



HORIZON PROSTHETICS

BILLING PRACTICES:

We will bill your insurance company and collect any co-insurance, co-pay, deductibles. The responsible party will be billed for any remaining charges not covered by insurance. Additionally, the responsible party will be billed for charges denied by insurance due to lack of incident/accident reporting, Lack of insurance coverage/retroactive termination of coverage, non-covered or non-authorized products and services. We will bill you for any amount remaining due or refund any over payment, between the amount collected and amounts due. If your maximum benefit allowed per the plan year has been met for products and services, you are responsible if not paid by your insurance. Please be advised that patient responsibility (PR) payment amounts due may change due to, but not limited to, yearly resetting deductibles, plan changes, eligibility at time of service.

COLLECTION ACTIVITY:

Any account balance not paid within 90 days of the date of service may be forwarded to an outside agency for collection follow up. Any account balance that remains unpaid after this transfer may be reported to the credit bureaus.

- If any adjustments are needed on your device, please contact our main line at 303-660-1238 to set up a follow up appointment with one of our practitioners.
- Your **out of pocket expenses** will be determined by your insurance coverage.
- Payment plans are available, please feel free to call for details regarding these options.
- You may receive a bill in the future from Horizon Prosthetics regarding the services we provided to you during your inpatient stay. If you have any questions or concerns, please contact our main office line at 303-660-1238.

Sincerely,

Horizon Prosthetics
Ph: 303-660-1238
Fax: 303-872-6528

Horizon Prosthetics LLC
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice please contact our Privacy Contact who is Cole Hughes.

We are required by law to provide you with this notice explaining our privacy practices with regard to your medical information and how we may use and disclose your protected health information (PHI) for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

Protected Health Information (PHI) consists of individually identifiable health information, which may include demographic information our company collects from you or creates or receives by a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

This Notice of Privacy Practices became effective on April 14, 2003 and was amended on April 24, 2011.

Understanding Your Health Record/Information

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
 - means of communication among the many health professionals who contribute to your care
 - legal document describing the care you received
 - means by which you or a third-party payer can verify that services billed were actually provided
 - a tool in educating health professionals
 - source of data for medical research
 - source of information for public health officials charged with improving the health of the nation
 - source of data for facility planning and marketing
 - a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- Understanding what is in your record and how your health information is used helps you to:
- ensure its accuracy
 - better understand who, what, when, where, and why others may access your health information
 - make more informed decisions when authorizing disclosure to others

How this Office May Use or Disclose Your Health Information

This company collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you

Payment. We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence of our professional staff. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as software support, billing, and collections companies. We have a written contract with each of our business associates that contains terms requiring the business associates and any subcontractors they may hire to protect the confidentiality of your medical information.

Other Ways We May Use and Disclose Your Protected Health Information

Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. Should we call and you not be at home, we may leave minimally necessary information to accomplish our purposes with a family member, significant other, or in an e-mail, voice mail, texting device, or answering machine.

Sign in sheet. We may have you sign in when you arrive at our office and we will call out your name when we are ready to see you.

Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. We may disclose your health information to any person(s) that accompanies you at the time of your appointment and is present while our staff member is treating you and/or discussing your care with you. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care.

Future communications. We may communicate to you via newsletters, mailings or other means regarding treatment options, information on health-related benefits or services; or other community-based initiatives or activities in which our facility is participating. If you are not interested in receiving these materials, please contact our Privacy Officer.

Required by law. As required by law, we may use and disclose your health information, to the following types of entities including but not limited to:

- Public health authorities for purposes related to preventing or controlling disease, injury or disability;
 - Authority that receives reports on abuse or neglect or reporting domestic violence;
 - Food and Drug Administration
 - Health oversight activities—we may and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and state law.
 - Law enforcement/legal proceedings—we may disclose health information for law enforcement purposes as required by law or in response to a subpoena
 - Coroners
 - Organ or tissue donation
 - Public safety
 - Specialized government functions such as national security and intelligence agencies
- Worker's compensation
Inmates
Research

Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another provider.

Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances our business associate may provide the notification.

Uses or Disclosures Not Covered by this Notice

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

Accounting of E-Health Records for Treatment, Payment, and Health Horizon Prosthetics 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 HITECH Act will require Horizon Prosthetics 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. Horizon Prosthetics must either: (1) provide an individual with an accounting of such disclosures it made and all of its business associates disclosures; or (2) provide an individual with an accounting of the disclosures made by Horizon Prosthetics and a list of business associates, including their contact information, who will be responsible for providing an accounting of such disclosures upon request.

Patient Rights Related to Protected Health Information

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

Request an Amendment

You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our Privacy Officer.

Request Restrictions You have the right to request a restriction of how we use or disclose your medical information for treatment, payment, or health care operations.

Your request must be made in writing. If a patient pays in full for their services out of pocket, they can request 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.

Inspect and Copy

You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. You have the right to access your own e-health record in an electronic format and to direct Horizon Prosthetics to send the e-health record directly to a third party. Starting January 1, 2014, Horizon Prosthetics will provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations within the three-year period prior to the individual's request. Horizon Prosthetics

must either: (1) provide an individual with an accounting of such disclosures it made and all of its business associates disclosures; or (2) provide an individual with an accounting of the disclosures made by Horizon Prosthetics and a list of business associates, including their contact information, who will be responsible for providing an accounting of such disclosures upon request.

Request Confidential Communications

You have the right to request how we communicate with you to preserve your privacy. We will accommodate all reasonable requests.

File a Complaint

If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our facility or directly to the Secretary of the United States Department of Health and Human Services:

U.S. Department of Health & Human Services 200 Independence Avenue, S.W.
Washington, D.C. 20201.
Phone: (202) 619-0257
Toll Free: (877) 696-6775.

To file a complaint with our facility, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to our Privacy Officer.

A Paper Copy of This Notice

You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking for it.

Our Responsibilities

This organization 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 or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Contact or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Contact, Cole Hughes at (303) 660-1238 for further information about the complaint process.

PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT HAS A RIGHT TO:

- Be treated with dignity, courtesy and respect.
- Have relationships with home care providers that are based on honesty and ethical standards of conduct.
- Reasonable coordination and continuity of services from referring agency to home medical equipment service provider, timely response when home care equipment is needed or requested and to be informed in a timely manner of impending discharge.
- Be fully informed upon admission of the company's policies, procedures, ownership or control of the local facility and the process for receiving, reviewing and resolving your complaints or concerns.
- Receive complete explanations of charges for services and equipment, including eligibility for third-party reimbursement and an explanation of all forms you are requested to sign.
- Receive quality home care equipment and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social status, age or disability.
- Receive home care equipment and services from qualified personnel and to receive instructions on self care, safe and effective operation of equipment and your responsibilities regarding home care equipment and services, including pain and pain management modalities.
- Participate in decisions concerning the nature and purpose of any technical procedure which will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action.
- Confidentiality of all your records (except as otherwise provided for by law or third-party payer contracts) and to review and even challenge those records and to have your records corrected for accuracy.
- Express dissatisfaction and to suggest changes in any service without discrimination, reprisal or unreasonable interruption of services.
- Be advised of the telephone number and hours of operation of the state's Home Health "Hot Line." The hours are 9 AM to 5 PM and the number is 1-800-315-0004.
- Be advised of any change in the plan of care before the change is made.
- Participate in the planning of the care and in planning changes in the care, and to be advised that you have the right to do so.
- Accept or refuse medical treatment while competent and to make decisions about care/services to be received should you lose competency.

PATIENT HAS A RESPONSIBILITY TO:

- Adhere to the plan of treatment or service established by their physician.
- Participate in the development of an effective plan of care which will involve the management of pain, if appropriate.
- Provide medical and personal information necessary to plan and provide services.
- Communicate any information, concerns and/or questions related to pain.
- Be available at the time deliveries are made and to allow Frontline Medical Innovations' representative to enter their residence at reasonable times to repair or exchange equipment or to provide care.
- Notify the company if he/she is going to be unavailable.
- Treat company personnel with respect and dignity without discrimination.
- Provide a safe environment for staff to provide care and services.
- Care for and safely use equipment, according to instructions provided, for the purpose it was prescribed and only for/on the client for whom it was prescribed. Monitor the quantity of oxygen, nutritional products, medications and supplies in their homes and reorder as required to assure timely delivery of the required items.
- Protect equipment from fire, water, theft or other damage. The client agrees not to transfer or allow his/her equipment to be used by any other person without prior written consent of the company and further agrees not to modify or attempt to make repairs of any kind to the equipment.
- Except where contrary to federal or state law, the client is responsible for equipment rental and sale charges which the client's insurance company or companies does not pay. The client is responsible for settlement in full of his/her accounts.
- The company should be notified of any changes in the client's physical condition, physician's prescription or insurance coverage. Notify the company immediately of any address or telephone changes whether temporary or permanent. Further, it is the patient's responsibility to notify their physician if their physical condition should change.

CLIENT INFORMATION:

- **After-Hours Services:**
 - An answering service will answer Frontline Medical Innovation's phones after normal business hours. You may leave a message that you wish to speak to a company representative and they will contact you during normal business hours, Monday-Friday 9am-5pm.
- **Complaint Procedure:**
 - You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. The company telephone number is (303)660-1238. When you call, ask to speak with the Operations Manager, Performance Improvement Coordinator, Supervisor or the Administrator/CEO.
 - Frontline Medical Innovations, LLC has a formal grievance procedure that ensures that your concerns shall be reviewed and an investigation started within 48 hours. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance.

If you feel the need to discuss your concerns, dissatisfaction or complaints with other than Frontline Medical Innovations staff, the stat

- provides a Home Health "Hot Line." The hours of operation are 9 AM to 5 PM and the number is 1-800-727-7086

MEDICARE SUPPLIER STANDARDS

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.



HORIZON PROSTHETICS

Return Policy:

We follow manufacture guidelines for returns and exchanges. Each manufacturer has their own policies regarding warranties, exchanges, returns and repairs on their products, not to exceed 30 days. Please contact Horizon Prosthetics with any questions regarding warranty, exchanges, returns, or repairs, and we will evaluate each situation along with the manufacturer on a case by case basis. Horizon Prosthetics retains 15% of total price as a restocking fee on returns.

All returns must be in unused, unopened condition and be made to a Horizon Prosthetics office, and a return form signed and consultation/description of why item is being returned. Products that have been worn are not eligible for return or exchange unless there is a manufacturer defect.

Horizon Prosthetics must be notified of any product manufacturer defect within 7 days of delivery and return of product to Horizon made within manufacturer guidelines.

Custom braces or other custom devices and products are not eligible for returns.

Refund Policy:

Horizon Prosthetics (Provider), will refund any overages of monies collected for claims as appropriate after the explanation of benefits (EOB) from all insurances and payments have been made by all parties being billed for the complete claim. The EOB accompanies the payment from insurance payers and it is the payer's instructions to the Provider of how to process the claim, including the patient responsibility amounts and must be received in order for our office to determine any refund due. Once all explanation of benefits and payment for the complete claim is received by Horizon Prosthetics, refunds, if any, will be processed within 30 days. It is our policy to refund the original method of payment unless requested in writing a different payment method or the original method is unavailable. Refunds will be processed after all payments have been received by Horizon Prosthetics.



HORIZON PROSTHETICS, LLC

Financial Responsibility Agreement

PATIENT RESPONSIBILITY:

Any fees collected at the time of service and any quotes regarding such fees are **estimated**, based on the information available to us at the time of service. We rely on information provided by the responsible party regarding insurance coverage and information from the responsible party's insurance company. It is the patient's responsibility to provide current, accurate insurance plan information for all plans that you are requesting us to bill for your products and services, including notifying us of insurance changes before services are provided, so we may authorize services and request eligibility, benefits and coverage allowed by your plan. *There are many factors that may affect insurance information provided and while we will make every effort to provide accurate information, your insurance will not guarantee the information provided to us, and we cannot guarantee insurance information. Patient is ultimately responsible for payment and we strongly advise you to verify your benefits information with your insurance as it is the patient's responsibility to understand their individual insurance benefits.*

PAYMENT ARRANGEMENTS:

Patient responsibility estimate is due before products will be ordered or payment arrangements are available upon request. Please ask about this option if you are interested.

BILLING PRACTICES:

We will bill your insurance company and collect any co-insurance, co-pay, deductibles. The responsible party will be billed for any remaining charges not covered by insurance. Additionally, the responsible party will be billed for charges denied by insurance due to lack of incident/accident reporting, Lack of insurance coverage/retroactive termination of coverage, non-covered or non-authorized products and services. We will bill you for any amount remaining due or refund any over payment, between the amount collected and amounts due. If your maximum benefit allowed per the plan year has been met for products and services, you are responsible if not paid by your insurance. Please be advised that patient responsibility (PR) payment amounts due may change due to, but not limited to, yearly resetting deductibles, plan changes, eligibility at time of service.

COLLECTION ACTIVITY:

Any account balance not paid within 90 days of the date of service may be forwarded to an outside agency for collection follow up. Any account balance that remains unpaid after this transfer may be reported to the credit bureaus.



Privacy restrictions or other patient requests:

Impacting Lives Through Quality Patient Care

Demographic Sheet

PATIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ M: _____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

SEX: _____ DATE OF BIRTH: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

How would you like to receive your invoice/receipt? (Circle all that apply) Email Paper Text

Would you like to receive an appointment reminder via text? (Circle one) YES NO

Can we leave a message on your answering machine? (Circle one) YES NO

*****Please circle the telephone number where we can best reach you or leave a message*****

SPOUSE/RESPONSIBLE PARTY – INFORMATION

LAST NAME: _____ FIRST NAME: _____ M: _____

RELATIONSHIP: _____

EMERGENCY CONTACT: _____ MAIN PHONE: _____

PRIMARY INSURANCE: _____ SECONDARY INSURANCE: _____

INSURANCE ID: _____ INSURANCE ID: _____

ASSIGNMENT AND RELEASE: I hereby certify that the above information is true and correct to the best of my knowledge. I hereby assign my insurance benefits to be paid directly to Horizon Prosthetics. I am financially responsible for **ALL NON-COVERED** services. I also authorize that physician to release any information required to process my claim to insurance company.

X

(Signature of patient or parent/guardian if minor)

(Date)

I give permission for my medical information or test results to be released to the following people:

1. _____ Relationship: _____

2. _____ Relationship: _____



CUSTOMER INFORMATION CHECKLIST AND ACKNOWLEDGEMENT

Horizon Prosthetics
Phone: 303-660-1238
Fax: 303-872-6528

- Customer Rights and Responsibilities** (see separate handout)
- Medicare Supplier Standards** (see separate handout)
- HIPAA Privacy Notice** (see separate brochure)
- Acceptance of Services**

I understand that by signing this agreement, I authorize provision of products and/or services to me by Horizon Prosthetics. I also understand 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 care.

Release of Information

I hereby authorize release to your company of 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 Horizon Prosthetics to furnish my insurance carriers(s), and medical history, services rendered, or treatment needed. I further authorize Horizon Prosthetics, the accreditation organizations, and other licensing bodies to periodically examine my records for the purpose of checking compliance to regulations and quality assurance requirements.

Assignment of Benefits

I authorize direct payment of insurance benefits by my insurance company to Horizon Prosthetics. In the event that my insurance carrier does not accept assignments of benefits, I understand that my payments may be sent directly to me and that I am obligated to endorse and directly send such payments to Horizon Prosthetics.

Financial Responsibility

I understand and I acknowledge that I am responsible to Horizon Prosthetics 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 received items, or delayed payments 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 Horizon Prosthetics for all charges. **Horizon Prosthetics cannot guarantee patient insurance benefits including but not limited to coinsurance and deductible amounts provided by insurance and it is the patient's responsibility to verify their own benefits.**

Equipment Warranty Information and Return Policy

Each manufacturer has their own policies regarding warranties, returns and repairs on their products. Please contact Horizon Prosthetics with any questions regarding warranty, returns, or repairs, and we will evaluate each situation along with the manufacturer on a case by case basis. We follow manufacture guidelines. Horizon Prosthetics retains 15% of total price as a restocking fee on all returns.

Complaint Policy

All customers have the right to lodge complaints without fear of discrimination or reprisal and to know the disposition of complaints. Horizon Prosthetics has the responsibility to respond to those complaints promptly and to resolve complaints whenever possible to the satisfaction of the individual. (See Right and Responsibilities handout)

Custom Orthotics and Braces

Custom orthotics and braces will be billed at the time of delivery. In the event I do not pick them up when ready, I understand they will be billed to my insurance or me, if my insurance does not pay I am responsible.

Change In Insurance Benefits and Coverage

I understand it is my responsibly to disclose any changes to my medical insurance coverage or benefits to Horizon Prosthetics at the time of the measurement. I understand by signing I am stating to my knowledge there are no changes in my insurance.

I understand Horizon Prosthetics' delivery and follow-up procedures

I acknowledge, understand and receive the entire contents of this document.

Patient Signature

Date

Print Name

Signature of authorized representative for patient
Parent/Guardian MPOA
Other: _____

Date

Print Name
