

# *Performance Home Medical*

*Front Runners in Medical Equipment & Respiratory Services for the Northwest*



Corporate Office  
19625 62<sup>nd</sup> Ave S Suite A101  
Kent, WA 98032-1106  
253-852-5612 866-687-4463

Dear Valued Customer,

Thank you for choosing Performance Home Medical for your respiratory and sleep therapy needs. We realize you have a choice in health care providers, and we truly appreciate the opportunity to serve you.

Performance Home Medical is committed to providing comprehensive healthcare services. Our goal is to help you gain long term benefit from your prescribed respiratory treatment. A key part of accomplishing that goal is to establish and maintain ongoing communication.

In the first few days and weeks of your therapy, you will be contacted to check on your progress, answer questions or assist you with any issues or concerns you may have. If you have concerns before or after our contact with you, ***please don't wait to contact us....*** we are here for you! Our hours are Monday through Friday from 8:30 AM to 5:00 PM and our phone number is **(toll free) 866-687-4463**.

Depending upon your insurance plan and its requirements you may periodically be contacted for verification of use, compliance and/or supply replacement. Our website allows you to order supplies or e-mail us after hours if you have needs, plus provides a good source of information for your review. Again, please contact us whenever you have needs or questions.

Our web site is: [performancehomemed.com](http://performancehomemed.com)

Again, thank you for choosing Performance Home Medical. We hope our follow-up program will add support with your treatment. Please feel free to call us with any questions or concerns at (toll free) 866-687-4463.

*Dan Vasily*

President & CEO

# **PATIENT RIGHTS AND RESPONSIBILITIES**

## **“BILL OF RIGHTS”**

It is understood by the parties to this agreement that the word “Company” when used in this agreement refers to PERRFORMANCE MODALITIES/PERFORMANCE HOME MEDICAL and its affiliates.

The PATIENT is understood to be the person receiving medical equipment, supplies and/or services. These services will be performed without discrimination in a courteous and respectful manner by properly trained Company representatives.

### **PATIENT RIGHTS**

The Company agrees to inform the patient or caregiver of any responsibilities that he/she may have in the care process including any requirements for medical supervision for the use of any equipment and any changes in his or her condition necessary to make informed decisions on product use and care.

The Company GUARANTEES all equipment to be delivered operating within manufacturers’ specifications and to be fully warranted to the manufacture’s current policy. Used equipment warranties, if available, are handled on an individual basis.

Company agrees to issue a Billing and Collection policy and brochure on services offered by the Company at the time of initial equipment set-up.

Company will also agree to issue fully itemized billing statements on a monthly basis that will include all charges and services generated. Exceptions may occur depending on third-party payers being billed.

Sales returns will be accepted in unopened packages and/or salable condition within 30 days from date of original invoice with proof of purchase. No merchandise will be accepted for return if worn next to the skin, used for sanitary or hygienic purposes, or if disposable (i.e. PAP masks, etc.). Special order items may require a non-refundable deposit.

Patients wishing to express their dissatisfaction, concern or discontent with any Company service should contact the Company, business days from 9-5. Your comments will be fully reviewed and acted upon (as necessary) for the Company. Your comments may be given without fear of reprisal by the Company, or any of its employees. The Company will, upon request, release information as to people in charge as well as ownership. Unresolved complaints may be directed to the Washington State Dept. of Health.

The patient retains the right to refuse Company services and/or equipment and assumes full responsibility for any consequences whatsoever relating to REFUSAL of any service ordered and delivered to the patient by a health care professional. The patient has the right to participate in all decisions regarding care of services.

The Company agrees to notify, the patient of impending discharge to another company and discuss options available.

It is understood that all patients, personal information shall be kept strictly CONFIDENTIAL by the Company. The patient has the right to access his/her records upon written request.

The Company does not discriminate against any person for any reason and complies with all applicable federal, state, county and local laws and regulations. Patients always retain the right to clearly voice their dissatisfaction, concern or content with services rendered.

### **PATIENT RESPONSIBILITIES**

The Company retains the RIGHT TO REFUSE DELIVERY of services to any patient at any time. This policy is in the interest of the health and safety of patients and Company employees.

Individuals signing for the patient represents that they are duly authorized to do so and that once signed, this agreement becomes binding upon the patient.

The patient agrees to care for, use as instructed, and return the rental equipment in good condition, normal wear and tear excepted, at the end of the rental period. The patient agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse, neglect, or theft. The patient agrees not to modify the rental equipment without the prior written consent of the Company. The patient agrees that authorized MODIFICATIONS shall belong to the titleholder of the equipment.

The patient agrees that the TITLE to the rental equipment and all parts shall remain with the Company at all times, unless equipment is purchased and paid for in full. The patient agrees not to assign POSSESSORY RIGHT in the rental equipment or allow the use of the rental equipment by anyone other than the patient.

It shall be the responsibility of the patient to promptly notify the Company of any rental equipment malfunctions or defects and allow Company equipment service representative to enter the patients premises at all reasonable times to REPAIR, relocate, perform regularly scheduled services, or provide adequate substitute equipment.

The patient agrees the Company shall not insure or be responsible to the patient for any PERSONAL INJURY OR PROPERTY DAMAGE related to any equipment, including that caused by use or improper functioning of the equipment, the act or omission of any other third party, or by any criminal act or activity, riot, insurrections, fire or act of God. Maintenance of a clean, safe environment and electrical supply is the responsibility of the patient and/or caregiver. When applicable, the patient will receive safety precautions.

The patient agrees that if they or their respective insurance company (s) fail to make PAYMENT on any rental or purchase (30) days after it becomes due, Company shall have the right to re-acquire all equipment or supplies

It is understood that the TERM OF ALL RENTALS shall repeat on the monthly anniversary date of the original rental and that no less than a full month charge shall be charged. The patient or caregiver shall be responsible for notifying the Company of changes in MEDICAL STATUS, of the patient (i.e., re-hospitalization, change of residence, etc.).

Any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any LEGAL ACTION taken.

### **MISSION STATEMENT**

The Company has been serving the Pacific Northwest as one of the most highly respected providers of home medical equipment/respiratory products and services since 1983. We pledge that the Company will:

Treat each patient in a friendly, courteous and responsive manner. Not discriminate against any person because of race, color, sex, religion, national origin, or age. Always allow patients to retain the right to clearly voice their dissatisfaction, concern or discontent with services rendered without fear of reprisal. Carry on business in an ethical manner, complying with all federal, state and local regulations. Be a resource for our care partners by providing knowledgeable and efficient employees. Excel in technical expertise. Provide comprehensive, accessible and reliable services to patient/client while at the same time, returning a fair profit to the investors. Deliver clean and well-maintained equipment. Property train and educate our patients. Respond promptly to the needs of our patients and care partners. Honor and protect the confidentiality of our patients. Bill promptly and accurately for our services. Continue to bring quality, value and excellence to our service.

Thank you for choosing Performance Home Medical to meet your medical equipment & supply needs.

## **BILLING POLICY**

Performance Home Medical will, in most cases, bill both your primary and secondary insurance for you and accept “assignment of *benefits*” on your behalf when we can verify your coverage. Prior to submitting the claim to your insurance, Performance is required to gather all the documentation to prove “medical necessity”, which generally includes a detailed written prescription from your physician, diagnosis, prognosis, a copy of your physician’s chart notes, length of need, test results, any treatment that has been tried and failed, and what is being prescribed to treat your condition.

It is your responsibility to assure Performance has complete and accurate information for contact purposes and insurance billing/payment. If you have utilized this equipment previously and payment has been made by your insurance to another supplier or you have discontinued use, you must notify Performance immediately as it may affect your insurance benefits or lead to an insurance overpayment that will require repayment. You are also responsible to notify us of any changes to your address, phone, physician, insurance, secondary insurance, responsible party or changes in your usage. Additionally, it is essential that you must respond, in a timely manner to phone calls and other information requests from Performance. Failure to notify Performance of changes, insurance termination or respond to information requests, will immediately transfer billing directly to the patient/responsible party.

Please note that some insurance plans rent to purchase, some rent for a few months and then purchase and some purchase the equipment initially. Most insurance plans also require documentation that you are using and benefiting from the equipment to continue rental after the 3-month trial period.

Once your insurance plan receives the claim and approves coverage based upon your eligibility and medical necessity, they will compute payment to determine your policy allowable and subtract any remaining deductibles and co-insurance which are your financial responsibility. Assigned claims are paid directly to Performance Home Medical on your behalf. Claims for Medicare as secondary payer, third party liability, cases pending litigation or settlement, cases involving attorney intervention or auto insurances will not be billed “assigned” and therefore full payment is due at the time of service.

Based upon your insurance plan requirements, PHM will continue billing your insurance for the equipment & supplies until the “allowed” purchase price has been paid in full by you and your insurance. Ultimately, you are responsible for payment.

Non-covered items will not be billed to insurance unless required by regulation and must be paid for at the time of service. You may be asked to sign a “waiver” stating that you understand insurance will not pay for this item and that you will be personally responsible for the charges.

## **PATIENT PAYMENT POLICY**

***If you do not have a secondary insurance or 100% coverage that PHM can bill for payment of your claim, you will be required to either sign up for “Auto Pay” throughout your rental period. Auto Pay is a simple, secure and time saving system that allows Performance Home Medical to apply your balance due to your credit card or checking account once your insurance company has determined your financial responsibility. You will receive an invoice via email or US Mail that is generated after your insurance company has paid their portion. At that time you have 6 days to contact our Billing department to change your method of payment for this one transaction prior to the auto-pay system charging your card or checking account. Your payment information is not stored anywhere in our office systems once it is entered into the Autopay portal.*** Additional information on AutoPay is included within this packet. Please contact us if you have questions about this process.

**NOTE:** Monthly rental charges do not cease until the equipment has been purchased or returned to a Performance location during regular business hours. Upon return a receipt will be provided for your records. Rental charges are based upon a monthly fee and will not be pro-rated. Please contact us if you have questions or concerns at 866-687-4463 or 253-852-5612, M-F - 8:30 AM to 5:00 PM.

# What is Autopay? Why is it Required?

Patients normally have insurance plans that require either co-pay portions or deductibles. Autopay is a secure system that allows Performance Home Medical to apply your payment to your credit card/check. When you sign up for Autopay you agree to allow patient pay balances for rentals and supplies to be applied to your card/check once the insurance company has determined your balance owed. Most medical equipment companies and other healthcare providers have gone to this process for patient balances.

## How does it work?

- It is simple, secure, and saves time in the writing and mailing of checks. Your payment information is not stored anywhere in our office systems once it is entered into the Autopay portal.
- Prior to the time that you receive equipment or services, you will be added to our Autopay portal.
- You will receive an invoice via email that is generated once your insurance company has paid their portion. This is the balance that you owe. You have a window of 10 days to contact our Billing Department at 866-905-2455 to change your method of payment for this one transaction otherwise we will bill your card/check.

## Why is this necessary and required by us?

- The insurance industry has reduced reimbursement for medical products by **40%+** over the past year. That has resulted in a huge savings to you!
- For us to continue to provide services, it is imperative that we collect the portion that your insurance company has deemed is your responsibility.
- This will help keep healthcare costs down.
- It saves time and costs of mailing. Ultimately this saves you \$\$\$\$. It is efficient!
- Most insurance companies pay monthly rentals for medical equipment (10-13 months). Rentals are applied to a maximum purchase price but bills for rentals and supplies are generated monthly. Autopay allows for efficient payment for your portion of the provided services.



## **NOTICE: PATIENT PRIVACY**

**Date: April 2014**

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing:

### **HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization. As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right-hand side of this page indicates the date of the most current Notice in effect.

You have the right to receive a copy of our most current Notice in effect. If you wish to receive a detailed copy of the "Notice of Privacy Practices", please contact our **Performance Home Medical** customer service department at **253-852-5612** or **866-687-4463**.

If you have any questions, concerns or complaints about this Notice or use of your medical information, please ask for assistance from our Regulatory Compliance Officer.

A division of Performance Modalities, Inc.

### **Medicare Patient - Warranty Policy Disclosure Form**

Dear Medicare Patient

This letter is to inform you of your warranty coverage as it applies to the equipment delivered to you either as a rental or purchase. Most items covered under the Medicare are reimbursed through a system of rent applied to purchase. In many cases this policy includes a 13<sup>th</sup> month payment system at which time the equipment is converted to your ownership. During this rental period, Medicare will continue to pay the rentals so long as you have medical need for such equipment.

The limited warranty is explained within the manufacturer's instruction manual. Please be aware of the individual warranty policy and call our number at 1-866-687-4463 for further clarification if needed. We will not bill you or Medicare during this warranty period for repair and/or replacement of such equipment.

Repair of such equipment is limited by the manufacturer's warranty which in all cases stipulates warranty will be voided if equipment is not properly maintained and/or subjected to misuse and/or abuse. Replacement shall be at the sole discretion of Performance Home Medical or the manufacturer of the equipment. Any State law, if applicable, shall be applied. If the warranty period exceeds the life of Performance Home Medical, then the equipment shall be warranted by the manufacturer as stipulated in their warranty policy.

### **Medicare Patient - Rental Option Disclosure**

Medicare regulations provide two options for obtaining category "inexpensive/routinely purchased" equipment; a purchase or a rental option. Examples of equipment in this category are walkers, canes, PAP humidifiers.

Under the purchase option, Medicare will pay their 80% of the allowable, for the medically necessary equipment, in a single lump sum payment. You will continue to be responsible for any deductibles and co-insurance payments that are due.

Under the rental option, Medicare will pay for the purchase of the medically necessary equipment in monthly installments until it reaches the allowable amount, then ownership transfers to you. You will continue to be responsible for any deductibles and co-insurance payments that are due. If you ever stop using the rental equipment before ownership has transferred to you, you are required to return it to the equipment provider.

**DISCLOSURE:** By your signature on the PHM delivery ticket you are acknowledging that you wish to purchase this item(s). If you prefer to rent this equipment, Performance Home Medical will assist you to find a qualified provider that has rental equipment available. If you have questions, please ask for clarification.

#### **MEDICARE DMEPOS SUPPLIER STANDARDS**

The products and/or services provided to you by Performance Home Medical are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards

#### **Medicare Patient: HOW TO FILE A COMPLAINT**

**There are 3 ways to file a complaint:**

**Contact your supplier:**

Within 5 calendar days, your supplier must let you know they received your complaint and are investigating it. Within 14 calendar days, your supplier must send you the results of your complaint and their response in writing.

**Call 1-800-Medicare:**

Ask to send your complaint to the Competitive Acquisition Ombudsman (CAO)

**Need help in filing a complaint?**

Contact your State Health Insurance Assistance Program (SHIP) for free, personalized help.

## **MEDICARE DMEPOS SUPPLIER STANDARDS**

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment 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 orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 and must maintain a visible sign with posted hours of operation. The location must be 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.
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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
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 cost either directly, or through a service contract with another company, any 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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose 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 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 for those specific products and services (except for certain exempt pharmaceuticals).
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. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
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 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

### **MEDICARE SUPPLIER STANDARDS**

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (Performance Modalities, Inc. dba Performance Home Medical) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.



## **WHAT YOU NEED TO KNOW ABOUT CONTINUED PAP COVERAGE**

Upon being diagnosed with obstructive sleep apnea most insurance plans will cover the rental of the device and supplies during the initial compliance period. Performance Home Medical has a group of dedicated Sleep Coaches that are available to answer questions and assist you in meeting your insurance plans compliance criteria.

### **Obstructive Sleep Apnea Compliance Criteria**

In the first 90 days, you must have at least 1 documented consecutive 30-day period where you

- Use the PAP for at least 4 hours per night for 21 of those 30 nights

Prior to the 90<sup>th</sup> day of the compliance period but no sooner than the 31<sup>st</sup> day you must have a face to face follow-up appointment with your provider. The providers chart-notes must document:

- Your symptoms of sleep apnea have improved AND
- The objective evidence (the PAP download) has been reviewed

### **Non-Obstructive Sleep Apnea Compliance Criteria**

In the first 90 days, you must have documented usage

- Use the Device for an average of 4 hours during a 24-hour period prior to your follow-up appointment

Prior to the 90<sup>th</sup> day of the compliance period but no sooner than the 61<sup>st</sup> day you must have a face to face follow-up appointment with your provider. The providers chart-notes must document:

- You are benefiting from therapy AND
- You are adhering to your therapy

### **Failure to Meet Compliance Criteria**

Unfortunately, if you are unable to meet the above compliance criteria most insurance will no longer cover your PAP therapy. You will have to return the device to avoid being charged privately for the rental of the equipment and future supplies, or have a follow-up visit with your provider to discuss trying to meet the compliance criteria again. You must:

- Meet with your provider to discuss and have documented in the chart-notes the reason for compliance failure
- Have a new in-facility sleep test. The test may be a new diagnostic, split or titration study.
- Begin a new 90-day compliance period



**Compliance Criteria Has Been Met**

Once your insurance plan's coverage criteria have been met, the insurance plan will continue to reimburse for the remainder of rental period and PAP re-supplies moving forward.

***Replacement Schedule for Most Insurance Plans***

Nasal Mask	1 per 3 months
Replacement Cushions	2 per 1 month
Replacement Pillows	2 per 1 month
Full Face Mask	1 per 3 months
Replacement Cushion	1 per 1 month
Headgear	1 per 6 months
Tubing	1 per 3 months
Chin Strap	1 per 6 months
Disposable Filters	2 per 1 month
Non-disposable Filters	1 per 6 months
Water Chamber	1 per 6 months



## **Cleaning & Replacement Instructions**

(Cleaning and replacement of supplies is important preventative care to optimize therapy)

### **Daily**

- Mask Cushion or Nasal Pillows:**
- ☐ Wash the cushion/ pillows with mild soap and water. (dish, face or body soap acceptable)
  - ☐ Rinse thoroughly with warm water
  - OR
  - ☐ PAP Mask Wipes (sold at all the PHM locations) can be used in place of soap and water
  - ☐ Air dry

### **Weekly**

- Headgear/Mask Frame:**
- ☐ Soak 30 minutes in warm soapy water
  - ☐ Headgear is not machine washable, wash by hand
  - ☐ Rinse thoroughly with warm water
  - ☐ Shake out frame. Gently roll headgear in a towel and air dry.
  - ☐ Replace the mask frame/headgear every 3 – 6 months.
- 6ft Tubing:**
- ☐ If the tubing is not heated:
    - Soak 30 minutes in warm soapy water.
    - Rinse thoroughly with warm water.
  - ☐ If the tubing is heated:
    - Avoid submerging the humidifier connection in water.
    - Run soapy water through the hose from the mask end then run clean water through to rinse it out.
    - Ensure the humidifier connection is dry
  - ☐ Gently shake excess water from tubing then
  - ☐ Hang up and allow to air dry OR attach to PAP and blow dry
- Filter System:**
- ☐ Respironics:
    - Using a strong stream of warm water, thoroughly rinse the non-disposable filter (Dark Blue or Gray) and then pat dry with a towel.
  - ☐ ResMed:
    - Filter is not washable
- Water Chamber:**
- ☐ Wash with warm soapy water.
  - ☐ Fill with distilled, purified or filtered water. (no tap water)
- Chin Strap:**
- ☐ Soak 30 minutes in warm soapy water. (not washing machine safe)
  - ☐ Rinse thoroughly with warm water.
  - ☐ Gently roll in a towel and air dry.

# Key Points To Remember









- ☐ Use your PAP device at least 4 hours or more a night for best results
- ☐ Clean the mask cushion/pillows daily.
- ☐ Wash mask/hose/chamber weekly.
- ☐ Replace filter(s) regularly.
- ☐ Keep supplies up to date. (Based on your insurance's policy).
- ☐ Put fresh distilled/filtered water in the humidifier before each use.
- ☐ Call us Monday-Friday, 8:30-5:00 with any questions or equipment related needs.
- ☐ You can find us on the web at [performancehomemed.com](http://performancehomemed.com)
- ☐ Additional items for purchase may be found on our retail website: [shop.performancehomemed.com](http://shop.performancehomemed.com)

**We Are Here To Make Your  
Sleeping Experience  
A Positive One.**

***Performance Home Medical***  
***1-866-687-4463***  
***performancehomemed.com***

## ENHANCE YOUR PAP EXPERIENCE

<b>PAP MASK WIPES</b> 	<ul style="list-style-type: none"> <li>• 100% pure cotton wipes</li> <li>• Use Daily</li> <li>• Removes dirt, grease &amp; oils</li> <li>• No Strong Fragrance</li> <li>• Contains 62 wipes</li> <li>• 100% Natural</li> </ul>	<p>\$11.99 (plus tax)</p> <p><i>Equivalent to Internet Pricing</i></p>
<b>CPAPmax Pillow</b> 	<ul style="list-style-type: none"> <li>• Helps provide support</li> <li>• Ventilated foam is cool</li> <li>• Ergonomic</li> <li>• Reduces mask slippage</li> <li>• Improves sleep comfort</li> </ul>	<p>Pillow \$59.99 Pillow Cover \$18.99 (plus tax)</p> <p><i>Equivalent to Internet Pricing</i></p>
<b>BODIMETRICS CIRCUL SLEEP AND FITNESS RING</b> 	<ul style="list-style-type: none"> <li>• Continuous oximetry &amp; heart rate tracking</li> <li>• Sleek durable design</li> <li>• Adjustable sizing for a perfect fit</li> <li>• Quick battery charging time</li> <li>• Syncs with your smart phone app</li> </ul>	<p>\$299.00 (plus tax)</p> <p><i>Equivalent to Internet Pricing</i></p>
<b>H2O 4 CPAP Ion Distilled Water</b> 	<ul style="list-style-type: none"> <li>• An innovative &amp; ideal product</li> <li>• Make distilled water in 2 just minutes</li> <li>• Laboratory tested</li> <li>• Safe and reliable</li> <li>• Ideal for CPAP &amp; Oxygen Concentrator Humidifiers</li> <li>• Each filter provides 60 fills</li> </ul>	<p>Pitcher \$59.95 Replacement Filter \$11.95 (plus tax)</p> <p><i>Equivalent to Internet Pricing</i></p>
<b>AirMini Travel CPAP</b> 	<ul style="list-style-type: none"> <li>• Smallest portable CPAP on the market</li> <li>• Waterless humidification</li> <li>• Control with AirMini app</li> <li>• Mask specific</li> </ul>	<p>\$799.00 (plus tax)</p> <p><i>Equivalent to Internet Pricing</i></p>
<b>DreamStation Go Travel CPAP</b> 	<ul style="list-style-type: none"> <li>• Less than 2 pounds</li> <li>• Overnight battery</li> <li>• Use with any mask</li> <li>• Built in power supply</li> <li>• Blue tooth is standard with every device</li> </ul> <p><b>**BATTERY NOT INCLUDED**</b></p>	<p>\$799.00 (plus tax)</p> <p><i>Equivalent to Internet Pricing</i></p>

VISIT OUR PRIVATE PAY WEBSITE

[shop.performancehomemed.com](http://shop.performancehomemed.com)



## Our Quality Pledge

- *Treat each patient in a friendly, courteous and responsive manner*
- *Be a resource for our care partners by providing knowledgeable and efficient customer service representatives*
- *Excel in clinical skills and technical expertise*
- *Provide comprehensive, accessible and reliable services*
- *Deliver clean and maintained equipment*
- *Properly train and educate our patients*
- *Respond promptly to the needs of our patients and care partners*
- *Honor and protect the confidentiality of our patients*
- *Bill promptly and accurately for our services*
- *Carry on business in an ethical manner, complying with all Federal, State, and Local regulations*
- *Continue to bring quality, value and excellence to our service*

Call or visit our web site for addresses and directions to each of our locations  
[www.performancehomemed.com](http://www.performancehomemed.com)

**Numerous Locations in the  
Pacific Northwest**

**866-687-4463**

*We provide the latest technology  
& the highest quality  
products & services available.*

- Home Filling Oxygen Therapy Systems
- Portable Oxygen Concentrators
- CPAP & BiPAP Sleep Therapy
- Sleep Therapy Supplies
- Ventilator Services



### Our Services Include

- On-call afterhours emergency service for our patients
- Insurance billed
- Individual evaluation, education & training at set-up.
- Follow up services
- Respiratory Therapists on staff
- O2 patient travel assistance

**Performance  
Home  
Medical**

**Oxygen Services  
Sleep Therapy Services  
Ventilator Services**



**Numerous Locations in the  
Pacific Northwest**

**866-687-4463**

**Fax Order #  
877-414-2727**

[www.performancehomemed.com](http://www.performancehomemed.com)

## Sleep Therapy Equipment & Supplies

*Thorough & timely  
set-up, education and  
follow up program*



*Professional caring service  
everytime!*

**Quality equipment .....**  
**and the latest technology**  
*Patient choice of set-up location*

### HOME RESPIRATORY SERVICES

- OXYGEN THERAPY
- PORTABLE OXYGEN  
CONCENTRATORS
- CPAP THERAPY
- BiPAP THERAPY
- NEBULIZERS
- COUGH ASSIST DEVICES
- VENTILATORS

Wide selection of mask & interface  
options!  
Mask fitting appointments  
Replacement supplies

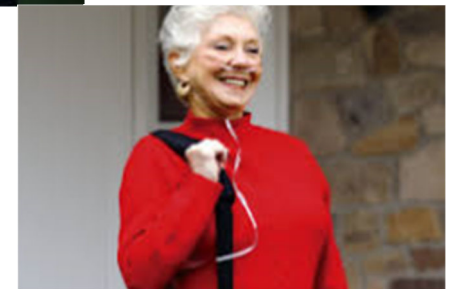


## Airway Management



- Compressor nebulizer
- Reusable and disposable  
administration kits
- Respiratory Therapy Care
- Disease Education
- In home Follow-up

## Oxygen Services And Equipment



**Different Needs.....**  
**Different Solutions**

Oxygen Homefill Systems



*Improves  
safety & portability options*



# TAKING YOUR PAP ALONG



## TRAVELING NEAR OR FAR

**Performance Home Medical**

*Front Runners in Medical Equipment & Respiratory Services for the Northwest*



**866-687-4463**

**Serving Numerous Locations in the  
Pacific Northwest**

[www.performancehomemed.com](http://www.performancehomemed.com)

*Should I Take My CPAP?*

**Absolutely!**

**REMEMBER.....**



*Being alert, rested and energetic  
will make your trip more  
enjoyable!!*

*AND, It's easy to take*

## HELPFUL TIPS

- ✓ **REMOVE** HUMIDIFIER CHAMBER from CPAP & **EMPTY WATER** BEFORE MOVING it or putting it in the bag.
- ✓ **GET** a prescription with settings from your physician to take with you. Put a copy with your machine and keep another with you.
- ✓ **ALWAYS** carry your PAP on-board the airplane, never check it in baggage.
- ✓ **USE** your PAP travel bag, it will help protect your machine. It's "just right"!

Performance Home Medical is the leading provider of *sleep therapy equipment, oxygen, nebulizers and ventilators* in the Pacific Northwest. We have multiple locations to serve our patients and accept and bill most insurance plans.

We are accredited by the Healthcare Quality Association on Accreditation (HQAA) assuring safe quality care for our patients.

Thank you for choosing Performance Home Medical to meet your sleep therapy equipment needs.



**Performance Home Medical**

*Front Runners in Medical Equipment & Respiratory Services for the Northwest*

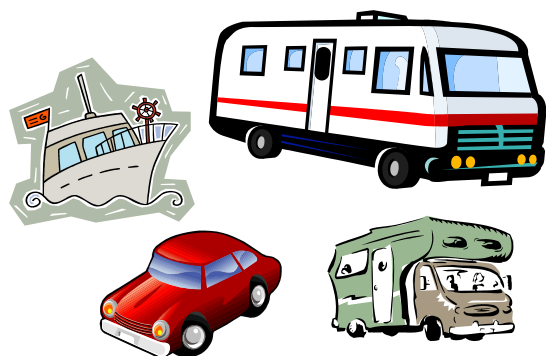


**Serving Numerous Locations in the  
Pacific Northwest**

**866-687-4463**



## TRAVELING IN YOUR VEHICLE



Whether you travel long distances by **RV, camper, boat or car** using your PAP while away is easy! Power adapters are available to run your PAP from your transportation's power source. For more information on obtaining a power-adapters visit our website:

[shop.performancehomemed.com](http://shop.performancehomemed.com)

## CAMPING WITH YOUR CPAP

**YES, you can go camping with your CPAP!**

Rechargeable batteries are available for purchase that provide 2 nights of use for most PAP users. For more Information on obtaining rechargeable batteries



visit our website:

[shop.performancehomemed.com](http://shop.performancehomemed.com)

## TAKING YOUR CPAP ON A PLANE

Taking a PAP device through airport security checkpoints is quite common today; most TSA staff are familiar with PAP devices and accessories.



To go through the security checkpoint in the airport, passengers will be required to take their PAP device out of the carrying case and place the device in a bin for x-ray screening. Facemasks and tubing can remain in the carry case. In addition to x-ray inspection, a visual and physical inspection, and Explosive Trace Detection (ETD) sampling may be required.

Every airline has specific guidelines and regulations regarding traveling with medical equipment. Check with your airline to ensure you are following the guidelines.



**NOTE:** PAP devices are not included in your maximum number of carry-on bags.

## INTERNATIONAL TRAVEL

When traveling internationally, your PAP device and humidifier will internally convert to the voltage used in the country to which you are traveling. It is important to make sure you have the correct power adapter plug for your destination country.



**Obtain** a copy of your prescription with settings from your physician. Put a copy with your machine and keep another with you.

**REMEMBER ALWAYS** remove the humidifier chamber from the PAP device and empty it BEFORE you move the unit or put it in the bag.



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Front Runners in Medical Equipment & Respiratory Services for the Northwest



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