

Welcome Guide

**Important information
as you begin your service
with AdaptHealth**

Current as of 09/2021



 **adapthealth**



Welcome!

Welcome to AdaptHealth! We thank you for choosing us to be your home medical equipment supplier. We look forward to serving you.

We are committed to helping people live their fullest lives and are excited to supply you with the products and services that will help you thrive – out of the hospital and in your home.

AdaptHealth is dedicated to providing excellent services to our patients while ensuring the quality and professionalism they deserve. We provide the most up-to-date, quality medical products available as well as genuine care for the patients we serve. This booklet provides important information about our company and what you can expect from us. Please keep it for future

reference and contact us, at any time, if you ever have questions.

The AdaptHealth family of companies is a national network of home medical equipment companies dedicated to helping people thrive.

People are at the core of our business – if our patients are happy, we are happy. We believe that people deserve to live full lives, regardless of conditions, diagnosis or health situations thrown their way. Get to know a little more about us and the principles that guide us to deliver quality service every single day.

The AdaptHealth Family of Companies is Proud to Provide Care Throughout the United States



Find your local provider at:
adapthealth.com/familyofcompanies

Table of Contents

- + 01 Welcome
- + 04 General Information
- + 05 Privacy Notice
- + 08 Patient Rights & Responsibilities
- + 09 Medicare DMEPOS
- + 10 Assignment of Benefits & Acknowledgment
- + 11 Safety Tips
- + 13 Equipment, Information & Instructions
- + 18 Complaint & Grievances
- + 18 Patient Satisfaction Survey

What We Stand For —



Purpose

We believe everyone deserves to live as comfortably and independently as possible.



Mission

We are a full-service medical equipment company that uses tailored products & services to empower patients to live their best lives – out of the hospital and in their homes.



Vision

We have a relentless commitment to using innovation to transform the HME industry, break the status quo and provide the best quality care.



Values

We're focused on doing the right thing. Our CHANGE principles represent our dedication to making a difference, improving lives, and doing well by doing right.

- Compliant Care
- Honesty
- Accountability
- Never Alone
- Go the Distance
- Embrace Change

+ General Information



We know that receiving services from a new partner can be a little confusing and bring about some questions.

We hope the following helps you understand a little more about what you can expect from the AdaptHealth family of companies.

Please keep this for future reference and contact us, at any time, if you ever have questions.

Rent/Purchase Options:

Medicare defines equipment into two primary categories: “Capped Rental Items” and “Inexpensive and Routinely Purchased Items”. Patients have the right to choose between the “Rental” and “Purchased” options. If patients fail to make a choice between the “Rental” and “Purchased” options, as it has been presented on the Delivery Ticket, the following choices are acceptable:

- + The “Rental” option for all “Capped Rental Items”
- + The “Purchase” option for all “Inexpensive & Routinely Purchased Items”

Medicare’s descriptions for “Capped Rental Items” & “Inexpensive & Routinely Purchased Items” are as follows:

Capped Rental Items:

- + Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- + After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary’s responsibility to arrange for any required service or repair.
- + Examples of this type of equipment include but are not limited to Hospital Beds, Wheelchairs, Alternating Pressure Pads and Nebulizers.

Inexpensive or Routinely Purchased Items

- + Equipment in this category can be purchased or rented; however, the total amount paid for monthly rental cannot exceed the fee schedule purchase amount.
- + Examples of this type of equipment include: Canes, Walkers, Crutches, Commode Chairs, Low Pressure and Positioning Equalization Pads, Glucometers, Patients Lifts, Pneumatic Compressors (Lymphedema Pumps), Trapeze and Bed Side Rails.

Service and Repair:

Service or repair on equipment purchased from AdaptHealth that is no longer covered by the manufacturer’s warranty will be subject to current labor charges and the cost of necessary parts. The customer will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with maintenance instructions as well as how to obtain any further service (if any is required). All service and repair must be scheduled by calling AdaptHealth during regular business hours. Equipment owned by beneficiary will be evaluated for repair on a case-by-case basis.

Returns:

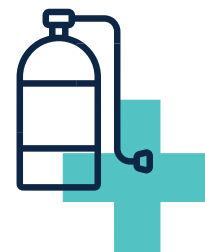
Merchandise may be accepted for exchange or refund within 30 days of purchase when accompanied by a sales receipt. To receive a refund the item must be new and in the original packaging.

Undergarments, stockings, items worn next to the skin, oxygen, disposable supplies, diagnostic instruments or any opened sterile or packaged goods will not be accepted for return, refund, or credit, unless the item is substandard or otherwise defective. Custom manufactured equipment, braces, or supplies will not be accepted for return. Refunds are subject to the discretion of AdaptHealth management.

Change of Status:

It is essential that you let us know about any changes that may affect your care. Please call us as soon as possible when any of the following occur:

- + You change insurance
- + You are admitted into the hospital
- + You have a safety concern with your equipment
- + You are injured while using your equipment
- + Your prescription changes
- + You change the doctor who prescribed your equipment or your primary physician
- + Your phone number or address changes
- + You no longer require your equipment



AdaptHealth Privacy Notice

At AdaptHealth, your privacy is of our utmost concern. We take great care with your personal information to ensure you are respected and protected at all times.

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.

This single notice is on behalf of, and applies to entities that are owned or controlled by AdaptHealth and are part of the AdaptHealth affiliated covered entity (ACE). "We" as used in this notice refers collectively to the AdaptHealth ACE.

If you have any questions about this notice, please contact:

**AdaptHealth, Attn: Chief Compliance Officer
220 West Germantown Pike, Suite 250 – Plymouth Meeting, PA 19462**

Our Obligations:

We are required by law to:

- + Maintain the privacy of protected health information.
- + Give you this notice of our legal duties and privacy practices regarding health information about you.
- + Follow the terms of our notice that is currently in effect.

How we may use and disclose your health information:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

- + **For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- + **For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received.

For example, we may give your health plan information about you so that they will pay for your treatment.

- + **For Health Care Operations:** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the durable medical equipment, sleep therapy services and/or respiratory-related service you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

- + **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

- + **Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Special Situations:

- + **As Required by Law:** We will disclose Health Information when required to do so by international, federal, state or local law.

- + **To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

- + **Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

- + **Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

- + **Workers' Compensation:** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- + **Health Oversight Activities:** We may disclose Health Information to a

health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes: We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime. Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be necessary:

- + For the institution to provide you with health care
- + To protect your health and safety or the health and safety of others
- + The safety and security of the correctional institution.

Uses and Disclosers that require use to give you an opportunity to object and opt:

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief: We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your written authorization is required for other users and disclosers:

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- + Uses and disclosures of Protected Health Information for marketing purposes
 - + Disclosures that constitute a sale of your Protected Health Information
- Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. However, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights:

You have the following rights regarding Health Information we have about you:

- + **Right to Inspect and Copy:** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to:

**AdaptHealth, Attn: Chief Compliance Officer
220 West Germantown Pike, Suite 250 – Plymouth Meeting, PA 19462**

We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

- + **Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic

medical record.

+ Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

+ Right to Amend: If you feel that the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to:

**AdaptHealth, Attn: Chief Compliance Officer
220 West Germantown Pike, Suite 250 – Plymouth Meeting, PA 19462**

+ Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to:

**AdaptHealth, Attn: Chief Compliance Officer
220 West Germantown Pike, Suite 250 – Plymouth Meeting, PA 19462**

+ Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to:

**AdaptHealth, Attn: Chief Compliance Officer
220 West Germantown Pike, Suite 250 – Plymouth Meeting, PA 19462**

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

+ Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

+ Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential

communications, you must make your request, in writing, to:

**AdaptHealth, Attn: Chief Compliance Officer
220 West Germantown Pike, Suite 250 – Plymouth Meeting, PA 19462**

Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

+ Right to a Paper Copy of This Notice: You have the right to a paper 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 paper copy of this notice. You may obtain a copy of this notice at our web site, www.adapthealth.com. To obtain a paper copy of this notice, you must make your request, in writing, to:

**AdaptHealth, Attn: Chief Compliance Officer
220 West Germantown Pike, Suite 250 – Plymouth Meeting, PA 19462**

Changes to This Notice:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with our office, in writing, or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact:

**AdaptHealth, Attn: Chief Compliance Officer
220 West Germantown Pike, Suite 250 – Plymouth Meeting, PA 19462**

You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights by contacting them directly at:

Online:
<https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

In Writing:
U.S. Department of Health and Human Services:
Office for Civil Rights • 200 Independence Avenue, S.W.
Washington, D.C. 20201

Toll Free Call Center:
1-800-368-1019 TTD Number: 1-800-537-7697

You will never be penalized for filing a complaint.

Patient Rights & Responsibilities

As a patient of AdaptHealth, it is important you understand your rights and responsibilities.

You have the right to:

- + Be fully informed in advance about care/products to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- + Be informed, both orally and in writing, in advance of care/product being provided, of the charges, including payment for service/product expected from third parties and any charges for which you will be responsible.
- + Be informed of changes in payment information as soon as possible but no later than 30 days after the organization becomes aware of the change.
- + Receive information about the scope of services that the organization will provide and specific limitations of those services/products.
- + Participate in the development and periodic revision of the plan of care.
- + Refuse care or treatment or products after the consequences of refusing care or treatment or products are fully presented.
- + Be informed of your rights under state law to formulate an Advanced Directive, if applicable.
- + Have your property and person treated with respect, consideration, and recognition of dignity and individuality.
- + Be able to identify visiting personnel members through proper identification.
- + Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of your property.
- + Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or services without restraint, interference, coercion, discrimination or reprisal.
- + Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- + Confidentiality and privacy of all information contained in the customer record and of Protected Health Information.
- + Be advised on company's policies and procedures regarding the disclosure of clinical records.
- + Choose a health care provider, including choosing an attending physician, if applicable.
- + Receive appropriate care without discrimination in accordance with physician orders, if applicable.
- + Be informed of any financial benefits when referred to an organization.
- + Be fully informed of one's responsibilities.

And you have the responsibility to:

- + Use rental equipment with reasonable care, not altering or modifying it, and returning it (if applicable) in good condition (normal wear and tear expected).
- + Report any malfunctions or defects in rental equipment immediately so that repair or replacement can be made, if applicable.
- + Provide access to rental equipment for repair/replacement or pick up, if applicable.
- + Utilize equipment provided in accordance with your physician's orders.
- + Keep rental equipment at the location given at the time of rental and not to remove it to any other location unless authorized by the provider, if applicable.
- + Notify provider immediately of any hospitalizations, change in address, insurance, telephone #, or physician, or if you do not need the equipment any longer, if applicable.
- + Sign an assignment of benefit for all insurance payers to provider.
- + Accept financial responsibility for HME/supplies provided as allowed by insurance carrier.
- + Pay replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
- + Not modify rental equipment, if applicable.
- + Ensure that the title of rental equipment remains with AdaptHealth until such time the equipment is purchased and paid in full.
- + Understand that AdaptHealth shall not insure or be responsible to you 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, war, riot, fire or act of God.
- + Be aware that the provider retains the right to refuse delivery of service/equipment at any time.



Medicare DMEPOS Supplier Standards



The products and/or services provided to you by AdaptHealth 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://bit.ly/DMEPOS> or by requesting a full written copy from AdaptHealth.



Financial Policy



The health insurance landscape can be complicated and may result in a number of questions. AdaptHealth representatives are available during normal business hours to answer any questions you may have.

While we do prioritize our patients' needs, it is important to understand that you are responsible for payment in accordance with AdaptHealth's terms.

Assignment of benefits to a third-party does not relieve the patient of the obligation to ensure full payment. Billing third-party payers is not an obligation, but rather a service we offer if all necessary billing information and signatures are provided.

Medicare:

We may accept Medicare assignment, billing Medicare directly for 80% of allowed charges and billing the remaining financial responsibilities to additional insurances or the patient directly. You are responsible for providing our billing department with all necessary insurance information. We offer Electronic Claims Transmission for courtesy billing on unassigned orders. Presentation and verification of your Health Insurance Card is necessary.

Medicaid:

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification. Presentation and verification of your State Beneficiaries Identification Card and personal ID are required.

Private Insurance & Managed Care:

We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information. Presentation and verification of your insurance card and personal ID are required.

We will provide equipment upon approval and authorization from the managed care representative.

Presentation of your insurance card may be necessary. Remember, billing a third-party insurance does not guarantee payment. Financial responsibility remains with you, the patient.

Estimating Costs:

As a service to you, we will send your bill for services directly to your primary and secondary insurance companies. Additional supplies and services may be necessary, and the total cost increases accordingly. It is important to know that some insurance companies do not pay the exact amount for services that are billed. Once the insurance company determines how much they will pay for services billed, you will be billed for any remaining charges. Your estimated co-pay will be on your delivery ticket.

Assignment of Benefits (AOB) & Acknowledgments



I authorize each of the following

- + Assignment of payments or other benefits to AdaptHealth who will directly bill Medicare, Medicaid, Medicare Supplemental or other insurer(s) on my behalf.
- + Release and use of my medical information to Medicare, Medicaid, Medicare Supplemental or other insurers and their agents and assigns.
- + Authorization for AdaptHealth to obtain medical or other information necessary in order to process my claim(s), including determining eligibility and seeking reimbursement for the item(s) provided.
- + Authorization for AdaptHealth and any of its affiliated entities to contact me by telephone, mail, e-mail or in-person to provide products and/or information.

I acknowledge receipt of the AdaptHealth patient packet, which includes but is not limited the following notices:

- + I have received the Notice of Privacy Practices and understand the types of uses and disclosures of my Protected Health Information (PHI) that might occur in my treatment, payment of my invoices, or in the performance of our company's health care operations. The Notice of Privacy Practices also describes my rights and AdaptHealth's duties with respect to my PHI.
- + I have received the Patient's Rights and Responsibilities.
- + I have received the Medicare Supplier Standards Statement.
- + I have received the Complaint Reporting Procedure.
- + I have received the branch location contact information and hours of operation.
- + I have received Emergency Preparedness Procedures.
- + I have received information related to my financial responsibilities.
- + I have received information related to subcontractor relationships, if applicable.
- + I understand if the equipment received is in the Medicare category of inexpensive or routinely purchased items, it can either be rented up to the allowable purchase price, at which time the title will transfer to the beneficiary or be purchased within the first month. I choose to purchase the equipment categorized as inexpensive or routinely purchased.

Release and Use of Information

I hereby consent and state my preference to have the Company communicate with me by email or SMS messaging regarding various aspects of my medical care, which may include, but shall not be limited to, test results, needed documentation, required appointments, equipment performance, available replacement products & billing. I understand that email and SMS messaging are

not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and SMS messaging regarding my medical care might be intercepted and read by a third-party.

I further understand that in the course of providing services to me, the Company and its employees and agents will receive (either from me or from others such as physicians) personal information and knowledge about my health, physical condition, treatment and care that I require, including knowledge about my living conditions and my relationship family and others (hereinafter referred to as Personal Health Information (PHI)). In that regard, I also authorize the Company to release my PHI (A) to my insurers and any agencies, institutions or individuals (including my physicians) who provide me with health or social services, (B) to the Company's peer review organizations and licensing and accrediting organizations for the purpose of evaluating the Company's provision of services, (C) in connection with any audit or similar review (whether internal or conducted by a third party organization), or (D) to CMS or a commercial payer as may be required for continued certification of the Company.

I acknowledge the receipt of the AdaptHealth Financial Policy which includes but is not limited the following responsibility:

- + I understand that I will be financially responsible for the above equipment and patient balances resulting from the use of the above equipment.
- + I give AdaptHealth the right to appeal denied claims on my behalf. Patient balances include, but are not limited to, patient co-insurance and deductible responsibilities, claims denied by my insurance carrier(s) and non-covered services.
- + I understand equipment classified as rental equipment is the property of AdaptHealth and will be returned to the company when the need has ended, otherwise a patient balance for the replacement cost of the equipment will be applied to the account.
- + The credit card on file that I have provided verbal authorization to use will be charged for all one-time and recurring patient balances.
- + I understand if I fail to pay amounts due to AdaptHealth, they have the right to secure return of any items I have obtained from them with ten (10) days prior notice.
- + I understand that if the device or equipment is lost, stolen or damaged while in my possession, I am responsible to pay AdaptHealth for the replacement of the equipment or supplies if not covered under insurance of any kind.



Safety Tips

Your safety and well-being are a priority at AdaptHealth. The following tips are designed to keep you as safe as possible.

The following conditions make you more likely to have a fall at home:

- + **Multiple Medications:** The more medications you take, the more likely you are to experience dizziness or other risky side effects. Tell all of your health care providers about all of the drugs you take. Ask them about any side effects that might place you at risk for falls.
- + **Walking difficulties:** Shuffling, weakness, stooped over posture, inability to walk in a straight line, numbness or tingling of toes or feet can make falls more likely. Ask your doctor about assistive devices such as a cane or walker and learn how to use them correctly.
- + **Chronic conditions:** Conditions that interfere with thinking, such as Alzheimer's Disease.
- + **Impairment:** Impaired vision or hearing
- + **Repeated Falls:** Two or more falls in the past 6 months: If you are falling frequently, see your doctor. It's important to find out why you are falling.
- + **Weakness:** Do not cut back on your normal activities. Inactivity can actually lead to more falls because of lost muscle strength. Your doctor can also recommend an exercise program to increase muscle strength and coordination, which can help to reduce the risk of falling.
- + **If you feel unsteady on your feet, talk to your doctor.** You may benefit from a cane or a walker.

Guidelines to Prevent Falls at Home:

Bathroom

1. Use a shower seat
2. Install grab bars
3. Use non-skid strips on tub
4. Beware of wet floors

Steps

1. Use rails on steps
2. Secure rugs on steps
3. Repair broken steps
4. Keep stairs clutter-free

Lighting

1. Ensure adequate lighting
2. Use nightlights
3. Remove clusters of wires
4. Keep a charged flashlight ready



Floors

1. Remove throw rugs and runners
2. Make sure all paths are clutter free
3. Remove torn or curled rugs
4. Repair weakened floors

Additional Guidelines

1. Use firm chair with armrests and good back support
2. Beware of polished floors
3. Beware of pets underfoot
4. Place regularly used items within reach
5. Clean up spills immediately
6. Wear non-skid shoes with treads
7. Avoid reaching too far forward
8. Hold objects close to your body
9. Consider an alarm or carrying a cell phone to get help in case of a fall
10. Consider Wearing a Medical Alert Device (talk to your doctor and/or caregiver about this)

Falls Become More Dangerous as We Grow Older

For children and young adults, most falls result in little more than minor cuts and bruises. But, as we age, falls are more likely to result in broken bones, head injury and even death. One out of three adults over 65, will fall each year. For those over 75, one quarter of these falls will result in a serious injury.

Most falls occur at home. Many of these accidents can be avoided by creating a safer home environment. You may need to reorganize your storage areas, rethink the way your home is decorated and even change the way you perform activities such as bathing and cooking. However, health care professionals agree – it's much easier to prevent a fall than to recover from one.

In Case of Emergency, get medical help quickly by doing the following:

- + Dial 911.
- + Give the location of the emergency (full address).
- + Explain what happened.
- + Tell how many people need help.
- + Don't hang up.

Be Prepared:

- + Have someone designated to check on you if an emergency situation occurs. This person could be a neighbor or family member.
- + Determine an evacuation route and alternatives.
- + Arrange for a friend or relative in another town to be a communication contact for the extended family.



- + Make a habit of tuning in to daily weather forecasts and be aware of changing conditions.
- + Find where the main utility switches in your home are & assign someone to turn them off in an emergency situation.
- + Have a flashlight and extra batteries nearby for power outages. Keep extra blankets in case the heat goes out.
- + Keep a back-up supply of medications on-hand and rotate them so they don't expire.
- + If you have oxygen or other medical equipment, be sure you have a back-up source in case of disaster.
- + Always keep a list of emergency phone numbers available, including your medical equipment supplier(s).

Follow emergency and natural disaster instructions. In the event of an emergency or natural disaster, follow the instructions of your local authorities broadcast by radio or television.

Fire Safety Tips for Home Medical Oxygen Users:

The use of home oxygen systems has increased over the past decade. It's important for people to practice fire safe behaviors when oxygen is in use. Oxygen itself does not burn but a fire needs oxygen to start and to keep burning. When more oxygen is in the air, the fire will burn hotter and faster. Smoking should not be allowed in a home where oxygen is used. Even if oxygen is not being used, it may have saturated the home including clothing, curtains, furniture, bedding, hair, and anything in the area.

Additional Fire Safety tips are as follows:

- + Never smoke in a home where oxygen is used.
- + Post "No Smoking" signs in and outside of the home to remind residents and guests not to smoke.
- + If oxygen is used in the home, the amount of oxygen in the air, furniture, clothing, hair, and bedding goes up, making it easier for a fire to start and spread. This means that there is a higher risk of both fires and burns.
- + Never use an open flame, such as candles, matches, wood stoves, and sparking toys, when oxygen is in use.
- + People who may have difficulty escaping a fire should have a phone near their bed or chair.
- + Make sure that the home has smoke alarms. Test them at least monthly.
- + Have a home fire escape plan with two ways out of every room and an outside meeting place.
- + Practice the home fire escape plan at least twice a year.
- + All patients set-up with oxygen equipment should not smoke in the room where the oxygen is stored or in the room where the oxygen has been used (for at least 30 minutes). This include cigarettes, e-cigarettes, vaping devices, cigars, pipes, and any other device that ignites or creates a spark or flame.
- + Electronic cigarettes work with a heating element that vaporizes a liquid solution that delivers nicotine and use a power source that can

be charged with a USB or a battery charger. They can ignite when saturated with oxygen and some reports state that there is risk of an ignition of an e-cigarette while undergoing oxygen therapy. Therefore, e-cigarettes should not be used.

Infection Control

Contact with infected body fluids, such as, blood, urine, feces, mucous, or the droplets that are sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Sometimes infections are spread through items that have been contaminated by drainage from infected sores, or discharges from the nose, mouth, eyes, or genital/rectal area. Controlling the spread of infections means interrupting the way illness travels from one person to another. Maintaining a clean environment helps to keep infections under control. Maintaining personal hygiene is very important.

Maintain Personal Hygiene:

- + Wash or bathe every day.
- + Wash your hair at least weekly.
- + Brush your teeth and rinse your mouth after every meal and at bedtime.
- + Keep your nails trimmed and clean.
- + Wear clean clothes and underwear.
- + Change dirty clothes and bed liners as soon as you notice soiling.

Wash your hands frequently:

- + Before preparing, eating and serving food.
- + After using the toilet, contact with body fluids, or outside activities.

Wash your hands thoroughly:

- + Wet your hands with plenty of soap and water.
- + Lather well over your hands and wrists.
- + Briskly rub your hands together.
- + Clean under your nails.
- + Rinse your hands thoroughly.
- + Dry your hands thoroughly with a clean towel.

Clean contaminated items thoroughly:

- + Clean medical equipment as instructed by the manufacturer.
- + Clean with soap: dishes, denture cups, etc., weekly.
- + Change or clean medical equipment and tubing as instructed by provider.

Meet your health needs:

- + Eat a balanced diet daily.
- + Drink plenty of water daily.
- + Get plenty of rest.
- + Exercise, as tolerated.
- + Follow doctor's orders for medications, including respiratory medications.
- + Avoid close contact with persons with known illnesses.

Additional information is available through the Center of Disease Control & Prevention at www.cdc.gov.

Equipment Information & Instruction



New equipment can be tricky or complicated and may bring up a number of questions during initial use. AdaptHealth customer service representatives and technicians are always available to answer questions you may have or provide additional resources, but here is basic information to get you started.

Oxygen Equipment & Supplies

Concentrator Use:

- + Plug concentrator into a 115V wall outlet. Do not use extension cords or power strips.
- + Fill humidifier jar with water – distilled water is recommended. Refill as needed. Discard any remaining water before refilling.
- + Attach humidifier jar to concentrator's oxygen outlet or tubing connector.
- + Attach nasal cannula to humidifier jar.
- + Place the nasal cannula on face (or mask over nose and mouth with strap around head). Insert the two prongs into nostrils (prongs must curve upward and toward the face). Slide tubing over and behind each ear. Slide adjuster upward under the chin to secure cannula to face.
- + Turn on concentrator power switch. Motor will begin, and an alarm will sound for a few seconds while pressure is reached.
- + Adjust the liter flow.

There are two possible controls to adjust flow:

1. Rotary knob: turn knob to prescribed liter flow.
 2. Flow tube: turn knob until the ball inside of tube is at the prescribed liter flow.
- + Use at the prescribed liter flow. Remember: that more is not necessarily better! If your physician changes your prescription, notify us immediately so we may adjust your delivery schedule. Always use your oxygen according to your physician's prescription. Oxygen is a medication that has been prescribed by your physician and it should be used exactly as he/she has directed.
 - + Use for the prescribed amount of time each day.
 - + Use for the prescribed activities.

Cylinder with Regulator or Conserving Device Use

- + Open cylinder by turning valve on top of tank with wrench/toggle counterclockwise.
- + Adjust liter flow by turning the dial on the regulator/conserving device to the prescribed liter flow number.
- + Place the nasal cannula on face as described under "concentrator use".
- + Use at the prescribed liter flow. Remember: that more is not necessarily better!

- + Use for the prescribed amount of time each day.
- + Use for the prescribed activities.

Equipment/Supply Maintenance

- + Wipe concentrator, cylinder and regulator with clean, damp cloth (water only). NEVER spray anything on or into equipment (example: 409, Fantastic, Pine Sol, etc.).

Check weekly the Vacuum Air Inlet Filter, if applicable:

1. Remove inlet filter(s) from concentrator.
2. Vacuum both sides.
3. Replace inlet filter(s) in concentrator.

Clean humidifier jar weekly as follows:

1. Wash in warm soapy water and rinse.
2. Soak in a 1 to 3 mixture of white vinegar and water for 30 minutes and rinse.
3. Discard vinegar/water mixture after each use.
4. Replace monthly.

Replace nasal cannula/mask weekly. Replace oxygen tubing every 3 months.

Safety:

- + Post "No Smoking" signs in your home.
- + Turn all equipment "off" when not in use.
- + Place concentrator in a well-ventilated area – not in a closet.
- + Place concentrator and cylinders away from combustible materials (e.g. Vaseline, Chapstick, oil-base lotions/creams, aerosols, oils, etc.).
- + Place concentrator and cylinders at least 15 feet from heat sources and open flames (e.g. cigarettes, matches, lighters, stoves, heaters, toasters, hair dryers, fireplaces, etc.).
- + Avoid creation of any spark near oxygen equipment. Keep radios, televisions, window air conditioners, fans, electric razors and all other electrical appliances at least 6 ft away from your oxygen source.
- + All electrical equipment should be properly grounded.
- + Do not cover or drape anything over cylinders.
- + Do not transport oxygen in the trunk of your car.
- + Cylinders should be lying flat on the floor unless secured in a stand or cart.
- + Your home should be equipped with smoke detectors and fire extinguishers.
- + Regularly test your smoke detectors and replace the batteries each year.
- + If you still chose to smoke when oxygen is in use, we have the right to discharge you from our service, due to non-compliance and safety concerns.

+ All patients set-up with oxygen equipment should not smoke in the room where the oxygen is stored or in the room where the oxygen has been used (for at least 30 minutes). This include cigarettes, e-cigarettes, vaping devices, cigars, pipes, and any other device that ignites or creates a spark or flame.

+ Electronic cigarettes work with a heating element that vaporizes a liquid solution that delivers nicotine and use a power source that can be charged with a USB or a battery charger. They can ignite when saturated with oxygen and some reports state that there is risk of an ignition of an e-cigarette while undergoing oxygen therapy. Therefore, e-cigarettes should not be used.

Troubleshooting:

Alarm Sounds:

- + Use back-up oxygen supply.
- + Check plug is in outlet.
- + Check that circuit breakers/fuses are alright.
- + Check concentrator circuit breaker is alright (reset button).

No Oxygen Flowing from Nasal Cannula:

- + Use back-up oxygen supply.
- + Check for loose tubing connection.
- + Check for loose humidifier jar on concentrator.
- + Check that the nasal cannula tubing is free of water.
- + Check that the nasal cannula tubing is not crimped or pinched off.
- + Check for bubbles in concentrator's humidifier jar or place nasal cannula in a glass of water to check for bubbles.
- + Check for blocked inlet filter on concentrator.
- + Check fill level on cylinder.
- + Check that cylinder is on.
- + Check that liter flow has not been turned to "0" or "off".

For Patients Traveling with Oxygen

Patients who tell us that they will be traveling out of service area will be given a copy of their prescription. You will not be able to obtain oxygen services from another supplier without a prescription. If you're traveling outside our service area you will need to make arrangements to obtain your oxygen from another supplier. If you provide us timely advance notice, we can help you make these arrangements. Just call AdaptHealth's number listed on the inside cover of this booklet at least 4 weeks before your travel begins. If you don't make the appropriate arrangements prior to traveling, you may encounter problems with getting your oxygen/supplies. Depending on your insurance plan, you may be responsible for full or partial payment of your traveling oxygen services. If you are traveling with oxygen cylinders and other oxygen equipment provided by AdaptHealth, the equipment and cylinders cannot be exchanged for equipment or cylinders from another company.

Ambulatory Aids:

A physical therapist, occupational therapist or physical medicine and rehabilitation provider can offer the best training in the use of all ambulatory aids.

Walkers:

Put on the shoes you'll be wearing when you use the walker. Stand up straight with your feet close together, relax your shoulders, and put the walker in front and partially around you. Place your hands at your sides. The tops of the hand grips should be at the crease of your wrists, if not, adjust the height of the walker by pushing in the buttons on each of the legs and sliding the tube up or down, as appropriate. Make certain the buttons lock back into place and all the legs are adjusted to the same height. Take a few practice steps with the walker to ensure that you can move the walker without bending over.

Setting up your equipment:

- + Check your equipment to make sure you have all accessories that were ordered for you. If you are missing anything, contact your equipment provider immediately.
- + Adjust telescoping legs to fit your height. A 30° bend in the elbow is desirable, which will place the handgrips slightly above your wrists (if the arm was straight at your side).

Safety Tips:

- + Before each use, always check to make your walker is in open locked position. Wear shoes that fit well and avoid shoes that slide off your feet (flip flops, slippers, etc.)
- + Avoid shoes with high heels or slippery soles.
- + Make sure the surface you are walking on is clear, flat, dry and well lit.
- + Do not step completely into the walker, rather keep it slightly in front of you at all times.
- + Safely carry small items in a basket or bag attached to the frame of the walker.
- + Look ahead when walking rather than at your feet.
- + Do not use walker on steps and keep a safe distance from stairs.

Crutches:

Setting up your equipment:

- + Make sure crutches fit properly.
- + When standing straight, 2-3 fingers should fit between your armpit and the top of the crutch pad.
- + The bend in your elbow should be 20-30° when your hand is on the grip.

Safety Tips:

- + Crutches should be 2-3" to the outside of feet.
- + Weight goes on the hands, NOT armpits; keeping elbows in will help stabilize crutches.



When climbing stairs with railing:

1. Both crutches under one arm or one crutch under the arm and the other hand armrest to help push off.
2. When ascending, push on crutches and step up with the “strong leg”. Bring the “weaker leg” up.
3. Bring crutches up last.

When climbing stairs with no railing use directions above.

When descending stairs:

1. Bring both crutches and feet to the edge of step.
2. Lower crutches to middle of next step.
3. Lower weaker leg.
4. Step down with stronger leg.



Canes:

Stand with the tip of the cane 4 inches to the outside of your foot. The cane should extend from the floor to your hip joint. When holding the cane, your elbow should be flexed at a 30-degree angle. If the cane is made of aluminum, adjust it by pushing in the metal button on the shaft and raising or lowering the shaft to the appropriate height. If the cane is wood, the length can be adjusted shorter by removing the rubber tip and sawing off any excess wood, then replacing the rubber tip.

Setting up your equipment

- + When properly adjusted, your cane should allow the elbow to bend slightly. A 30° angle is preferable.
- + You may also have the following accessories:
 1. Hand/Wrist strap
 2. Cane Parker
 3. Snow boot or ice pick cane tip.

Safety Tips:

- + Be aware of rough or uneven terrain.
- + Watch for throw rugs and wood floors in your home. The change in terrain that may cause you to slip and/or lose your balance.
- + Make sure your walking aid is on stable ground before use.
- + Avoid wet or slippery surfaces if possible.

Commodes:

- + Over toilet: Lift toilet seat and lid. Remove pail and lid from commode and adjust commode legs (as described previously when adjusting walker legs) to a height that allows commode to fit just over toilet. Place commode over open toilet and it is ready to use.
- + At bedside: Adjust commode legs (as described previously when adjusting walker legs). Place pail onto pail supports directly below.
- + Commode Opening: Place commode against a wall or other secure object and it is ready for use. When finished using commode, place lid over pail to contain odors and to insure against spills.
- + In Shower: Adjust commode legs (as described previously when adjusting walker legs). Remove pail and lid from commode. Make sure legs of commode are even and commode does not wobble. When

finished showering, towel dry the commode.

These instructions are GUIDELINES ONLY. Use only as directed by your healthcare provider.

Hospital Beds:

- + Be sure to place the bed clear of anything that might hinder its movement when being raised or lowered. This may include but is not limited to walls, curtains, tables, chairs, trash cans, etc. Also, keep the wheels of the bed locked at all times when not specifically moving the bed. After moving the bed make sure power cord is still secure in wall outlet.

- + Your hospital bed has an electric control pad with controls to raise both the head and knees of the bed. It will also raise the entire bed height to allow for easier patient access for the caregiver. Some hospital bed controls have a “lock” feature. If your hospital bed has this feature you can lock it, so the patient cannot change the bed positions themselves or unlock it to give the patient full access to the control. Keep electric control pad dry to avoid malfunction and/or fire.

- + The side rails should be in the UP position if there is any danger of the patient falling from the bed.

- + The side rails come in two lengths (full and half rails). To raise or lower the side rails, pull out release pin located at bottom of rail while holding rail with opposite hand and then move to desired position. Make sure release pin is secured in new position before leaving patient unattended. In case of a power outage use the emergency crank that is placed into the bedsprings, under the mattress, at the foot of the bed. Place crank into base of motor and manually turn to raise or lower bed until your electricity has been restored.

Please call us if you hear or smell anything unusual.

- + Low Air Loss Mattress Inflate mattress to maximum pressure. Reduce pressure gradually for patient comfort, making sure that the patient does not bottom out. There should be minimum of one (1) inch of clearance below the patient’s pelvic region. Inflate mattress to “Maximum” before transferring the patient. Check manufacturer’s instructions for rapid deflation to administer CPR.

Patient Lifts:

- + Before lifting patient, spread base legs fully outward with lever next to mast.
- + Adjust sling straps or chains to proper height.
- + Slide into position near patient being careful of swinging hanger.
- + Once patient is in sling, lift just enough to clear surface & allow swivel

Safety Tips:

- + Make sure patient’s head is clear from the cradle attachment.
- + Only raise boom high enough for patient in sling to clear the “transfer from” surface.
- + Make sure all parts of lift are properly secured.
- + Adjust chains or straps and sling prior to allowing patient to be lifted.

- + Spread legs of lift base to ensure maximum stability.
- + When raising patient weight - Ensure that release is locked into "lift" position.
- + Check for pinch points on patient where the sling makes weight-bearing contact.
- + Do this before rolling the lift away from the "transfer from" surface.
- + When moving lift (occupied) push slowly and smoothly towards "transfer to" surface.

Wheelchairs

- + To open wheelchair – place hands on the seat rails and push down with both hands.
- + To close wheelchair - grab the upholstery at center front and back of seat and pull up.
- + To adjust length of leg rests - loosen the nut by the foot plate, adjust and retighten. Always make this adjustment with the patient's leg in the elevated position.
- + To clean wheelchair – wipe with clean damp cloth
- + To transport wheelchair – lock wheels, remove foot/leg rests, grab front of frame and rear wheels and lift carefully.

Safety Tips:

- + Never use wheelchair without foot/leg rests, it may cause circulation problems for the patient.
- + Never stand on foot/leg rests.
- + Always lock wheels when getting in or out of wheelchair.
- + Put wheelchair against wall or have someone steady it from behind whenever possible.
- + Wheellocks are not designed to be used as brakes.
- + Avoid or use caution on wet, slippery or uneven surfaces.
- + Do not reach beyond the seat area because you could lose your balance, and your wheelchair could tip over.
- + Never hold onto removable parts when lifting a wheelchair, injury could occur if removable parts separate from the chair during lifting.

Please contact your equipment provider for any questions, adjustments, or repairs.

Enteral Nutrition Pumps:

Setting up your equipment

In Home Use:

- + Fill bag and hang on IV Pole.
- + Attach tubing to pump.
- + Pump should be set to "Off" before plugging into electrical outlet.
- + Plug in Input 120V, 60Hz, 200mA

Ambulatory:

- + Check for battery charge.
- + Fill bag.
- + Attach to pump.
- + Place into ambulatory bag.



Safety Tips:

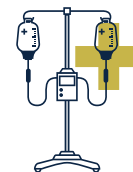
Alarm Sounding:

- + Check for kink(s) in the tubing.
- + Check for empty bag (do not operate pump with empty bag).
- + Check for low battery.
- + Check for clogging in the line, slide the clamp to assure it's completely open.
- + Check drip chamber to be sure it is not more than ¼ full or coated with product.
- + Be sure all bags and tubing are compatible with the pump you are using.

Oral, Nasal, Tracheal Suction:

Setting up your equipment:

- + Place suction machine on flat surface.
- + Connect power cord to grounded outlet.
- + Connect tubing to machine.
- + Connect suction catheter or tonsil tip to tubing.
- + Turn machine "On"



Using Your Equipment:

- + With machine on flat surface, use the vacuum gauge to set vacuum resistance.
- + Administer suction as demonstrated by your delivery technician and prescribed by your physician.

Safety Tips:

- + Do not use higher levels of suction than prescribed.
 - + Be sure unit is plugged into a grounded outlet.
 - + Contact your provider with any malfunction or faulty part on unit.
- Please contact your equipment provider for any questions, adjustments, or repairs.

CPAP/BiPAP:

Setting up your equipment:

- + CPAP/BiPAP compressor.
- + 6 feet of corrugated (flexible) tubing.
- + Patient interface; i.e. mask or nasal pillows.
- + Headgear
- + Humidifier (Optional)
- + The equipment provider will have to preset the pressure on your machine according to your physician's orders.

Using Your Equipment:

- + Plug unit into a grounded and working outlet.
- + Attach or connect flex tubing into CPAP/BiPAP unit.
- + Attach patient interface to opposite end of tubing.
- + Unhook headgear straps and thread through slots in the mask. Fasten the mask onto the headgear straps and adjust for the largest size possible.
- + Hold the mask in place over the nose, pressing gently against your

face; slide headgear over your head. Adjust the headgear straps.

- + To remove mask, unfasten the bottom straps and then slide mask up over your head.

Safety Tips:

The following conditions may contraindicate the use of CPAP/BiPAP:

- + Bullous Lung Disease
- + Pneumothorax
- + Pneumocephalus
- + Low Blood Pressure

Maintenance:

- + If your unit is supplied with a foam filter, it must be cleaned (rinsed with water) every week.
- + If your unit has a disposable filter, it should be replaced at least every month.
- + Masks should be cleaned with mild soap and water every day.
- + Tubing should be cleaned with mild soap and water every week and allowed to air dry.
- + Unit should be hand or machine washed periodically.
- + Headgear should be hand or machine washed periodically.
- + The humidifier, if present, should be cleaned with mild soap and water weekly. White vinegar may be used to remove deposits if you have hard water.

Special Procedures:

- + If nasal drying occurs, the use of a humidifier may be recommended. The humidifier runs between the CPAP/BiPAP compressor and the flexible tubing. Fill the humidifier with distilled water. Refer to specific operator's manual for cleaning instructions.
- + Hints for mask comfort:
- + Wash face thoroughly before each use to remove excess oils.
- + Do not over-tighten the headgear strap. Over-tightening can irritate your face and cause damage to the mask.
- + If any of the following occur, contact your physician
- + Runny Nose
- + Nasal, sinus or ear pain
- + Obstructive sleep apnea symptoms recur or persist
- + Light-headedness or dizziness

Frequently replacement items: Every 3 – 6 months

- + Filters
- + Mask/nasal pillow system or headgear
- + Tubing
- + Pillows/cushions

Please contact your equipment provider for any questions, adjustments, or repairs.

Aerosol Therapy:



Setting up your equipment:

- + Place Aerosol compressor on a solid, flat surface
- + Assemble nebulizer kit
- + Attach tubing to compressor outlet and to nebulizer
- + Place medication into nebulizer medicine cup
- + Place 'T' with mouthpiece onto nebulizer

Using Your Equipment:

- + Plug aerosol into grounded outlet.
- + Make sure power on compressor is in the "Off" position.
- + Add medication to nebulizer and connect tubing to the compressor air outlet.
- + Switch the compressor "ON"; the medication will begin to mist.
- + Breathe slowly and deeply; holding the mist in your lungs every few minutes. Continue until medication is gone.
- + Once completed, switch "Off" the compressor and disassemble nebulizer.

Safety Tips:

- + Check with physician for any drug sensitivity and ensure medication is compatible with all other current medications you may be taking.
- + Should your pulse increase by more than 30 Beats Per Minute (BPM), discontinue treatment and consult physician.
- + Check expiration on medication, and do not use if medication is expired.

Please contact your equipment provider for any questions, adjustments, or repairs.

Frequent Replacement Items:

Disposable

- + Should be replaced 10 - 14 days
- + Treatment time is usually 15 - 25 minutes for 3cc liquid
- + Must be hand-washed only in warm water, rinsed well and air dried

Non-Disposable

- + Replaced every 6 months
- + Treatment time is usually 6 - 8 minutes for 3cc liquid
- + Dishwasher safe, can be placed in boiling water to disinfect and sterilize

Maintenance:

- + Rinse nebulizer after every treatment and place on a dry paper towel. At end of the day, wash all of the parts with warm soapy water, rinse and soak with 1:3 vinegar and water solution for 30 minutes and rinse.
- + Your local provider may recommend a germicidal disinfectant solution to clean your nebulizer rather than vinegar and water. Mix with water according to directions, and you can store it for up to 30 days.
- + Always rinse your equipment after cleaning.
- + Replace compressor filters whenever material becomes discolored.

Complaints & Grievances



While we constantly strive to provide a seamless and enjoyable experience for our patients, we do respect our customers' right to express themselves.

AdaptHealth has a policy to allow any patient or their authorized representative the right to file a grievance or complaint regarding services provided by our company.

Our corporate compliance team is committed to swift and timely action when our patients or partners are less than satisfied.

To assist with voicing your concerns, we ask that you follow the escalation process below:

When you have a concern, you can speak to a member of our company by contacting your designated branch location.

- + You may speak with a customer service representative at your branch location, who will attempt to assist you.
- + If the customer service representative cannot provide the assistance you require, request to speak with a manager.
- + If a member of our management team cannot provide the assistance

you require, we urge you to contact our corporate compliance team by calling (844) 415-6016. A resolutions associate will be assigned to you and will provide the individualized attention necessary in order to resolve your concern.

You may submit your concern in writing to:

AdaptHealth, Attn: Chief Compliance Officer

220 West Germantown Pike, Suite 250 • Plymouth Meeting, PA 19462

You may submit your concern by email:

resolutions@adapthealth.com

AdaptHealth is committed to complying with the Medicare Beneficiary Complaint requirements as established by applicable Centers for Medicare & Medicaid (CMS) standards.

AdaptHealth companies are accredited by the Accreditation Commission for Health Care, an organization that monitors the quality of services of healthcare providers. If you have a complaint about the quality of care you received, you may contact ACHC toll free, 9:00 to 5:00 p.m., Eastern Time, weekdays at 855-937-2242.



Patient Satisfaction Survey

As your medical equipment provider, we feel that to better serve you, it is vital that we have knowledge of, and understand your concerns. Please let us know how we are doing by taking the time to complete this simple survey and help us determine how we can improve our performance. We welcome the opportunity to serve you better. For any complaint, problem, compliment or concerns please contact AdaptHealth through the information located on the inside cover of this booklet.

You have two options to complete the survey:

1. Online at **adapthealth.com/patientsatisfactionsurvey**
2. Return the paper copy included in this welcome guide

If we notice you have had a less than satisfactory experience and you have disclosed your name and contact information, a resolutions associate will contact you to obtain additional details about your AdaptHealth experience.



 **adapt**health

Thank you for
being a patient
of the AdaptHealth
family of companies.



**oxygen concentrator +
portable oxygen concentrator
+ non-invasive ventilation
+ wheelchair + seatlift chairs
+ hospital bed + walking aids
+ stairlifts + PAP**



AdaptHealth Corp. is accredited by the Accreditation Commission for Health Care (ACHC). The company has demonstrated a commitment to providing quality care and services to consumers through compliance with ACHC's nationally recognized standards for accreditation and has been granted accreditations for DMEPOS, including:

Clinical Respiratory Care Services, Fitter Services, Home / Durable Medical Equipment Services, Rehabilitation Technology Supplier Services