

# PINNACLE

## Medical Solutions

6856 Cobblestone Boulevard, Southaven, MS 38672 Phone: (888) 416-0008 Fax: (888)416-0009

### Assignment of Benefits:

*This form is required to bill Insurance (Private or Group Insurance, Medicare, and Medicaid) on your behalf. Please complete and return today.*

Patient's Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

I request that payment of authorized insurance benefits be made on my behalf to Pinnacle Medical Solutions, LLC ("Pinnacle") for any equipment or services provided to me by Pinnacle and remit payment to the following address:

Pinnacle Medical Solutions, LLC  
6856 Cobblestone Blvd., Southaven, MS 38672  
Hours of Operation: 8:00 am – 5:00 pm, Monday – Friday

For the benefits, allowable and otherwise payable to me as payment towards the total charges for services rendered.

- I agree to pay any co-payments and deductibles that may apply in a current manner.
  - I authorize the release of any information pertaining to my medical history and/or current diagnosis and treatment, and information pertaining to my insurance coverage and benefits to Pinnacle.
  - I authorize Pinnacle to disclose medical information necessary to their contracted manufacturers in conjunction with my referral and treatment
  - I authorize Pinnacle to disclose medical information necessary for the purpose of obtaining reimbursement.
  - I authorize Pinnacle, and/or any of their affiliates, to contact me via telephone, text, mail, or e-mail regarding my account and/or any current, past, or future orders.
  - I authorize the holder of medical or other information about me to be released to the Social Security Administration or its intermediaries or carrier any information needed for this or a related Medicare Insurance claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits be made to the party who accepts assignment on any bills for services furnished to me.
- I understand that I will be responsible for my yearly Medicare/ Insurance deductible and co-insurance.
- I accept responsibility for any and all medical equipment/supplies while in my possession. I acknowledge that I have received the DMEPOS Provider's Standard of Care and Patient Rights from Pinnacle and that I have received training with my medical equipment.

By signing this document, I am giving authorization of the above mentioned and acknowledging that I have received a copy of Pinnacle's Notice of Privacy Practices. This acknowledgement is required by the HIPAA to ensure that I have been made aware of my privacy rights.

Signature of Insured or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the person signing (print): \_\_\_\_\_

If not the insured, relationship to insured: \_\_\_\_\_

*For questions regarding this form or for general questions about Pinnacle Medical Solutions, please call us at (888) 416-0008.*

*This form is required to bill insurance (Private or Group Insurance, Medicare, and Medicaid) on your behalf. Please complete and return today.*

### Customer Orientation Form:

Please sign below to confirm that you have received, reviewed, and understand the following:

Enclosed pages:

- (page 1) My Release of Information/ Assignment of Benefits/ Customer Orientation Form
- (page 2) New Patient Letter
- (page 3) Pinnacle's Policy for Returns/ Exchanges
- (page 4) Patient Satisfactory Survey
- (page 5) DMEPOS Medicare Supplier Standards
- (page 6) My rights and responsibilities as a customer
- My Shipping Ticket detonating equipment and/or products and new patient packet delivered
- (page 7) The safe use and proper operation and/or supplies, cleaning procedures, and warranty information
- (page 8) Pinnacle's contact information, after hour information, organization objectives, and how to report a problem
- (page 9) HIPAA Privacy Notice
- (page 10) Client/ Patient Complaint Instructions. KEEP FOR FUTURE USE.
- (page 11) American Red Cross Emergency Preparedness Checklist
- (page 12) Basic Home Safety Rules

My signature attests that I have received, read, and/or been instructed on the above information.

Customer/ Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Valued Customer,

The enclosed packet contains the following important forms:

- My Release of Information / Assignment of Benefits / Customer Orientation Form
- Pinnacle's Policy for Returns/Exchanges
- Patient Satisfactory Survey
- DMEPOS Medicare Supplier Standards
- My rights and responsibilities as a customer
- The safe use and proper operation of equipment and/or supplies; cleaning procedures; and warranty information.
- Pinnacle's contact information; after hour information; organization objectives; and how to report a problem
- HIPAA Privacy Notice
- Client/Patient Complaint Instructions
- Emergency Preparedness checklist & Basic Home Safety tips

In order to expedite your order, please complete and return **Page 1: My Release of Information/ Assignment of Benefits/Customer Orientation Form. We cannot ship orders prior to having this form on file.**

After you receive your shipment, you may complete the survey and return to us (**Page 4**).

If you have any questions, please contact us at 888-416-0008.

Thank you,

Pinnacle Medical Solutions

## **Pinnacle Medical Solutions, LLC Policy for Returns and Exchanges**

Please note the following regarding returns or exchanges of products shipped to you from Pinnacle Medical Solutions, LLC:

1. Products may be returned within **30 days** from the date of service/ship date.
2. **Only those products that are unopened, unused, and have not come in contact with the human body may be returned.** Defective products will be exchanged with the same product.
3. If you wish to return merchandise, please call (888) 416-0008 to obtain a Return Authorization number. The Return Authorization must be written on the return package. **Products returned without the Return Authorization number will not be accepted.**
4. If the products received are incorrect, Pinnacle Medical Solutions, LLC will issue a call tag or pre-paid postage as well as a return label for you to return your package for an exchange.
5. All returns are subject to a 15% restocking fee. The restocking fee does not apply to orders filled incorrectly by Pinnacle Medical Solutions, LLC.
6. Credit will be issued to the payer once the product is received and inspected by the Shipping/Inventory Department. If products arrive with missing parts or damaged/opened boxes, no refund will be issued for those products and the products will be returned to the patient.
7. Pinnacle Medical Solutions, LLC is not responsible for returned items that are lost or damaged while in transit to Pinnacle Medical Solutions, LLC. We recommend the customer use a reliable source of shipping such as US Postal Service, UPS, or FedEx with good packaging and a tracking number associated with the return shipment.

**Product Specific Return Policies:** All products are subject to manufacturer's warranty guidelines.

If you have any questions, please contact us at (888) 416-0008.



We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope. We strive for “5”, but more importantly than the score, we want your honest feedback in order to better service you and our other patients.

INSTRUCTIONS: Please rate the services you received from Pinnacle. CIRCLE the number that best describes your experience. There is a separate space at the end of the survey that allows you to comment on positive or negative experiences that may have happened during your experience with Pinnacle.

<b>A. Arrangement of Order</b>						
	Very Poor	Poor	Fair	Good	Very Good	
1. Ease of contacting Pinnacle customer service associate by phone	1	2	3	4	5	
2. How well your deductible and copays were explained	1	2	3	4	5	
3. Explanation of how/whom to contact with any questions regarding order	1	2	3	4	5	
4. Helpfulness of customer service associate on the phone	1	2	3	4	5	

<b>B. Delivery of Equipment/Supplies</b>						
	Very Poor	Poor	Fair	Good	Very Good	
1. Ability of Pinnacle to deliver equipment/supplies when needed	1	2	3	4	5	
2. Receipt of correct type of supplies and correct quantities	1	2	3	4	5	
3. Explanation of how/whom to contact with any questions regarding issues with order	1	2	3	4	5	
4. Helpfulness of customer service associate by telephone	1	2	3	4	5	
5. The equipment met my needs and expectations	1	2	3	4	5	

<b>C. Billing</b>						
	Very Poor	Poor	Fair	Good	Very Good	
1. Courtesy of the billing staff if contacted	1	2	3	4	5	
2. Billing associate provided clear understanding of charges related to your bill	1	2	3	4	5	
3. Responsiveness of billing associate if you had billing concerns/questions	1	2	3	4	5	

<b>D. Final Ratings</b>						
	Very Poor	Poor	Fair	Good	Very Good	
1. Degree to which you are better able to care for yourself as a result of the equipment/supplies	1	2	3	4	5	
2. Degree to which you understand how to submit a complaint with Pinnacle regarding your service	1	2	3	4	5	
3. Likelihood of recommending our services to others	1	2	3	4	5	
4. Overall rating of the services provided by Pinnacle	1	2	3	4	5	

**COMMENTS: What can we do to improve our services and your service experience?**

## **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.

**PINNACLE MEDICAL SOLUTIONS, LLC  
CLIENT/PATIENT BILL OF RIGHTS**

As an individual receiving home care services from Pinnacle Medical Solutions, LLC, let it be known and understood that you have the following rights:

1. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons entering your residence to provide home care for you.
3. To be provided with adequate information from which you can give your informed authorization for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
4. To be fully informed in advance of any changes in the care or treatment to be provided by our organization when those changes may affect your well being.
5. To be fully informed in advance about services and/or care to be provided, including the disciplines that furnish care and the frequency of visits as well as any modification of your service or care plan.
6. To participate in the development and periodic revision of the plan of service or care.
7. To accept or refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
8. To be advised, before care is initiated, of the extent to which payment for services may be expected from Medicare/Medicaid, insurance, or your liability for payment, billing cycles and changes in payment.
9. To have your privacy and your property respected at all times and to be treated with respect, consideration, and recognition of dignity and individuality.
10. To express concerns or grievances or recommend modifications to your home care service without fear of restraint, interference, coercion, discrimination, or reprisal.
11. To expect that any and all concerns, grievances, or complaints will be properly investigated.
12. To expect that all information received by this organization shall be kept confidential and shall not be released without written authorization.
13. To review Pinnacle Medical Solutions, LLC's Privacy Notice.
14. To confidentiality and privacy of all patient/client medical information or Protected Health Information.
15. To be advised on agency's privacy policies and procedures regarding the disclosure of clinical records.
16. To receive the appropriate or prescribed service in a professional manner without discrimination.
17. To be informed of any financial benefits when referred to another organization.
18. To be fully informed of your rights and responsibilities in a language you understand.
19. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the organization, and therefore be provided with transfer assistance to an appropriate care or service organization.
20. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order. (Required for clinical/professional services.)
21. To be informed of anticipated outcomes of services or care and of any barriers in outcome achievement. (Required for clinical/professional services.)

**PINNACLE MEDICAL SOLUTIONS, LLC  
RESPONSIBILITIES OF THE CLIENT/PATIENT**

You and Pinnacle Medical Solutions, LLC are partners in your health care plan. To ensure the finest care possible, you must understand your role in your health care program. As a patient of Pinnacle Medical Solutions, LLC, you are responsible for the following:

1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service.
2. To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself, as needed and as able, in developing, carrying out, and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies.
4. To review Pinnacle Medical Solutions, LLC's safety materials and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your health care plan you do not fully understand.
6. To notify your attending physician when you feel ill, or encounter any unusual physical or mental stress or sensations.
7. To notify Pinnacle Medical Solutions, LLC when you will not be home at the time of a scheduled home care visit.
8. To notify Pinnacle Medical Solutions, LLC prior to changing your place of residence or your telephone number.
9. To notify Pinnacle Medical Solutions, LLC when encountering any problem with equipment or service.
10. To notify Pinnacle Medical Solutions, LLC if you are to be hospitalized or if your physician modifies or ceases your home care prescription.
11. To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home health care plan developed for you.
12. To notify Pinnacle Medical Solutions, LLC of denial and/or restriction of the Pinnacle Medical Solutions, LLC's privacy policy.



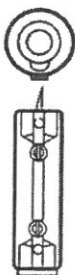
## BLOOD GLUCOSE METER AND SUPPLIES INSULIN INFUSION PUMPS AND SUPPLIES

**PURPOSE:** Blood glucose meters (or monitors) are used to test your blood sugar level. In order for the human body to function normally, the level of sugar in the blood must be within a specific, and narrow range. Blood glucose meters are used by individuals with diabetes mellitus, a condition where the body cannot process the sugar contained in food into energy.

**METERS:** There are many types and brands of blood glucose meters and each model may have different features. Glucose levels in *plasma* (one of the components of blood) are generally 10-15% higher than glucose measurements in *whole* blood (and even more after eating). This is important because home blood glucose monitors measure the glucose in whole blood while most lab tests measure the glucose in plasma. There are many monitors on the market now that give results as "plasma equivalent". This allows patients to easily compare their glucose measurements in a lab test and at home.

Remember, this is just the way that the measurement is presented to you. All portable blood glucose monitors measure the amount of glucose in *whole* blood. The monitors that give "plasma equivalent" readings translate the whole blood measurement to make it seem like the result that would be obtained on a plasma sample. It is important for you to know whether your meter gives its results as "whole blood equivalent" or "plasma equivalent." Make sure you completely read the operating guide that came with your glucose meter.

**TEST STRIPS:** In order for a blood glucose meter to measure the level of sugar in the blood, the blood sample must have a way of getting from the individual to the meter. Blood glucose meters use special strips that collect the blood sample. The strip is then inserted into the meter where it can be analyzed. Some blood glucose meters have strip cassettes that automatically advance the strip as needed. The strips that are provided with glucose meters have expiration dates and should never be used after expiration. Strips should never be used if they are discolored, wrinkled, torn, cut or altered in any way. Strips are brand specific and cannot be interchanged or reused; they are also light sensitive and must be protected from light, preferably in the original packaging. Strips may also have a code number associated with a specific supply; this code must be entered into the meter so the meter can accurately analyze the blood sample.



**LANCETS:** In order for a blood sample to be analyzed, a sample must be drawn from an individual. A lancet is a plastic device that has a very thin needle that is accessed by twisting the top off. The lancet can be used by itself or inserted into a lancing device. The lancet is inserted into the lancing device, the top is twisted off, and then the lancing device is spring loaded. The device is then placed on the skin and activated, thus quickly pricking the skin. Lancets are used only once and then discarded.

**CONTROL SOLUTION:** There are times when you will want to do a quality control test so you know that your system is working properly. You may also want to do a control test to check the way you perform a test. Before you begin, gather your testing supplies: your meter, test strips and a bottle of control solution. Hold the round end of the test strip with the electrode side up, and insert it into the meter until it stops. The meter will run a quick self-test and then you will see a flashing drop on the screen. This is your signal to apply control solution. Gently rock the control bottle before opening to ensure the control solution is mixed well. Squeeze a small drop of control solution on a clean nonabsorbent surface (such as a clean piece of wax paper). Do not apply control solution to the test strip directly from the bottle. Touch the tip of the test strip to the drop of control solution. The control solution is automatically pulled into the strip through the tip. Hold until the meter beeps. Leave the test strip in the meter until the control results are displayed. Compare your normal control test result with the range listed on the bottle of test strips. If the control test falls outside the control range, please contact Pinnacle Medical Solutions, LLC.

**USE:** Performing a blood glucose test involves sequential steps and each step relies upon the successful completion of previous steps. Do not take shortcuts. The blood glucose meter must be powered on and tested for calibration, if necessary. Wash your hands with soap and water to prevent any skin oils from coming in contact with the meter or supplies. The site for drawing the blood sample should also be selected and cleaned with soap and water and allowed to dry. The lancet is inserted into the lancing device. The lancing device is placed directly on to the skin and activated. The first small sample of blood is wiped off and then the finger is gently massaged to collect a blood sample size to saturate the specific area of the test strip. **DO NOT SQUEEZE THE BLOOD SAMPLE SITE HARD**, this will cause the blood to breakdown and will drastically affect the blood glucose reading. The test strip is then inserted into the blood glucose meter and the activate button is pressed to analyze the sample. The reading will be displayed.

Your blood glucose level will change during the day and can be affected by your diet, exercise, stress, illness, and medication. Understanding how to interrupt your glucose values is key to your overall health; make sure you keep your glucose value within the target range set by your physician. Call your physician immediately if your glucose level is below 50 or above 250.

Keeping track of your glucose readings is very important. Your physician needs to know how controlled your diabetes is. Keeping a log is important because it helps you see trends in your glucose values and it helps your physician plan your care. Some glucose meters store a large amount of tests and some can be downloaded into a computer. Whichever way you have to track your test results, please do so regularly and consistently.

**SITE ROTATION:** Your diabetic educator will go over procedures with you for selecting and rotating blood sampling sites. It is important to rotate sites because the lancet causes damage to the skin and rotating sites allows time for previous blood sampling sites to heal.

**MAINTENANCE:** Many glucose meters perform a calibration when they are powered on; some meters require calibration with the use of a special "check strip." Some meters use calibration solutions. If your meter requires calibration, *always* calibrate as the manufacturer recommends. By performing the recommended calibration you can assure your glucose meter is operating correctly.

All blood glucose meters are battery-powered devices and will occasionally need replacement batteries. Some brands utilize a long-life power cell that cannot be replaced; instead, the monitor is replaced when the power is dissipated. Some batteries are the size of a watch battery and can be very dangerous (and poisonous) in the hands of children.

**CLEANING YOUR BLOOD GLUCOSE MONITOR:** Make sure you wash your hands and dry them thoroughly before handling your equipment to keep the meter and test strips free of oils and other contaminants. Avoid exposing your meter and test strips to excessive humidity, heat, cold, dust or dirt. The exterior of the meter can be cleaned using a moist (not wet) lint-free tissue with a mild detergent or disinfectant solution, such as 1 part bleach mixed with 9 parts water. Wipe dry with lint-free tissue after cleaning. Always store your meter in the carrying case provided or a replacement case of your choice.

**INSULIN INFUSION PUMPS AND SUPPLIES:** Any questions regarding the functionality of your insulin infusion pump and/or supplies should be directed to the manufacturer of the product. Listed below are the phone numbers and websites associated with the products carried by Pinnacle Medical Solutions, LLC for insulin infusion pumps.

- ✓ Medtronic Minimed – 1 (800) 826-2099 or [www.medtronic.com](http://www.medtronic.com)
- ✓ Animas Corporation – 1 (877) YES PUMP or [www.animas.com](http://www.animas.com)
- ✓ Tandem – 1 (877) 801-6901 or [www.tandemdiabetes.com](http://www.tandemdiabetes.com)
- ✓ Dexcom – 1 (888) SEVENGO or [www.dexcom.com](http://www.dexcom.com)
- ✓ Insulet Corporation – 1 (800) 591-3455 or [www.myomnipod.com](http://www.myomnipod.com)
- ✓ Roche Accucheck – 1 (800) 688-4578 or [www.accu-checkinsulinpumps.com](http://www.accu-checkinsulinpumps.com)

**WARRANTY INFORMATION:** For all equipment purchased from Pinnacle Medical Solutions, warranty information can be obtained directly from the manufacturer of the product. Warranty information is listed in your instruction booklet. Please contact Pinnacle Medical Solutions, LLC if you need additional information.



## **PINNACLE MEDICAL SOLUTIONS, LLC ORGANIZATION OBJECTIVES**

Pinnacle Medical Solutions, LLC is a home care organization dedicated to providing comprehensive home care services to referred patients/clients with the utmost quality and professionalism. Pinnacle Medical Solutions, LLC accepts only patients whose home health care needs, as identified by the referring source, can be met by the treatment and/or services offered by this organization.

Our services include:

- Glucose Monitors
- Blood Glucose Test Strips
- Lancets
- Control Solution
- Glucose Monitor Batteries
- Insulin Infusion Pumps (Non Disposable & Disposable)
- Infusion Sets for use with Insulin Infusion Pumps
- Reservoirs / Cartridges
- IV Prep Wipes
- Insulin Pump Batteries
- Transparent Dressings
- Alcohol Swabs
- Insulin Syringes

At Pinnacle Medical Solutions, LLC we not only provide the most professional home care products available, we genuinely care for the patients we serve.

**24 hour Emergency Service:** As a diabetic mail order provider, patients are instructed to call their physician or home care nurse if they have after hour issues. Patients who are on insulin pumps are provided contact information for the manufacturer should they have equipment malfunctions after hours. Supply are informed of Pinnacle's hours of operations and have the ability to leave a message after hours. The call will be returned the next business day.

**Reimbursement Assistance:** Pinnacle Medical Solutions, LLC accepts the following sources of payment for services:

- Medicare/Medicaid
- Third Party Insurances
- Visa, Mastercard, American Express, and Discover
- ATM/Debit Cards ~Cash~ Personal Check / Money Order

**Discharge Assistance:** We work directly with physicians and/or discharge planners to ensure smooth transitions from hospital care to home care.

**Patient Instruction and Training:** A trained staff member from the office of the referral source or from the manufacturer of the product ensures that each patient is trained on the operation and care of equipment. Instruction is carried out in the physician's office or training center.

**Patient Assessment:** Trained staff speaks with and assesses the needs of the patient with respect to the services and equipment provided. Patients are monitored and assessed according to the Plan of Service and updated to ensure care that is timely and current.

**Delivery Service:** Delivery service, setup, and patient instruction are provided free of charge.

**Shipping Services:** Unless otherwise noted, shipping is provided free of charge. Return postage is also free of charge unless otherwise noted.

**Consultations:** Staff professionals will meet, as required, with referral personnel or with the patient to facilitate any matter involving home care treatment or service.

**Geographic Scope of Service:** Pinnacle Medical Solutions, LLC provides services to patients throughout the entire 50 states.

**Hours of Operation:** Generally Pinnacle Medical Solutions, LLC's hours of operation include the following:

- Monday: 8:00 AM - 5:00 PM
- Tuesday: 8:00 AM - 5:00 PM
- Wednesday: 8:00 AM - 5:00 PM
- Thursday: 8:00 AM - 5:00 PM
- Friday: 8:00 AM - 5:00 PM
- Saturday & Sunday: Closed

Pinnacle Medical Solutions, LLC consists of staff members who are dedicated professionals, taking exceptional pride in the care and service they provide. Our staff's concern for the patient's well being is combined with our extensive inventory of medical supplies relating to diabetes, resulting in the most professional care and finest quality products available. At Pinnacle Medical Solutions, LLC, we're convinced that patients are happier and progress faster when they can convalesce in the comfort and familiar surroundings of their own home. Our objective is to be an active and professional participant in making this a reality.

To reach Pinnacle Medical Solutions, LLC:  
6856 Cobblestone Blvd., Southaven, MS 38672  
(888) 416-0008 Phone - (888) 416-0009 Fax

info@pinnaclemedicalsolutions.com

If you would like to report a problem or voice a complaint please contact:

ACHC (919) 785-1214 or email customerservice@achc.org

Office of the Inspector General (OIG): 202 619-1343 or email paffairs@oig.hhs.gov

Mississippi State Attorney General: (866) 238-9650



# 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 THIS NOTICE CAREFULLY. THEN, KEEP IT ON FILE FOR REFERENCE**

## OUR LEGAL OBLIGATIONS

**\*Revised: June 12, 2013**

Pinnacle Medical Solutions, LLC is required to maintain the privacy of all medical information as required by applicable laws and regulations (hereafter referred to as "legal obligations"); provide this notice of privacy practices to all members; inform members of the company's legal obligations; and advise members of additional rights concerning their medical information. Pinnacle Medical Solutions, LLC must follow the privacy practices contained in this notice from its effective date of June 21, 2006, until this notice is changed or replaced. Pinnacle Medical Solutions, LLC reserves the right to change its privacy practices and the terms of this notice at any time, as permitted by the legal obligations. Any changes made in these privacy practices will be effective for all medical information that is maintained, including medical information created or received before the changes took place. All patients will be notified of any changes by receiving a new notice of the company's privacy practices. You may request a copy of this notice of privacy practices at any time by contacting Pinnacle Medical Solutions, LLC at the address listed in this notice.

## USES AND DISCLOSURES OF HEALTH INFORMATION

Your medical information may be used and disclosed for treatment, payment, and health care operations. For example:

**TREATMENT:** Your medical information may be disclosed to a doctor or hospital that asks for it to provide treatment.

**PAYMENT:** Your medical information may be used or disclosed to obtain payment for services we provide to you.

**HEALTHCARE OPERATIONS:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**AUTHORIZATIONS:** You may provide written authorization to use your medical information or to disclose it to anyone for any purpose. You may revoke your authorization in writing any at any time. That revocation will not affect any use or disclosure permitted by your authorization while it was in effect. The company cannot use or disclose your medical information for any reason except those described in this notice, without your written authorization.

**PERSONAL REPRESENTATIVE:** Your medical information may be disclosed to a family member, friend or other person as necessary to help with your health care or with payment for your health care. You must agree that the company may do so, as described in the Individual Rights section of this notice.

**PERSONS INVOLVED IN CARE:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies or other similar forms of health information.

**MARKETING:** We will not use your health information for marketing communications without your written authorization.

**AS REQUIRED BY LAW:** Your medical information may be used or disclosed as required by state or federal law.

**COURT OR ADMINISTRATIVE ORDER:** Medical information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

**VICTIM OF ABUSE OR NEGLECT:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**NATIONAL SECURITY:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**ORDER REMINDERS:** We may use or disclose your health information to provide you with product reorder reminders (such as voicemail messages, postcards, or letters).

**\*RIGHTS:** You have the right to be notified in the event of a breach of your PHI (Protected Health Information). You have the right to request that a health plan not be informed of treatment which is paid for in full by you, and we are obligated to comply with your request. You have the right to opt out of communications for fundraising purposes. We are informing you that a statement that a health plan is prohibited from disclosing genetic information for underwriting purposes (applies to health plans only).

## INDIVIDUAL RIGHTS

You have the right to look at or get copies of your medical information, with limited exceptions. **You must make a written request, using a form available from the Privacy Office, to obtain access to your medical information. If you request copies of your medical information, you will be charged \$.25 per page, \$10 per hour for staff time required to copy that information, and postage if you want the copies mailed to you. If you request an alternative format, the charge will be based upon the cost of providing your medical information in the requested format. If you prefer, the company will prepare a summary or explanation of your medical information for a fee. The company requires advance payment before copying your medical information.** You have the right to receive an accounting of any disclosures of your medical information made by the company or a business associate for any reason, other than treatment, payment, or health care operations purposes after June 21, 2006. This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the medical information disclosed, the reason for the disclosure, and certain other information. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to those additional requests. You have the right to request restrictions on the company's use or disclosure of your medical information. The company is not required to agree to such requests. **The company will only restrict the use or disclosure of your medical information as set forth in a written agreement that is signed by a representative of the Privacy Office on behalf of the company.** If you reasonably believe that sending confidential medical information to you in the normal manner will endanger you, you have the right to make a written request that the company communicate that information to you by a different method or to a different address. **If there is an immediate threat, you may make that request by calling a Pinnacle Medical Solutions, LLC Customer Service Representative or the Privacy Officer at 1-662-536-1025. Follow up with a written request when feasible.** The company must accommodate your request if it is reasonable. Specify how and where to communicate with you and that you continue to permit collection of payment of medical claims. You have the right to make a written request that the company amends your medical information. **Your request must explain why the information should be amended.** The company may deny your request if the medical information you seek to amend was not created by the company or for other reasons permitted by its legal obligations. If your request is denied, the company will provide a written explanation of the denial. If you disagree, you may submit a written statement that will be included with your medical information. If the company accepts your request, reasonable efforts will be made to inform the people that you designate about that amendment. Any future disclosures of that information will be amended. If you receive this notice on the company's Web Site or by electronic mail (e-mail) you may request a written copy of this notice by contacting the Privacy Office.

## QUESTIONS AND COMPLAINTS

If you want more information concerning the company's privacy practices or if you have questions or concerns, please contact the Privacy Officer.

If you are concerned that: (1) the company has violated your privacy rights; (2) you disagree with a decision made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information; (3) to request that the company communicate with you by alternative means or at alternative locations; please contact the Privacy Officer. You may also submit a written complaint to the U.S. Department of Health and Human Services. The company will furnish the address where you can file a complaint with the U.S. Department of Health and Human Services upon request. The company supports your right to protect the privacy of your medical information. There will be no retaliation in any way if you choose to file a complaint with Pinnacle Medical Solutions, LLC or with the U.S. Department of Health and Human Services.

**Pinnacle Medical Solutions, LLC - Privacy Officer - 6856 Cobblestone Blvd., Southaven, MS 38672 - Phone (662) 536-1025 - Fax: (662) 536-1027**

After completing this form, please send it to us via:

(email) [complaints@PinnacleMedicalSolutions.com](mailto:complaints@PinnacleMedicalSolutions.com)

(fax) 888-416-0009

(mail) [Pinnacle Medical Solutions, 6856 Cobblestone BLVD, Southaven, MS 38672](#)

At Pinnacle Medical Solutions, LLC we genuinely strive to provide the highest quality in health care services for our clients. That's why your concerns are our concerns. Feel free to voice your concerns without fear of discrimination, reprisal, or interruption of care, treatment or service.

To ensure that our service meets your total satisfaction, we ask you to describe completely any problem or concern that you have. You have the right to be free of mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries and misappropriation of your property. This completed form will be routed directly to the facility manager, who will promptly review any concern and will make verbal or written communications with you no later than 5 calendar days of receiving a complaint. The manager will conduct an investigation regarding the complaint. Within 14 calendar days we will provide you written notification of the results of the investigation and response to your complaint to assure you the problems will be corrected and compliments will be shared.

We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our valued customers. If you feel our investigation into your complaint and/or our response is unsatisfactory, you have the right to contact Medicare, our state authority, or our company's accrediting organization, ACHC:

- ACHC – Phone # (919) 785-1214 or [customerservice@achc.org](mailto:customerservice@achc.org)
- Office of the Inspector General (OIG) – (202) 619-1343 or [paffairs@oig.hhs.gov](mailto:paffairs@oig.hhs.gov)
- Mississippi State Attorney General – (866) 238-9650

If you would like to voice any concerns to us by phone, you may do that by calling 888-416-0008 and asking to speak to a department manager or the General Manager.

---

Name of affected individual: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address:

\_\_\_\_\_

Pinnacle Medical Solutions, LLC Account Number, if applicable: \_\_\_\_\_

Initial date of incident: \_\_\_\_\_

Describe incident: (Use backside if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

*Corrective Measure (Pinnacle Internal use only)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Emergency Preparedness Checklist



**American  
Red Cross**

Mile High Chapter

**T**he next time disaster strikes, you may not have much time to act. Prepare now for a sudden emergency.

Learn how to protect yourself and cope with disaster by planning ahead. This

checklist will help you get started. Discuss these ideas with your family, then prepare an emergency plan. Post the plan where everyone will see it—on the refrigerator or bulletin board.

For additional information about how to prepare for hazards in your community, contact your local emergency management or civil defense office and American Red Cross chapter.

## Emergency Checklist

### Call Your Emergency Management Office or American Red Cross Chapter

- ☐ Find out which disasters could occur in your area.
- ☐ Ask how to prepare for each disaster.
- ☐ Ask how you would be warned of an emergency.
- ☐ Learn your community's evacuation routes.
- ☐ Ask about special assistance for elderly or disabled persons.

#### Also...

- ☐ Ask your workplace about emergency plans.
- ☐ Learn about emergency plans for your children's school or day care center.

### Create an Emergency Plan

- ☐ Meet with household members to discuss the dangers of fire, severe weather, earthquakes and other emergencies. Explain how to respond to each.
- ☐ Find the safe spots in your home for each type of disaster.

- ☐ Discuss what to do about power outages and personal injuries.
- ☐ Draw a floor plan of your home. Mark two escape routes from each room.
- ☐ Show family members how to turn off the water, gas and electricity at main switches when necessary.
- ☐ Post emergency telephone numbers near telephones.
- ☐ Teach each children how and when to call 911, police and fire.
- ☐ Instruct household members to turn on the radio for emergency information.
- ☐ Pick one out-of-state and one local friend or relative for family members to call if separated during a disaster (it is often easier to call out-of-state than within the affected area).
- ☐ Teach children your out-of-state contact's phone numbers.
- ☐ Pick two emergency meeting places.
  - 1) A place near your home in case of a fire.
  - 2) A place outside your neighborhood in case you cannot return home after a disaster.
- ☐ Take a basic first aid and CPR class.
- ☐ Keep family records in a water and fire-proof container.

### Prepare a Disaster Supplies Kit

Assemble supplies you might need in an evacuation. Store them in an easy-to-carry container such as a backpack or duffle bag.

#### Include:

- ☐ A supply of water (one gallon per person per day). Store water in sealed, unbreakable containers. Identify the storage date and replace every six months.
- ☐ A supply of non-perishable packaged or canned food and a non-electric can opener.
- ☐ A change of clothing, rain gear and sturdy shoes.
- ☐ Blankets or sleeping bags.
- ☐ A first aid kit and prescription medications.
- ☐ An extra pair of glasses.
- ☐ A battery-powered radio, flashlight and plenty of extra batteries.
- ☐ Credit cards and cash.
- ☐ An extra set of car keys.
- ☐ A list of family physicians.
- ☐ A list of important family information; the style and serial number of medical devices such as pacemakers.
- ☐ Special items for infants, elderly or disabled family members.

# **Basic Home Safety**

## ***Equipment Operation***

- Follow the provided instructions for operating the equipment.
- Never reset, bypass, or cover alarms, and be sure alarms are not covered up when the device is carried in a bag.

## ***Fire Safety***

- Install smoke detectors in the home. Test them monthly and change the batteries twice a year.
- Identify doors, windows, or alternative exits that may be used in a fire.
- Post the fire department's phone number by each phone.
- Purchase a fire extinguisher and ensure that family members know how to use it.
- Be careful with smoking materials.
- Never use oxygen in the presence of smoking materials or open flames.

## ***Electric***

- Use approved surge protectors rather than extension cords when possible.
- Do not stretch electrical cords across walkways where they may present a tripping hazard.
- Arrange furniture so that outlets may be used without an extension cord.
- Do not set furniture on top of electrical cords. The cord could become damaged and create potential fire and shock hazards.
- Do not run electrical cords under carpeting as it may cause a fire.
- Do not overload outlets.
- Use a light bulb of the correct type and wattage to avoid overheating and potential fire hazards.
- Keep heaters away from passageways and flammable items (e.g., curtains).

## ***Lighting***

- Make sure stairways are clearly lit from top to bottom so that each step is visible.
- Install light switches at the top and bottom of the stairs.
- Keep a flashlight close at hand.
- Motion sensors that activate lighting in outdoor environments may offer safety and security.

## ***Floors***

- Remove loose carpeting or throw rugs that slide.
- Secure rugs and runners by attaching double-faced carpet tape or rubber matting to the underside.
- Be sure that handrails run from the top to the bottom of a flight of stairs.
- Make sure there are no bulges in floor coverings.

## ***Telephones***

- A telephone with lighted keypads and large numbers may be recommended.
- Place a phone where it would be accessible in case of an accident where the client/patient is unable to stand.
- Post emergency numbers and the residence address near each phone.

## ***Kitchens***

- Do not store non-cooking equipment (e.g., towels, plastic utensils) near the stovetop as it may present a fire or burn hazard.
- Do not let loose-fitting clothing drape over burners when cooking.
- Use rear burners when possible.
- Turn handles on pots and pans in towards the back wall to avoid accidents.

## ***Bathrooms***

- Install a nightlight in the bathroom.
- Apply non-slip strips on shower and bathtub floors.
- Avoid water temperatures higher than 120 degrees to avoid scalding.
- Install grab bars to help patients/clients get in and out of the tub and shower.