



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

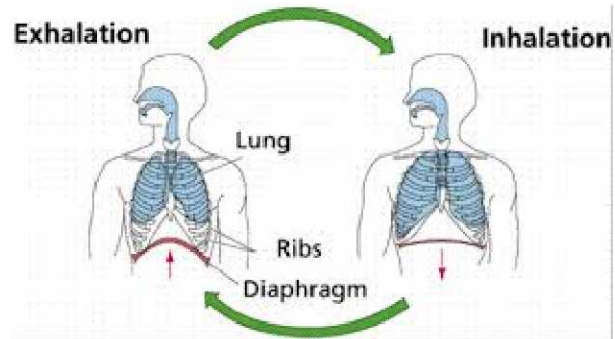
Again, thank you for choosing Performance Home Medical. We hope our follow-up program will add support with your treatment. Please feel free to call us with any questions or concerns at (toll free) 866-687-4463.

Larry Mastrovich

Chairman & CEO

About Ventilation

Our body has a very sophisticated system that brings oxygen to our tissues, removes waste, and removes carbon dioxide. Air comes first in through the nose and mouth where it is heated and humidified, moves down through the trachea into the bronchi, and down into the lungs where gas exchange occurs in the alveoli. The air is pulled in by the respiratory muscles (primarily the diaphragm) creating negative pressure inside the lungs. When the muscles relax, the pressure inside the lungs increases and we exhale.



When something causes either the muscles to lose their strength or there is obstruction to the airways, the respiratory system becomes compromised and the body needs help to breathe. This is when a ventilator is used. It completes the work of the diaphragm by pushing air into the lungs, keeping it there long enough for gas exchange to take place in the alveoli. Should the muscles return to normal function, the ventilator may be able to be removed, allowing the patient to resume breathing without the assistance from the ventilator.

The Ventilator

The ventilator itself is a very sophisticated device which can provide a range of support. It can provide just enough support at night to rest the muscles or can completely take over if someone does not have the strength to breathe at all. The settings on your machine will be adjusted for your specific needs by your physician. It will be adjusted to make breathing the most comfortable that it can be. We will provide some specific information based on the type of ventilator you receive. Below is some general information that applies to all ventilators:

- **Maintenance:**

Every ventilator has a maintenance schedule. This typically includes when to change the circuits and filters. It also includes performing a check to ensure the battery and alarms are working correctly.

Every ventilator also has a manufacturer-required service that typically occurs every 2-4 years. The manufacturer will do a complete check to ensure the values reported are correct and may even replace the motor that drives the ventilator. We will ensure the ventilator gets all the required maintenance.

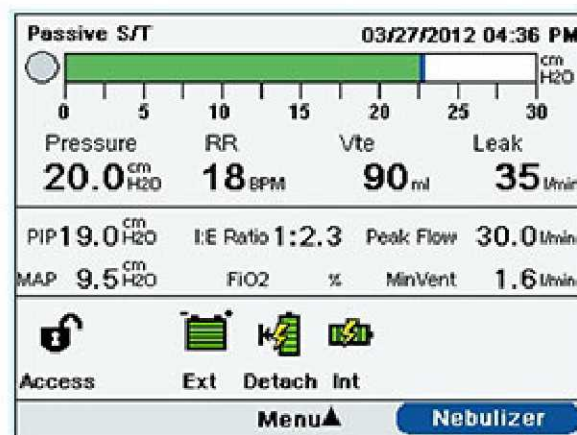
- **Cleaning**

It is important to ensure that the filters are clean, and dust does not accumulate on the vent and around its ventilation ports. You will receive specific details on when to clean your ventilator, but a good rule of thumb is to wipe the dust off and to check the filters weekly.

We also recommend that the ventilator circuit gets changed regularly. If you see that the inside of the circuit is soiled, please change it out. Otherwise the circuit can last up to a month at a time. If you need to change the circuit more often or have questions on how often to change your circuit, just ask one of our respiratory therapists.

- **Vent Checks**

One of our respiratory therapists will periodically come out to do a ventilator check. During this visit, we may verify settings and the number of hours the ventilator has been used. We will also answer any questions that may have come up since the last visit.



- **Ventilator Alarms**

Each ventilator will have its own set of alarms that are programmed based on the settings prescribed by your physician and the readings from the ventilator. In general, there are three types of alarms: High, Medium, and Low Priority:



- **High Priority Alarms**

High Priority Alarms are an alert to something that could cause immediate harm. Examples could be that the ventilator has lost connection to a power source and the internal battery is about to run out, the circuit has become disconnected, or there is too much pressure in the circuit. Our staff will be training you on how to handle each of these situations.

- **Medium Priority Alarms**

Medium Priority Alarms are alerts to issues that may not cause immediate harm but should be resolved in a timely fashion. An example of this would be if the machine lost its external power source and switched to using the battery source available, pressures that are too low or too high, or too much air is leaking.

- **Low Priority Alarms**

The Low Priority Alarms could also be described as messages. These will let you know that something has changed. The pressure may have been high for one breathe but it is back to normal now or that the machine has switched from using an external battery to using an internal battery.

Each of these types of alarms will be described in the owner's manual you will receive with the ventilator being used. Our staff will ensure that you understand the priority of the alarms you may see and how to handle them.

WHAT YOU NEED TO KNOW ABOUT CONTINUED VENTILATOR COVERAGE

Upon being diagnosed, most insurance plans will cover the rental of the ventilator and supplies. Performance Home Medical has a group of dedicated Disease Management Experts that are available to answer your questions and to assist you in maximizing the benefit of your therapy while keeping you at home and breathing easier.

Compliance Criteria

- Use the ventilator at least 4 hours per day/night
- Schedule your follow up visit with your provider
 1. Your office visit summary needs to show improvement
 2. Usage within insurance guidelines
 3. Noted benefit from the ventilator therapy and continued need of the ventilator

Continued Compliance Coverage

- Must use 4 hours or greater
- Must have annual follow-up with provider
 - Updated prescription and office visit notes stating use and benefit
- Show improvement of overall health and continued need of the ventilator to prevent hospitalizations
- If you choose to change your insurance to a plan that requires compliance you will need to obtain the following
 - New prescription
 - An office summary stating you are using and benefiting from the ventilator
 - A download from the ventilator showing usage 4 hours per day/night

Failure to Meet Compliance Criteria

It may take you some time getting comfortable on your new therapy, together with your provider, we will work to keep you out of the hospital and improve your overall health.

Unfortunately, if you are unable to meet the above compliance criteria, most insurances will no longer cover your ventilator therapy. You will have to return the device to avoid being charged for the ventilator equipment.

Call us if you need assistance!

866-687-4463

Option 3, Option 1

Your Information. Your Rights. Our Responsibilities.

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. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say “no” if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. • We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again
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Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat You

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	• We can share health information about you for certain situations such as: Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	• We can use or share health information about you: • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
State-Specific Requirements:	• Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Oregon

Special confidentiality requirements under Oregon law (e.g., for mental health, substance treatment, HIV, STDs) may also limit disclosures without additional authorization.

Washington

In general, Perform Health does not engage in marketing, psychotherapy notes, or the sale of PHI. However, we are required to inform you that most use of PHI for these purposes requires your authorization.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date

7/10/2025

Privacy Officer

Holly Charette

VP of Compliance and Regulatory Affairs

P: 346.781.8283

Holly.Charette@performancehomemed.com

8300 Cypress Creek Pkwy, STE 225

Houston, TX 77070

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 PERFORMANCE 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 manufacturer’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 patient’s 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” or maintain a \$150.00 deposit in your PHM account 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 e-mail 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 6 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.

Who is exempt?

Patients who have dual coverage, Plans paying 100%, Medicaid plans, HSA accounts

UNDERSTANDING INSURANCE COVERAGE, PAYMENT PROCESSING AND FREQUENTLY USED TERMINOLOGY

INSURANCE COVERAGE

Most every insurance plan has specific ***guidelines*** initially and subsequently to determine if an item ordered by your physician is covered by your policy. Most insurance plans use the same ***guidelines*** while others may have more or less requirements to determine coverage based upon medical necessity.

Determining ***guidelines*** generally include: policy eligibility, prescription, diagnosis, symptoms & severity; length of need, test results, other treatment options considered; ongoing physician follow up, patient treatment benefits; patient compliance to treatment plans, improvement with treatment; and other items documented in the physician notes that the individual insurance company uses to determine the required “guidelines” have been met for “Medical Necessity”.

Once your insurance has reviewed the required documentation gathered and submitted by Performance on your behalf, they make a determination of coverage. Some insurance plans require “pre-authorization” prior to provision of the equipment. Performance will work with your insurance to provide available documentation they require to help you obtain coverage for the items prescribed by your physician.

INSURANCE CLAIM PROCESSING

1. Performance Bills your insurance plan at our “Usual & Customary” Rate. (*see definition below*)
2. Your insurance company applies their “allowable” (contract rate) to the billing.
3. Then the insurance applies any remaining deductibles to the “allowed rates” and pays the claim at the percentage of coverage in your policy.

For Example:

Claim Submitted to insurance (retail rate)		\$200.00	
Contract discount taken by insurance	-	\$ 80.00	(not patient responsibility)
Allowed rate		\$120.00	
Subtract any remaining deductible	-	\$ 25.00 *	(if applicable)
Claim Balance for payment		\$ 95.00	
Insurance payment (contract) rate (80%)	-	\$ 76.00	(total paid by insurance)
Patient 20% responsibility (co-pay)		\$ 19.00 *	

<u>*YOUR BALANCE ON THIS CLAIM</u>	\$ 44.00
(\$25.00 deductible - \$19.00 co-pay)	

FREQUENTLY USED TERMINOLOGY

PHM Usual & Customary Billed Rate - Billed at Manufacturers Suggested Retail Price

Allowable – Insurance contract rate for the item or service provided.

Deductible – An annual amount paid out of pocket by you, prior to any insurance reimbursement. Deductibles vary by the insurance policy and may be as low as \$0-\$100.00 or may be thousands of dollars.

Co-Insurance/Co-Pay – A percentage of the “allowable” rate (less any remaining deductible) to be paid by you on each claim.

Assignment of Benefits – This is when you agree to have your insurance claim payment sent directly to the service provider to be applied to your bill for the specific service provided. Performance routinely accepts “Assignment of Benefits”, but is NOT required by law to do so.

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 13th month payment system at which time the equipment is converted to your ownership. Ventilators will never be converted to your ownership and will continue to be a rental item for the length of time the device is needed. 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.

Non- Invasive Ventilator 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.

6ft Tubing:

- ☐ Soak 30 minutes in warm soapy water.
- ☐ Rinse thoroughly with warm water
- ☐ Gently shake excess water from the tubing
- ☐ Hang up and allow to air dry

Filter System

- ☐ Using a strong stream of warm water, thoroughly rinse the non-disposable foam filter and then pat dry with a towel.
- ☐ Replace the bacterial/viral filter monthly

Water Chamber:

- ☐ Wash with warm soapy water.
- ☐ Fill with distilled, purified or filtered water. (no tap water)
- ☐ Replace every 6 months.

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.
- ☐ Replace every 6 months

Toll Free 866-687-4463
Available 24 hours per day
7 days per week

www.performancehomemed.com

Key Points To Remember



- ☐ Clean the mask and cushion daily
- ☐ Clean hose and chamber weekly
- ☐ Clean and/or replace filter(s) regularly
- ☐ Put fresh distilled/filtered water in the humidifier before each use.
- ☐ Call us Monday-Friday, 8:30-5:00 with any equipment or re-supply questions
- ☐ We are available 24/7 for emergencies
- ☐ You can find us on the web at performancehomemed.com
- ☐ Additional items for purchase may be found on our retail website: shop.performancehomemed.com

Performance Home Medical
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& the highest quality
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- Portable Oxygen Concentrators
- CPAP & BiPAP Sleep Therapy
- Sleep Therapy Supplies
- Ventilator Services



Our Services Include

- On-call afterhours emergency service for our patients
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- Follow up services
- Respiratory Therapists on staff
- O2 patient travel assistance

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

**Numerous Locations in the
Pacific Northwest**

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**Oxygen Services
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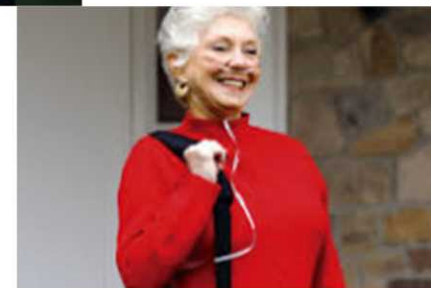


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Performance Home Medical



A Division of Performance Modalities, Inc.

Corporate Address:

19625 62nd Ave., S, Suite A101

Kent, Washington 98032-1106

253-852-5612 866-687-4463

Letter to the Fire Department

ATTENTION: CUSTOMER SERVICE

This letter is to inform you that an individual living at the address below is depending upon the use of a mechanical ventilator as a life support system. _____ cannot breathe independently and thus relies on the ventilator at home to breath. Any prolonged disruption preventing their ability to breath may result in brain damage or death. The ventilator runs on AC current and has battery back-up capabilities.

In the event of a fire or the need for emergency evacuation, please verify that this person has been removed from the residence.

The life support ventilator is being provided by Performance Home Medical. You may contact them at 866-687-4463.

The physician providing care is: _____

You may contact the physician at: _____

The patient's name is: _____

The patient's address is: _____

The patient's phone number is: _____

Thank you for your consideration.

Performance Home Medical
Clinical Ventilation Team



Letter to the Telephone Company

ATTENTION: CUSTOMER SERVICE

This letter is to inform you that an individual living at the address below is depending upon the use of a mechanical ventilator as a life support system. _____ cannot breathe independently and thus relies on the ventilator at home to breath. Any prolonged disruption preventing their ability to breath may result in brain damage or death. The ventilator runs on AC current and has a battery back-up that can last up to 6 hours.

In the event of a power failure the battery can be used as a temporary source of power. It is imperative that the address below be placed on a priority list to restore power. If there is a planned event that would cause the loss of electricity, please notify the home so arrangements can be made to obtain an alternate source of power.

The life support ventilator is being provided by Performance Home Medical. You may contact them at 866-687-4463.

The physician providing care is: _____

You may contact the physician at: _____

The patient's name is: _____

The patient's address is: _____

The patient's phone number is: _____

Thank you for your consideration.

Performance Home Medical
Clinical Ventilation Team



Letter to the Power Company

ATTENTION: CUSTOMER SERVICE

This letter is to inform you that an individual living at the address below is depending upon the use of a mechanical ventilator as a life support system. _____ cannot breathe independently and thus relies on the ventilator at home to breath. Any prolonged disruption preventing their ability to breath may result in brain damage or death. The ventilator runs on AC current and has a battery back-up that can last up to 6 hours.

In the event of a power failure the battery can be used as a temporary source of power. It is imperative that the address below be placed on a priority list to restore power. If there is a planned event that would cause the loss of electricity, please notify the home so arrangements can be made to obtain an alternate source of power.

The life support ventilator is being provided by Performance Home Medical. You may contact them at 866-687-4463.

The physician providing care is: _____

You may contact the physician at: _____

The patient's name is: _____

The patient's address is: _____

The patient's phone number is: _____

Thank you for your consideration.

Performance Home Medical
Clinical Ventilation Team



ABOUT “ADVANCE DIRECTIVES”

The best person to make decisions about your medical care is you. The best time to make decisions about what kind of medical care you would like, should you become terminally ill, is in advance, while you are healthy and able to make your wishes known.

What is an Advance Directive?

An advance directive is a written or oral statement that is made and witnessed in advance of serious illness or injury describing your wishes with regard to medical decisions. An advance directive allows you to state your choices about healthcare or to name someone to make those choices for you should you become unable to make decisions about your medical treatment or care.

What is a Living Will?

A living will generally describes the type of medical care you want or do not want if you are unable to make your own decisions. It is called a *Living Will* because it takes effect while you are still living. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way that your wishes will be understood.

What is a Healthcare Surrogate Designation?

A "healthcare surrogate designation" is a signed, dated and witnessed document naming another person such as a spouse, child or close friend as your agent to make medical decisions for you should you become unable to make them for yourself. This designation is often included in the Living Will.

You may wish to name a second person as an alternate, should your first choice for healthcare surrogate not be available. Be sure, however, to notify these persons that you have named them as healthcare surrogates, and inform them of your wishes. It is also a good idea to give them, as well as your physician and attorney, a copy of both your living will and the healthcare surrogate designation documents.

Do I have to complete an Advance Directive under (state) law?

ABOUT “ADVANCE DIRECTIVES” (continued)

No, there is no legal requirement to complete an advance directive. However, if you have not completed an advance directive or designated a healthcare surrogate, healthcare decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative or a close friend, in that order.

What if I change my mind after I have completed a Living Will and/or designated a Healthcare Surrogate?

You can change or cancel these documents at any time, either orally, or in writing.

What should I do with my Advance Directive?

- Make sure that someone, such as your physician, lawyer or family member knows that you have an advance directive and where it is located.
- If you have designated a healthcare surrogate, give that person a copy or the original.
- Give your physician a copy for your medical file.
- Keep a copy of your advance directive in a place where it can be found easily.
- Keep a card or note in your wallet or purse that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your physician, lawyer and/or family member has the latest copy.

Notes:

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.