

Dear Atos Medical customer,

Thank you for your order; we very much appreciate your business. Now that you are an Atos Medical customer, we want to tell you about the services that are available to you at no extra charge.

Insurance and Medicare Billing

Atos Medical makes insurance filing easy by offering Medicare and insurance claim submission and follow-up. Our knowledgeable and experienced insurance team works hard to get your claim approved. Insurance questions? Please call 1-800-217-0025 and select option 2.

Assignment

Many of our products are eligible for special Medicare assignment pricing. For those products, patients having Medicare with Part B coverage pay only 20% of the assignment pricing determined by Medicare. Medicare pays the remaining 80%. If you have a secondary insurance plan that pays for your Medicare co-pays and deductibles, you may not have to pay anything at the time of the order for these products.

Clinical & Technical Support

Experienced Atos Medical personnel are available to assist you and your clinician with technical and clinical questions. Call 1-800-217-0025 and press option 1.

ShopAtosMedical

Convenient on-line ordering is available 24 hours a day at www.shopatosmedical.com. Register now and products can be yours at the touch of a button.

Bilingual Support

Si usted es un profesional o paciente que prefiere comunicarse en español, llame nuestra línea de servicios al cliente al 1-800-217-0025, marque número cinco. Our bilingual interpreters are available to assist Spanish speaking customers 8:30 - 5:00 p.m. Monday-Friday Central Standard Time. Háganos una llamada.

Automatic Monthly Shipments

If you order the same products every month we can ship them to you automatically; just give us a call and ask us to place your order in our Automatic Monthly Shipment program. You'll receive a call prior to each shipment to confirm your order.

At Atos Medical our primary goal is to exceed your expectations. We already deliver the highest quality and sensibly priced Provox[®] products that are backed by years of **Evidence and Experience**. We hope you take advantage of all of the other benefits we offer as well. Please contact our Customer Service to obtain a catalog or visit www.atosmedical.us to view our products offered.

Thank you again for ordering from us.

Please note: Our business hours are from 7:30 - 5:00 p.m. Monday-Friday Central Standard Time.

Warm Regards,

Atos Medical Inc.

ORDERING Laryngectomy Supplies

We Need a Prescription from Your Doctor

- Prescription and Diagnosis Form : Laryngectomy Supplies: **INS007L**

Find insurance forms on-line at: <http://www.atosmedical.us/>

- Prescriptions are valid for up to one year
- Fax directly to Atos Medical Inc at 414-227-9033

Patients *without* Insurance or DME Coverage

- Order on-line at www.shopatosmedical.com
- Call 800-217-0025 to place an order
- Pay by VISA, MasterCard, American Express, Discover, bank draft, check or money order

Patients with DME Insurance Coverage

- Complete Patient Insurance Information Form **INS003L** (Laryngectomy and Tracheostomy supplies) and obtain clear copies of the front and back of all insurance cards
- Complete Patient Service Agreement Form **INS004**
- Fax information to 414-227-9033 or mail to Atos Medical Inc
- Call 800-217-0025 to place an order
- Atos Medical Inc Insurance staff will file your claims upon request

Patients with Medicare Coverage

If you have Original or Traditional Medicare, Atos Medical Inc can submit your claim to Medicare and is able to accept assignment on certain items (some restrictions may apply). For assignment items you will be required to pay 20% of the Medicare allowed amount (*provided* you have satisfied your Medicare Part B deductible for the year). Medicare will pay the remaining 80%. **In order to take advantage of the Medicare rates, Medicare requires that we have the completed written physician order form (INS007L) prior to shipping your order.** For non-assigned items, you will be responsible for payment in full at the time of order. Atos Medical Inc will file your claim, and Medicare will reimburse you based on their portion of the allowed amount.

Atos Medical Inc is Out-Of-Network

For **all other Medicare plans** and private insurance plans, it is *strongly* recommended that you contact your insurance company prior to ordering. Since Atos Medical Inc is **out-of-network**, a Prior Authorization may be required. You should confirm that you are eligible for Durable Medical Equipment (DME) Benefits. Please note that you may have a separate DME deductible. The insurance department of Atos Medical Inc is happy to assist you with this upon request. Simply contact us at **800-217-0025, option 2** for assistance. Ask your insurance company to fax any required authorizations or pre-approvals to Atos Medical Inc at **414-227-9033**.

Any Questions?

Contact the Insurance Department at Atos Medical Inc at **1-800-217-0025, option 2**.

LET US KNOW IMMEDIATELY IF THERE ARE ANY CHANGES IN YOUR INSURANCE COVERAGE!

This is a Prescription form only. This form will not automatically generate an order for shipment.

Patient Info

Patient Name _____ **Phone #** _____
Address _____ **Email** _____
City _____ **State** _____ **Zip** _____ **Date of Birth** _____ Female Male
Insurance Carrier _____ **Insur. phone** _____ **Policy #** _____

Prescription Information

Provox® HME Cassettes

<input type="checkbox"/> Provox® XtraMoist HME Cassettes	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90
<input type="checkbox"/> Provox® XtraFlow HME Cassettes	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90
<input type="checkbox"/> Provox® Micron HME Cassettes	<input type="checkbox"/> 5 <input type="checkbox"/> 60 <input type="checkbox"/> 90

Provox® Adhesives

<input type="checkbox"/> Regular <input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Plus	<input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> 60
<input type="checkbox"/> FlexiDerm™ <input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Plus	<input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> 60
<input type="checkbox"/> OptiDerm™ <input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Plus	<input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> 60
<input type="checkbox"/> Provox® XtraBase®	<input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> 60
<input type="checkbox"/> Provox® StabiliBase™	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45
<input type="checkbox"/> Provox® StabiliBase™ OptiDerm™	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45

Provox® Voice Prostheses

1. Select Model

Provox® Vega™ 17Fr 20Fr 22.5Fr 4 - Vega only

Provox® Vega™ XtraSeal 17Fr 20Fr 22.5Fr 4.5 - Provox2 & ActiValve only

Provox®2 6 8

Provox® ActiValve® Light Strong Xtra-Strong 10

Provox® NiD™ 17Fr 20Fr 12 - NiD only 12.5 - not available for NiD 14 - NiD only 15 18 - NiD only

2. Indicate Frequency of Replacement of Prosthesis

1 per mo. or per year

3. Select length (mm)

Speech Aids

<input type="checkbox"/> Electrolarynx <input type="text"/>	<input type="checkbox"/> Servox® Oral Connector w/Adapter <input type="text"/>
<input type="checkbox"/> BoomVox™ <input type="checkbox"/> SmartCharger™ <input type="text"/>	<input type="checkbox"/> Servox® Battery, NiH <input type="text"/> Qty./mo.
<input type="checkbox"/> SoniVox Plus™ Waistband Amplifier <input type="text"/>	<input type="checkbox"/> Servox® Data Cable <input type="text"/> Qty./mo.
	<input type="checkbox"/> TruTone™ HandsFree Accessory <input type="text"/>

Provox® FreeHands FlexiVoice

<input type="checkbox"/> Provox® FreeHands HME Moist Cassettes	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90
<input type="checkbox"/> Provox® FreeHands HME Flow Cassettes	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90

Frequency of Replacement

<input type="checkbox"/> Provox® FreeHands FlexiVoice Set Plus	Every <input type="text"/> month(s)
<input type="checkbox"/> Provox® FreeHands FlexiVoice Set	Every <input type="text"/> month(s)
<input type="checkbox"/> Provox® FreeHands FlexiVoice Light	Every <input type="text"/> month(s)
<input type="checkbox"/> Provox® FreeHands FlexiVoice Medium	Every <input type="text"/> month(s)
<input type="checkbox"/> Provox® FreeHands FlexiVoice Strong	Every <input type="text"/> month(s)
<input type="checkbox"/> Provox® HME Cap™	Every <input type="text"/> month(s)

Tracheostoma and Laryngectomy Accessories

<input type="checkbox"/> Provox® Cleaning Towel (200 pcs per box)	<input type="text"/> box
<input type="checkbox"/> Remove™ or TacAway® (50 pcs per box)	<input type="text"/> box
<input type="checkbox"/> Skin-Prep™/Skin Tac Wipe™/ StomaCare® Barrier Wipe (50 pcs per box)	<input type="text"/> box
<input type="checkbox"/> Provox® Silicone Glue (40ml bottle)	<input type="text"/> bottle
<input type="checkbox"/> Provox® Voice Prosthesis Brush (set of 6)	<input type="text"/> set
<input type="checkbox"/> Provox® LaryTube TubeBrush (set of 6)	<input type="text"/> set
<input type="checkbox"/> Stoma Foam Cover	<input type="text"/> set
<input type="checkbox"/> Provox® Flush	<input type="text"/> pcs
<input type="checkbox"/> Provox® ShowerAid	<input type="text"/> pcs
<input type="checkbox"/> Provox® XtraFlange™	<input type="text"/> pcs
<input type="checkbox"/> Provox® ActiValve Lubricant	<input type="text"/> pcs
<input type="checkbox"/> Provox® Dilator	<input type="text"/> pcs
<input type="checkbox"/> Provox® Plug <input type="checkbox"/> 17Fr <input type="checkbox"/> 20Fr <input type="checkbox"/> 22.5Fr	<input type="text"/> pcs
<input type="checkbox"/> Provox® TubeHolder	<input type="text"/> pcs
<input type="checkbox"/> Kapi Gel® Spacer	<input type="text"/> pcs

Tracheostoma Support **Size (required)** **Frequency of Replacement**

<input type="checkbox"/> Provox® LaryButton™ <input type="text"/>	<input type="checkbox"/> Every 3 mos. <input type="text"/>	Other <input type="text"/>
<input type="checkbox"/> Barton-Mayo® Tracheostoma Button™ <input type="text"/>	<input type="checkbox"/> Every 3 mos. <input type="text"/>	Other <input type="text"/>
<input type="checkbox"/> Provox® LaryTube™ <input type="text"/>	<input type="checkbox"/> Every 3 mos. <input type="text"/>	Other <input type="text"/>
<input type="checkbox"/> Stnd. <input type="checkbox"/> Fenstr. <input type="checkbox"/> With Ring.		
<input type="checkbox"/> Provox® LaryClip™ <input type="text"/>	<input type="checkbox"/> 1 set per mo. or <input type="text"/>	

Physician/Clinician Use Only

Diagnosis (ICD-9) Enter V44.0 or V55.0 required if applicable **Date of surgery or 1st consultation** **Date needed**

of months needed **1-99mo,99=life**

Reason for Medical Necessity

SLP Name: _____ **SLP Phone #:** _____

I certify the medical necessity of this item for this patient. This section of the form and any statement on my letter head attached here to has been completed by me or by my employees, and reviewed by me. The foregoing information is true, accurate and complete and any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Facility Name and Address: **NPI:** _____ **Phone #:** _____
Email: _____ **License#:** _____
Fax #: _____

Physician/Clinician Name: _____ **Physician/Clinician Signature** _____ **Date** _____

PATIENT INSURANCE INFORMATION FORM

(Please complete this **ENTIRE** form and return with **copies of all insurance cards (front & back)** to Atos Medical Inc)

Patient Information

Name _____ DOB _____ / ____ / ____
 Address _____ Sex Male Female
 _____ Phone _____
 City _____ State _____ Zip _____ Mobile _____
 Email _____ @ _____
 Status: Single Married Other _____ Employed Retired

Is patient's condition related to: a) Employment? Yes No
 b) Auto Accident? Yes No
 c) Other Accident? Yes No

Patient's relationship to Insured: Self Spouse Child Other _____

Primary Insurance Company's Name: _____

Policy # _____ Group # _____ Phone _____
 Policyholder's name _____ SS # _____
 _____ DOB _____ / ____ / ____

Secondary Insurance Company's Name: _____

Policy # _____ Group # _____ Phone _____
 Policyholder's name _____ SS # _____
 _____ DOB _____ / ____ / ____

Referring Physician's Name: _____

Phone _____ Fax _____

**Patient: Fax this form to 414-227-9033 or
 mail to: Atos Medical Inc 11390 W. Theodore Trecker Way, West Allis, WI 53214-1135
 for help contact our office at 1-800-217-0025**

Please include copies of all insurance cards (front & back)

I agree to use these tracheostomy and/or laryngectomy devices and supplies only in the method prescribed by my practitioner, and in accordance with the manufacturer's instructions. I hereby request that payment of authorized insurance benefits be made on my behalf to Atos Medical Inc for the tracheostomy and/or laryngectomy devices and supplies furnished to me by the aforementioned supplier. I further authorize any holder of medical information about me to release to the Center of Medicare and Medicaid Services, health insurances or their agents any information needed to determine these benefits. I permit a copy of this authorization to be valid as the original. I understand that benefits quoted to me by Atos Medical Inc and/or my insurance companies are not a guarantee of payment. In the event that any payment due to Atos Medical Inc under this assignment is received by me, I hereby agree to endorse such payments and forward them directly to Atos Medical Inc. I agree that all costs of any durable medical equipment and supplies not paid for by my insurance company are my responsibility, and I authorize payment by my credit card if on file, or a check or money order will be mailed promptly to Atos Medical Inc.

Patient or authorized person's signature _____ **Date** _____



PATIENT SERVICE AGREEMENT

Patient Name: _____ Account Number: _____

Authorization/Consent to Provide Home Medical (Durable Medical) Equipment: I have been informed of the home medical (durable medical) equipment and supplies available to me and of the selection of providers from which I may choose. I authorize Atos Medical Inc under the direction of the prescribing physician, to provide home medical equipment and supplies as prescribed by my physician.

Assignment of Benefits/Authorization for Payment: I hereby assign all benefits and payments on assigned claims to be made directly to Atos Medical Inc for any home medical equipment and supplies furnished to me. I authorize Atos Medical Inc to seek such benefits and payments on my behalf. It is understood that, as a courtesy, Atos Medical Inc will bill Medicare or other federally funded sources and other payers and insurer(s) providing coverage. I understand that I am responsible for providing all necessary insurance information beforehand. Any changes in my policy, plan, or insurance company must be reported to Atos Medical Inc within 30 days of the event. I have been informed by Atos Medical Inc of the medical necessity for the services prescribed by my physician. I understand that in the event services are deemed not reasonable and necessary, payment may be denied and that I will be fully responsible for payment. Atos Medical Inc receives payment from Medicare on assigned claims.

I understand Atos Medical Inc is a non-participating Medicare provider. Atos Medical Inc can elect to accept assignment or not accept assignment on a claim-by-claim basis. Atos Medical Inc will inform me at the time of the order if a claim will be assigned or non-assigned. I will receive payment from Medicare on all approved non-assigned claims less any co-payments or deductibles.

Release of Information: I hereby request and authorize Atos Medical Inc, the prescribing physician, hospital, and any other holder of information relevant to my supplies, to release information upon request, to Atos Medical Inc, any payer source, physician, or any other medical personnel or agency involved my equipment. I also authorize Atos Medical Inc to review medical history and payer information for the purpose of providing home health care equipment and supplies.

Financial Responsibility: I understand and agree that I am responsible for the payment of any and all sums that may become due for the services provided. I am responsible for all charges regardless of my payer. These sums include, but are not limited to, all deductibles, co-payments, out-of-pocket requirements, and non-covered services. If for any reason and to any extent, Atos Medical Inc does not receive payment from my payer source, I hereby agree to pay Atos Medical Inc for the balance in full, within 30 days of receipt of invoice. I am liable for all charges, including collection costs and all attorneys' fees.

Returned Goods: Federal and State Pharmacy Regulations prohibit ancillary items prescribed for home health care from being re-dispensed. Our Return Policy is as follows: *Any product in my possession longer than 90 days will not be considered for a return. *Returns will not be accepted without prior authorization and an Atos Medical Inc return merchandise authorization (RMA) number. *To obtain an RMA number, please call 1-800-217-0025. *There is a 25% restocking fee on all returned merchandise. *Shipping charges are nonrefundable. *RMA numbers issued by Atos Medical Inc are good for 30 days only. The product must be received by Atos Medical Inc within that time. RMA numbers can not be extended or re-issued. *Atos Medical Inc highly recommends using a reputable shipping carrier capable of providing proof of delivery, as well as properly packaging and fully insuring my return shipment. *I am responsible for shipping charges and risk of loss on all return shipments.

Patient Handouts: I acknowledge that I have received a copy of the Patient Handout which contains Patient Bill of Rights and Responsibilities, Supplier Standards, and HIPAA Privacy Standards. I acknowledge that the information in the Patient Handout has been explained to me and that I understand the information.

Grievance Reporting: I acknowledge that I have been informed of the procedure to report a grievance should I become dissatisfied with any portion of my home care experience. I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 1-800-217-0025 and speak to the Customer Service. I will be notified within five (5) calendar days that Atos Medical Inc has received the complaint. With 14 calendar days of Atos Medical, Inc. receiving the complaint or receiving the returned product (whichever is later as applicable), I shall be provided written notification the results of the investigation and response. For all Atos Medical AB (Sweden) products, a response may take up to four weeks from receiving the returned product.

Home Health Hotline: You may also make inquiries or complaints about this company by calling your local Social Services Department.

Patient: _____ Date: _____

Witness: _____ Date: _____

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all patients receiving supplies from Atos Medical Inc should be informed of their rights.

THEREFORE, YOU ARE ENTITLED TO:

1. Receive reasonable coordination and continuity of supplies.
2. Receive a timely response from Atos Medical Inc when homecare supplies are needed or requested.
3. Be fully informed in advance about supplies to be provided and any modifications to the Plan of Supplies/Care.
4. Participate in the development and periodic revision of the Plan of Supplies/Care.
5. Informed consent and refusal of supplies after the consequences of refusing supplies are fully presented.
6. Be informed in advance of the charges.
7. Have one's person treated with respect, consideration, and recognition of patient dignity and individuality.
8. Voice grievances or complaints of staff or supplies without restraint, interference, coercion, discrimination or reprisal.
9. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
10. Receive appropriate supplies in accordance with physician orders.
11. Be informed of any financial benefits when referred to an organization.
12. Be fully informed of one's responsibilities.
13. Be informed of provider supply limitations.
14. Be informed of anticipated outcomes of supplies and of any barriers in outcome achievement.

PATIENT RESPONSIBILITIES

1. Patient agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
2. Patient agrees to notify Atos Medical Inc of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for supplies no longer exists.
3. Patient agrees to request payment of authorized Medicare or other private insurance benefits be paid directly to Atos Medical Inc for any services furnished by Atos Medical Inc.
4. Patient agrees to accept all financial responsibility for home medical equipment furnished by Atos Medical Inc.
5. Patient agrees that Atos Medical Inc shall not be responsible to the patient for any personal injury related to any equipment; including that caused by use or improper functioning of the equipment or by any criminal act or activity, war, riot, insurrection, fire or act of God.
6. Patient understands that Atos Medical Inc retains the right to refuse delivery of service to any patient at any time.
7. Patient agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

When the patient is unable to make medical or other decisions, the family should be consulted for direction.

All staff members will understand and be able to discuss the Patient Bill of Rights and Responsibilities with the patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Patient Bill of Rights and Responsibilities.

The patient will also receive a copy of the CMS Medicare DMEPOS Supplier Standards and the Health Insurance and Portability and Accountability Act of 1996 ("HIPAA") Notice of Privacy Practices.

Atos Medical Inc
Primary Product Listing

Provox® System for Persons with a Laryngectomy

Provox® Voice Restoration System

- Provox® Vega™ Voice Prosthesis (1 per package includes 1 Provox® Brush)
- Provox® 2 Voice Prosthesis (1 per package includes 1 Provox® Brush)
“Indwelling” voice prosthesis placed by a Healthcare Provider (Rx required)
- Provox® ActiValve® Voice Prosthesis (1 per package includes 1 Provox® brush)
“Indwelling” voice prosthesis designed specifically for persons who suffer from short prosthesis life span. This device is placed by a Healthcare Professional (Rx required)
- Provox® NiD Voice Prosthesis (1 per package)
“Non Indwelling” patient changeable (Rx required)
- Provox® XtraFlange™ (1 per package)
“Used to reduce periprosthetic leakage for indwelling voice prosthesis (Rx required)
- Provox® Brush (6 per package)
Used to clean Provox® voice prostheses products
- Provox® Flush (1 per package)
Used to clean Provox® voice prostheses products
- Provox® Plug (1 per package)
Used to temporarily seal-off Provox® Vega™, Provox® 2 and Provox® ActiValve® voice prostheses products
- Provox Dilator (17 or 20 Fr)
Used to facilitate replacement and insertion of NiD by keeping puncture open

Provox® Heat and Moisture Exchanger System (available 30 per package)

- Provox® HME System™ - To be worn 24/7/365
 - Provox® XtraMoist™ HME has capacities closer to normal nasal functions and best humidification when compared to other Provox HMEs
 - Provox® XtraFlow™ HME delivers superior airflow and lowest resistance when breathing
 - Provox® FreeHands HME™ Cassettes (Moist and Flow) for use with the Provox® FreeHands FlexiVoice™ device. (Rx Required)
- Provox® Micron HME™ (available in 5 and 30 packs)
Specifically designed HME to filter out 99.8% of viruses, bacteria, pollen and dust. (Rx required)

Provox® Adhesive Baseplates (available 20 per package)

- FlexiDerm™ for skin with irregular tissue structure or requiring added adhesive
- OptiDerm™ for sensitive skin
- Regular for normal skin and a smooth tissue structure
- XtraBase™ for deep irregular stoma requiring added adhesive
- StabiliBase™ for deep irregular stoma requiring added support and adhesive (15 per package)

Atos Medical Inc.
Primary Product Listing (continued)
Page 2 of 2

Provox® Tracheostoma Support (1 per package)

Provox® LaryTube™ for maintaining the tracheal airway and use with HME (Rx required)
Available in fenestrated, non-fenestrated and adhesive compatible models
Provox® LaryButtons™ self-retaining button for maintaining stoma integrated and non-adhesive
use of HME's (Rx required)
Provox® LaryClip™ for securing Provox® LaryTube™ or LaryButton™
Barton-Mayo™ Tracheostoma Button for stoma fixation (Rx required)

Provox® FreeHands FlexiVoice™

Set with 3 devices (light, medium and strong) and Set Plus which also includes 30 HMEs (Rx
required)
Provox® FreeHands HME Cassettes – Moist or Flow (30 per package) (Rx required)

Accessories

Provox® Cleaning Towels (200 per box)
Provox® Silicone Glue (1 40 ml bottle)
Remove™ for adhesive removal (50 per box)
Skin-Prep™ for skin preparation before applying adhesive (50 per box)
Skin Tac™ Wipes for skin preparation before applying adhesive (50 per box)
Tac-Away® for adhesive removal (50 per box)
Stoma Care® Aloe Based Wipes for skin preparation (50 per box)
Kapi-Gel® Tracheostoma Spaced used to seal around stoma for a more positive seal (10 per
pack)
Provox® ShowerAid for safe showering
ADDvox™ Silicone Shower Shield also used for safe showering and shielding the Tracheostoma
from water
Shower Shield Collar
Provox® HME Cap a metal cap used with Provox® FreeHands HME™ Cassettes
Provox® ActiValve™ Lubricant
Provox® TubeHolder
Provox® TubeBrush for Provox® LaryTube™ and LaryButton™ (6 per pack)
Stoma Foam Cover to cover the stoma
Stoma Covers and Mock Turtle Neck Covers for discreet coverage of the stoma

Electrolaryngeal Speech Aids

Griffin TruTone™ Electric Speech Aid with USB Charging
Griffin TruTone® Electric Speech Aid
Griffin SolaTone™ Electric Speech Aid with USB Charging
Griffin SolaTone® Electric Speech Aid
Griffin Liberty® Electric Speech Aid
Griffin SoniVox™ Plus Waistband Amplifier
Griffin BoomVox® Personal Amplifier
Servox® Digital Speech Aid
Servox® Inton Speech Aid

TheraBite® Jaw Motion Rehabilitation System™

TheraBite System
TheraBite ActiveBand
TheraBite Bite Pads
TheraBite Range of Motion Scales

11390 W. Theo Trecker Way • West Allis, WI 53214 • Phone: 800-217-0025 • Fax: 414-227-9033
E-mail: info.us@atosmedical.com • www.atosmedical.us

GENERAL MEDICARE AND PRIVATE INSURANCE QUESTIONS & ANSWERS

Your Medicare Plan may have the following benefits:

- **Part A (Hospital Insurance)**
- **Part B (Medical Insurance)** – Part B helps pay for doctors, outpatient hospital care, **durable medical equipment (DME), prosthetic supplies**, and some other medical services that Medicare Part A does not cover (such as the services of physical, occupational therapists, and some home health services). Most people pay a monthly premium for Part B. Medical Supplies from Atos Medical Inc may be covered under Part B.
- **Part D (Prescription Drug Coverage)**

How do I know if I have Part B?

Check your red, white and blue Medicare card. If you have Part B, “Medical (Part B)” is printed on the lower left hand corner of your card.

What does “Assignment” mean?

Atos Medical Inc has several products which are considered “Assignment” by Medicare. Each assignment product has a predetermined price, or allowable. Medicare pays 80% of the allowable (less any outstanding deductible), and the patient is responsible for 20% of the allowable.

If we have your complete Medicare information available at the time you place your order we will verify your coverage and only charge you the 20%. Atos Medical Inc will then bill Medicare for the remaining 80%.

If we are not able to verify coverage at the time of your order, you will be asked to pay in full. Once we receive your complete information and verify your coverage, we will submit your claim to Medicare and they will refund you the 80%.

It is important to remember that you must have **met your annual deductible** before Medicare will pay the entire 80%.

What are the 3 different types of Medicare Plans?

1. **Original or Traditional Medicare (also known as fee-for-service)** – This plan is available everywhere in the United States. It is the way most people get their Part A and Part B health care. Medicare may require your doctor to examine you in-person before you can get durable medical equipment. ***Assignment pricing is only available to those enrolled in the Original or Traditional Medicare Plan.***
2. **Medicare Advantage (or Medicare + Choice) which includes**
 1. Medicare Managed Care or HMO Plans.
 2. Medicare Preferred Provider Organization Plans.
 3. Medicare Private Fee-for-Service Plans.
 4. Medicare Specialty Plans.

Atos Medical Inc offers this question and answer sheet as a service to its customers based on generally accepted information. Persons requiring specific information or clarification need to contact their insurance carrier.

3. **Medigap Policy** – This is a Medicare supplement policy sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage. Medigap policies only work with the Original Medicare Plan.

What Part B services and supplies payments are the responsibility of the patient?

1. The monthly Part B premium.
2. Yearly Part B deductible.
3. The coinsurance, which is usually 20% of the Medicare-approved amount.
4. The cost of services and supplies Medicare does not cover such as shipping charges.
5. Extra costs for those items Atos Medical Inc does not accept assignment on.

What forms does Atos Medical Inc need in order to accept assignment?

1. INS007L Prescription and Diagnosis Form (for Laryngectomy supplies).
2. INS003L Patient Insurance Information Form (for Laryngectomy supplies).
3. Front and back copies of insurance card(s).

Where can I obtain these forms?

You can obtain the necessary forms by mail, fax, email, or they can be downloaded from our website at www.atosmedical.us (click on “Forms”).

Who can sign the Certificate of Medical Necessity?

Only your prescribing physician, a Nurse Practitioner, or a Physician Assistant, in most cases, the ENT (Ear, Nose & Throat Specialist) can sign this form. Your Speech Language Pathologist cannot sign this form.

What if I have a secondary insurance plan? Can Atos Medical file my claim to them?

You will need to contact your secondary insurance company; they may be able to setup a Medicare “automatic crossover file” provided they have a contract with Medicare. Once the crossover file is setup, the claim sent by Atos Medical Inc to Medicare will automatically be forwarded to your secondary insurance. Your secondary insurance will process the claim on the balance not covered by Medicare based on your DME benefits. If for some reason crossover cannot be set up, please inform the insurance department of Atos Medical Inc; we can assist you in filing claims to your secondary insurance carrier.

Do I need an authorization or pre-approval from my insurance company?

If you do not have Original Medicare, Medicare Advantage plans and some private insurance companies **may require an authorization or pre-approval** in order for you to purchase products from out-of-network providers. **Atos Medical Inc is an out-of-network provider.** For this reason, we strongly recommend that you contact your insurance company for guidance regarding your DME benefits *before* ordering your supplies from Atos Medical Inc. If you have already ordered from Atos Medical Inc without contacting your insurance company about an authorization, contact your insurance company right away. This matter is very important and could affect how your insurance company processes your claims. Also, be advised that we require written authorizations. We cannot accept verbal authorizations.

Atos Medical Inc offers this question and answer sheet as a service to its customers based on generally accepted information. Persons requiring specific information or clarification need to contact their insurance carrier.

I am in a skilled nursing facility, hospice, or working with a home health agency. Can I still place an order?

Medicare will not allow us to bill them when you are receiving other Medicare covered services at the same time. Please contact the Insurance Department at Atos Medical Inc so we can determine if there is a conflict with another provider. If there is a conflict, your current provider may be able to purchase the products from Atos Medical Inc and file your claim with Medicare. Alternately you can order your products if you pay in full and sign an Advanced Beneficiary Notice form to avoid any delay.

Can I order multiples of the same or similar products at the same time?

Medicare and many private insurance companies set specific utilization limits on various products. Utilization refers to the frequency or amount of items you can purchase within a given time frame. Atos Medical Inc may not be able to sell more than the approved number of items that have the same Medicare (HCPCS) code (i.e. A7508 for adhesives) in a given time frame. You should contact your insurance company or Medicare to find out what they will allow. If additional supplies are needed, contact Atos Medical Inc. We may be able to assist you by asking your physician to update your Prescription and Diagnosis Form. Although Atos Medical Inc's insurance information is extensive we are not able to retain information on every company. You should contact your insurer for your specific utilization requirements.

Key Words to Know:

Coinsurance - For Part B of the Original Medicare Plan, 20% of the Medicare-approved amount that you have to pay after satisfying the deductible.

Deductible - The amount you must pay each year for Part B health care before Medicare begins to pay. These amounts can change each year.

Durable Medical Equipment (DME) – Medical equipment that is ordered by a doctor for use in the home. These items must be reusable. DME is covered under Part B.

Certificate of Medical Necessity or “Written order from the Doctor” – A form required by Medicare that allows a person enrolled in Medicare to use certain durable medical equipment prescribed by a doctor or one of the doctor's staff.

If you have questions about Medicare's durable medical equipment costs or coverage, call **1-800-MEDICARE** or contact the Insurance Department of Atos Medical Inc at **1-800-217-0025**.

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CMS MEDICARE DMEPOS SUPPLIER STANDARDS

Below is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c) and are effective on December 11, 2000. A supplier must disclose these standards to all patients who are Medicare beneficiaries (standard 16).

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.