friday and 11:00 am to 5:00 pm on Saturdays. An answering machine receives messages after normal business hours. If you have an emergency that 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 corporate manager. Should the problem remain unresolved, customers may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about the JCAHO accredited 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.
- 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 all 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.
- Be given reasonable notice of discontinuation of service.

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 carried, except when not allowed by law.
- Maintain a safe home environment for the proper utilization of equipment.
- Pay for the replacement costs of any equipment damaged, destroyed, or lost due to misuse, abuse, or neglect.

MEDICARE SUPPLIER STANDARDS

DIABEST, INC, as a Medical Provider, abides by and complies with all Supplier Standards as set forth by CMS (The Center for Medicare and Medicaid Services). The supplier standards are enclosed in the admissions packet for every customer's review.

MEDICARE DMEPOS SUPPLIER STANDARDS

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. 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 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 no 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.
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.
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 is also considered a manufacturer this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries unless one of the following applies. The individual has given written permission, the contact is to coordinate the delivery of an item already ordered or the supplier has provided a covered item in the 15-month period preceding the contact.
12. A supplier is responsible for delivery and instruction on the use of Medicare covered items and must have documentation of such.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such.
14. A supplier must maintain, replace or repair at no charge Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard or unsuitable items it has rented or sold to beneficiaries.
16. A supplier must disclose these 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.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to the supplier standards. A record of these complaints must be maintained at the physical facility.
20. A suppliers 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.

**Diabest, Inc as a Medicare Supplier abides by and complies with the above
Supplier Standards as set forth by CMS**

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:

DIABEST, INC 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) obligate DIABEST, INC to provide you with a copy of our Privacy Notice, outlining our privacy practices and how we safeguard your health information. DIABEST, INC 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: DIABEST, INC 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.

DIABEST, INC 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.

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, DIABEST, INC may contact your insurance company and disclose healthcare related information. Also, DIABEST, INC 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. DIABEST, INC 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 DIABEST, INC 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.

For More Information: Please contact DIABEST, INC's General Manager, [mailto: Diabest2004@yahoo.com](mailto:Diabest2004@yahoo.com) , or (732)293-0002, or 732-293-0003, if you require additional information and/or want to pursue your rights, including:

- a. Requesting restrictions;** **b. Securing an accounting of disclosures;** **c. Filing a complaint;**
d. Inspecting and copying your record; **e. Requesting additional disclosures;** **f. Revoking authorizations at any time.**

If you believe your privacy rights have been violated, you may contact our company's General Manager. 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.

DIABEST, INC.
133-A Smith Street
Perth Amboy, NJ 08861

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5	4	3	2	1	
<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?				
<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?				
<input type="checkbox"/>	3. Does the equipment operate properly?				
<input type="checkbox"/>	4. Were adequate instructions provided for the safe use of the equipment?				
<input type="checkbox"/>	5. Was the staff courteous and helpful?				
<input type="checkbox"/>	6. Were your financial responsibilities appropriately explained?				
<input type="checkbox"/>	7. Was the after hours or on-call policy explained?				
<input type="checkbox"/>	8. Overall were the services you received to your satisfactions?				
<input type="checkbox"/>	9. Would you recommend our service to your friends and family?				
<input type="checkbox"/>	10. Waiting time to receive device?				
<input type="checkbox"/>	11. Quality of device?				
<input type="checkbox"/>	12. The services I receive met my healthcare needs?				
<input type="checkbox"/>	13. Customers care and safety in the organization?				

Comments: _____

Survey ID: _____ Date: _____

Optional: _____
Name Address Phone

Diabest, Inc Representative: _____ Date: _____

Thank You!