CLIENT DEMOGRAPHICS/INTAKE FORM

Section A

Full name | Date of Birth

☐ F ☐ M

Gender | Client Height | Client Weight

Primary Language Spoken by Client | Email address

Physical Address | City | State | Zip | Primary phone number

Billing address (if different than physical) | City | State | Zip | Phone number

Caregiver name | Relationship | Phone number

Facility name (if applicable) | Wing | Room # | Bed #

Emergency Contact | Relationship | Phone number

Power of Attorney Legal Guardian | Name | Phone number

Primary Physician or Hospital | Care Coordinator Name | Phone number

Section B

Please include copies of all applicable insurance cards

Primary Insurance Company | Phone

Primary Policy Holder | Relationship

Primary Insured SSN | Date of Birth

Insured's ID # | Group Number

Tertiary Insurance Company | Phone

Tertiary Policy Holder | Relationship

Tertiary Insured SSN | Date of Birth

Insured's ID # | Group Number

Secondary Insurance Company | Phone

Secondary Policy Holder | Relationship

Secondary Insured SSN | Date of Birth

Insured's ID # | Group Number

ACKNOWLEDGMENT FORM-ASSIGNMENT OF BENEFITS/INTAKE DOCUMENTS

AUTHORIZATION OF SERVICE:
The client understands (1) that their signature on this form authorizes Procare Home Medical and staff (Procare) to provide equipment and supplies (Product) to them, (2) that the product provided to them by Procare is provided under the direction of their prescriber, and (3) that Procare is not liable for any act, injury, damage, or omission when following the instructions of said prescriber.

RENTAL, SALES, AND WARRANTY TERMS:
The client understands that equipment rented under this agreement remains the property of Procare and agrees not to assign possession rights of the rental equipment. Title to the equipment does not transfer to them until equipment is purchased and paid for in full. The client agrees to return the equipment in the same condition, as it was when received, normal wear and tear excluded. Rental charges will continue until equipment is returned to Procare. The client understands they will be charged the full retail amount of any rental equipment that fails to be returned, is lost, or damaged resulting from negligence, theft, fire, abuse, accident, or any other cause other than reasonable wear. The client agrees to not move any rental equipment without prior permission from Procare. Procare honors all warranties expressed and implied under applicable state law and will not charge for the repair or replacement product covered under warranty. Procare shall replace or repair defective equipment in a timely manner. Procare shall not be responsible for incidental or consequential damage due to clients' failure to timely notify Procare of any malfunction/defect or any unauthorized modifications made to rental equipment. Procare advises Medicare beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment. The client understands that they will return rental equipment when there is no longer a medical need for it. The client agrees to notify Procare if they move, enter a nursing facility, enter a hospital, or become a hospice client. The client understands that Medicare Part B does not cover rental equipment while the client is in a nursing facility, hospital, or hospice. Sales returns will be accepted in unopened packages and/or saleable condition within 48 hours from date of original purchase 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 it is disposable (i.e., oxygen supplies, underpads, diapers, enterals, compression garments, creams, sprays). Special order items may require a deposit and are non-returnable.

ASSIGNMENT OF BENEFITS/ACKNOWLEDGMENT OF MY FINANCIAL RESPONSIBILITY:
The client authorizes (1) direct payment to Procare and its subsidiaries for any Medicare, Medicaid, and/or insurance benefits otherwise payable to them for services rendered by Procare, its subsidiaries, or agents, (2) their insurance company, including Medicare and Medicaid, to provide to Procare all information regarding their insurance benefits and status of claims submitted on their behalf by Procare for services rendered, (3) Procare to release to their insurance company, including Medicare and Medicaid, all information pertaining to them for benefit determination, and (4) Procare to initiate a complaint to the Insurance Commissioner on their behalf. The client understands that their insurance coverage may not pay the total cost of the product provided to them by Procare and that they are financially obligated to pay any balances, deductibles, or coinsurances owed to Procare for their services and those denied by insurance for any reason including, but not limited to, non-coverage, failure to qualify for coverage, or insurance termination.

Procare shall have the right to pick up all equipment if financial responsibilities are not met. All monthly rental and supply orders are required to provide a payment method on file for instances of coinsurance, deductibles, or other charges determined by the insurance policy. The client agrees to remit to Procare any payments made directly to them by their insurance payer for product provided by Procare. Individual client statements are sent out on a per invoice basis and are due twenty days from the date of the statement, unless otherwise indicated. Facility and/or private payor statements are due according to the terms of the contract and/or the terms indicated on the monthly statement. Payments can be mailed or taken over the phone by Procare. We accept cash, checks, money orders, and credit cards. We also make credit card pre-payment arrangements for anticipated monthly client balances. The client understands that if they have opted to be enrolled in Autopay, any client balance after processing of insurance(s) will be charged to their approved method of payment on file. A $15.00 late fee may be added beginning on the 61st day and monthly until the balance is paid in full. Procare will be entitled to the full amount due on the account including but not limited to attorney fees and/or collection fees that may accrue. In the case of default, the client authorizes Procare to attach all rights to their Alaska State Permanent Fund Dividend until all financial obligations are met (where applicable).

CONSENT REQUEST-THE TELEPHONE CONSUMER PROTECTION ACT (TCPA):
The Telephone Consumer Protection Act (TCPA) was passed by Congress, and all institutions/suppliers are required to obtain consent before contacting a client on their mobile or residential phone. To ensure you do not miss any important communications, we are requesting permission to contact you via Virtual Agent, direct dial, or text messages on your residential or mobile phone. You may choose to opt out of contacts to your mobile phone/s. Procare does not engage in telemarketing. By signing below, you indicate your consent to be contacted on any mobile or residential number on file, and that you have the authority to provide consent (message and data rates may apply for your mobile service plan). You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by written notice to Procare Home Medical, 4215 Credit Union DR, Anchorage, AK 99503.

By signing, I acknowledge I have received and/or been provided direction on how to access the information detailed in the 'ACKNOWLEDGMENT FORM-ASSIGNMENT OF BENEFITS/INTAKE BROCHURE' as well as the following:

- Scope of Service
- Location and Compliance Contact Information
- Client Bill of Rights and Responsibilities
- Client Emergency Preparedness Sheet
- Client Infection Control Sheet
- Medicare Supplier Standard
- Notice of Privacy Practices

I also agree to the above assignment of insurance benefits and financial obligation on the previous page. This agreement is binding as long as I am receiving product from Procare, or a written revocation is received by Procare. The word "client" is understood to be the person receiving product from Procare.

Client Name

Signature of Client or Client's Legal Representative | Date

Printed Name of Client's Legal Representative | Relationship to Client

Client Emergency Preparedness

There are many types of disasters that can occur within Alaska. Disasters and emergencies include high winds with widespread destruction, earthquakes, electrical blackouts, floods, tsunamis, and other emergencies that may cause an interruption of your services.

Following a disaster, Procare Home Medical will make every attempt to contact you if you utilize equipment that requires monitoring on an on-going basis.

PLEASE NOTE:
If any of your equipment does not have electric power, go directly to the nearest emergency shelter having a generator.

Always complete a weekly check of your equipment and/or supplies. If you should need supplies at times other than our scheduled deliveries, please contact us.

If you have any concerns about what to do regarding your PHM equipment and/or supplies during an emergency, please contact us.

THE FOLLOWING ARE SUGGESTIONS TO ASSIST IN YOUR CREATION OF AN EMERGENCY PREPAREDNESS PLAN

MAKE A KIT:
Always have the basic, easy to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate. Make sure to consider all family members when building this kit. This is not an inclusive list.

CREATE A PLAN:
Have an evacuation plan for you and your family that considers if you are together or if you are separate. Find out possible types of disasters within your area. Create your plan and include where you will meet, how you will get there, and decide on an out-of-state friend to be your "family contact". PRACTICE AND MAINTAIN YOUR PLAN

BE INFORMED:
Be aware of what disasters or emergencies may occur in your area.
Be aware of what your state and local emergency plans are.
Follow all radio or television instructions of your local authorities

To learn more about emergency preparedness within Alaska

Division of Homeland Security and Emergency Management
Building 49000, Army Guard Road, JBER, AK 99505
907.428.7000 or 907.428.7100
https://www.ready.alaska.gov/

American Red Cross of Alaska
235 East 8th Avenue Suite 200, Anchorage, AK 99501
907.646.5401
https://www.redcross.org/local/alaska.html

Infection Control

Germs can be found in all areas of your home, such as tabletops and bathrooms, and also around food and pets. Germs can also be found in the air and on your skin, especially on the hands. Most of the germs that live in the air or on your skin will not hurt you. Some germs, if allowed to enter the bloodstream, could cause an infection or serious illness.

Alcohol-Based Rubs
1. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
2. Rub your hands together.
3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds

Washing Hands with Soap and Water
1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them

Proper Respiratory Hygiene/Cough Etiquette
1. Cover mouth and nose when sneezing/coughing.
2. Use tissues and dispose immediately in a receptacle.
3. If you don't have a tissue, cough or sneeze into your elbow, not your hands.
4. Immediate wash your hands after blowing your nose, coughing, or sneezing.
5. To help prevent the spread of respiratory disease, you can also avoid close contact with people who are sick and others when you are sick.

Centers for Disease Control and Prevention
800-CDC-INFO 800.232.4636
TTY: 888.232.6348 (24 Hours/Every Day)
cdcinfo@cdc.gov
www.cdc.gov/handwashing
https://wwwn.cdc.gov/dcs/ContactUs/Form

Medicare Supplier Standards

The products and/or services provided to you by PHM 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 on our website http://www.ecfr.gov. Upon request we will furnish you a written copy of the standards.

Location Information

Anchorage
4215 Credit Union Drive
Anchorage, AK 99503
Phone: (907) 274-0770
Fax: (907) 274-0773
Toll Free: (877) 274-0770

Fairbanks
915 30th Avenue, Suite 106
Fairbanks, AK 99701
Phone: (907) 458-8912
Fax: (907) 458-8914
Toll Free: (877) 274-0770

Soldotna
35563 Kenai Spur Hwy.
Soldotna, AK 99669
Phone: (907) 260-4433
Fax: (907) 260-3757
Toll Free: (877) 274-0770

Wasilla
901 N. Leatherleaf Loop, Suite 104
Wasilla, AK 99654
Phone: (907) 357-7882
Fax: (907) 357-7883
Toll Free: (877) 274-0770

PROCARE HOME MEDICAL

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Client Intake Information

State of Alaska

Scope Of Service

- Home Medical Equipment & Supplies
- Respiratory Equipment & Supplies
- Enteral Nutritional Equipment & Supplies
- Mobility Equipment & Accessories
- Incontinence Supplies

Commitment to Quality

If you have complaints or concerns regarding the quality of our services or products, please contact the Manager or Compliance Officer at any one of our locations.

To file a complaint with the Division of Corporations, Business and Professional Licensing, or to bring a matter pertaining to the actions of a licensed, or unlicensed, professional or business to the attention of their investigative staff you may contact them at 907.269.8160. Their hours of operations are 9:00 am to 4:30 pm; Monday through Friday.

We are accredited by Community Health Accreditation Partner, and you may call them if your complaint continues to be unresolved. Their contact information is 800.656.9656.

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.

Procare Home Medical is committed to preserving the privacy and confidentiality of your protected health information which is created and/or maintained at one of our service locations. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your protected health information. This NOTICE will provide you with information regarding our privacy practices and applies to all of your protected health information created and/or maintained at one of our service locations, including any information that we receive from other health care providers or facilities. The NOTICE describes the ways in which we may use or disclose your protected health information and also describes your rights and our obligations concerning such uses or disclosures. We will abide by the terms of this NOTICE, including any future revisions that we may make to the NOTICE as required or authorized by law. We reserve the right to change this NOTICE and to make the revised or changed NOTICE effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current NOTICE, which will identify its effective date, in our service locations and on our website at www.ProcareHM.com.

The privacy practices described in this NOTICE will be followed by:

- Any health care professional authorized to enter information into your medical record(s) created and/or maintained at our service locations,
- All employees who have access to your protected health information at our service locations; and
- Any caregiver which is allowed to help you while receiving services at one of our service locations.
- The individuals identified above will share your protected health information with each other for purposes of treatment, payment and health care operations, as further described in the NOTICE.

How Procare Home Medical May Use or Disclose Your Protected Health Information.

FOR TREATMENT: Procare Home Medical may use your protected health information to provide you with health care products, supplies, treatments or services (collectively "services"). We may collect and share appropriate information about you to document the medical necessity of the services we are providing. For example: diagnosis, prescriptions, referral and physician, or health care provider information.

FOR PAYMENT: Procare Home Medical may use and disclose your protected health information for purposes of billing and collecting payment for the services we provide. For example: a bill may be sent to you or a third party payer, such as an insurance company (e.g. Medicare/Medicaid) or health care plan. The information on the bill may contain information that identifies you, your diagnosis, and services used in the course of your service.

FOR HEALTH CARE OPERATIONS: PHM may use and disclose protected health information about you for operational purposes. For example: As part of our ongoing performance improvement programs, PHM may contact you via phone, email, or text with surveys regarding our performance. Your protected health information may be disclosed to PHM staff for risk or quality improvement, health care outcomes and utilization reporting, and to remind you of service needs.

FAMILY MEMBERS, FRIENDS, CAREGIVERS, & REFERRAL SOURCES: PHM may disclose your protected health information to individuals, such as family members, caregivers and friends, who are involved in your care or who help pay for your care. PHM may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example: if your spouse or caregiver comes into the service location with you, we assume that you agree to our disclosure of your protected health information while they are present and assisting with your care.

REQUIRED BY LAW: PHM may use and disclose information about you as required by law. For example: PHM may disclose information for the following purposes, judicial and administrative proceeding pursuant to legal authority, to report information related to victims of abuse, neglect or domestic violence, and to assist law enforcement officials in their law enforcement duties.

DECEDENTS: Your protected health information may be used or disclosed to a coroner, medical examiner or a funeral director. Also we may disclose to a family member, or those who were involved in your care or payment for health care prior to your death, your protected health information that is relevant to such persons' involvement unless doing so is inconsistent with any prior expressed preferences that is known to us from you.

ORGAN, EYE OR TISSUE DONATION: Your protected health information may be used or disclosed to organ procurement organizations or other entities engaged in the procurement, banking or translation of cadaveric organs, eyes or tissue.

PUBLIC HEALTH AND SAFETY: Your protected health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control a serious threat to health or safety of you or any other person pursuant to the applicable law, disease, injury or disability, or for other health oversight activities.

HEALTH OVERSIGHT ACTIVITIES: PHM may disclose your protected health information to a health oversight agency that is authorized by law to conduct health oversight activities. Including audits, investigations, and inspections or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

RESEARCH: We may use or disclose your protected health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your protected health information for research purposes until the particular research project for which your protected health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your protected health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your protected health information which is done for the purpose of identifying qualified participants will be conducted onsite at our service locations. In most instances, we will ask for your specific permission to use or disclose your protected health information if the researcher will have access to your name, address or other identifying information.

GOVERNMENT FUNCTIONS: Your protected health information may be disclosed to specialized government functions such as protection of public officials or reporting to various branches of the armed services.

CRIMINAL ACTIVITY: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

INMATES: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

WORKERS' COMPENSATION: Your protected health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

APPOINTMENT REMINDER: We may use or disclose your protected health information for purposes of contacting you to remind you of a health care appointment.

Uses and Disclosures Pursuant to Your Written Authorization
PHM will not use or disclose your protected health information for any other purposes not described in this NOTICE, unless we have your specific written authorization. You may revoke the written authorization at any time except to the extent PHM has taken some action in reliance on such.

MARKETING ACTIVITIES: All uses of and disclosures of your PHI for marketing purposes and sales of PHI will require your written authorization.

Your Rights Regarding Your Protected Health Information
You have the following rights regarding your protected health information. You may exercise each of these rights by providing us with a written request or completed form that you can obtain from PHM. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from our corporate office, located at 4215 Credit Union Drive, Anchorage, Alaska 99503. 907.274.0770

RIGHT TO INSPECT AND COPY: You have the right to inspect and request, in writing, a copy of your protected health information that may be used to make decisions about your health care. You have the right, in writing, to direct the use of your protected health information at any of our service locations.

RIGHT TO AMEND: You have the right to request, in writing, an amendment to your protected health information that is maintained by PHM that is used to make health care decisions about you. Amendment requests will be evaluated on an individual basis and revised if appropriate. We may deny your request if it is not properly submitted or does not include a reason to support your request. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request, in writing, an accounting of non-routine disclosures of your protected health information made by Procare Home Medical.

RIGHT TO REQUEST RESTRICTIONS: You have the right, in writing, to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You have the right to, in writing, restrict certain disclosures of PHI to a health plan when:

- The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law or regulation; and
- You (or any person other than the health plan) pay for treatment at issue out of pocket in full.

You also have the right, in writing, to request a limit on the protected health information we disclose about you to someone, such as a family member, caregiver or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular service that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and PHM.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right, in writing, to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to receive a copy of this NOTICE. You may ask us to give you a copy of this NOTICE at any time. Even if you have agreed to receive this NOTICE electronically, you are still entitled to a copy of this NOTICE.

Our Duties Regarding Your Protected Health Information
PHM will maintain the privacy of protected health information and provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

PHM will notify any affected individuals following a breach of unsecured protected health information.

PHM will abide by the terms of the notice currently in effect.

PHM will apply a change in a privacy practice that is described in the notice to protected health information that PHM created or received prior to issuing a revised notice.

PHM reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. We will post a copy of the most current NOTICE, which will identify its effective date, in our service locations and on our website at www.ProcareHM.com

Questions or Complaints
If you have any questions regarding this NOTICE or wish to receive additional information about our privacy practices, please contact our Compliance Officer at 907.274.0770. If you believe your privacy rights have been violated you may file a complaint at any of our service locations or with the Secretary of the Department of Health and Human Services (DHHS). To file a complaint at any of our service locations, contact our Compliance Officer at 907.274.0770. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Client Bill of Rights & Responsibilities

1. Be informed about the scope of services that Procare will provide and specific service limitations.
    a. This includes but is not limited to hours of operation and how to contact Procare regarding equipment, products, and repair related questions or needs.
2. Voice grievances/complaints regarding service, lack of respect of property or recommend changes in policy, staff or service without restraint, interference, coercion, discrimination, or reprisal.
3. Have grievances/complaints regarding service that is (or fails to be) furnished, or lack of respect of property investigated.
4. Confidentiality and privacy of all information contained in the client record and of Protected Health Information (PHI).
5. Be fully informed in advance about the service to be provided, including the disciplines that furnish services and the frequency of visits.
6. Participate in the development and periodic reassessment of their account.
7. Be informed in advance of service of the charges, including payment for service expected from third parties and any charges for which the client will be responsible.
8. Have one's property and person treated with respect, consideration and recognition of clients' dignity and individuality.
9. Be able to identify visiting staff members through proper identification.
10. Choose a health care provider, including choosing an attending physician.
11. Be advised on Procare's policies and procedures regarding the disclosure of clinical records.
12. Receive appropriate service without discrimination in accordance with prescriber orders.
13. Be informed of any financial benefits when referred to an organization.
14. Be fully informed of one's responsibilities.
    a. This includes but isn't limited to
        i. Provide Procare with your insurance information and any changes to it.
        ii. Prompt payment for bills you are responsible for.
        iii. Treat our staff and our equipment with courtesy and respect.
        iv. Accept responsibility for all damage or abuse to the equipment with the exception of normal anticipated wear and tear.
15. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client property.