



3540 Clemmons Rd
Suite 124
Clemmons, NC 27012
Phone: 336-602-1668

DME PRODUCT DELIVERY FORM	
Patient Name:	Date Of Delivery:
Patient Address:	<input type="checkbox"/> Initial Receipt of Product <input type="checkbox"/> Follow-up
Phone #:	INSURER(S):

ASSIGNMENT OF BENEFITS / WARRANTY POLICY	
<input type="checkbox"/> ASSIGNMENT OF BENEFITS I request that payment of Medicare, Medicaid, Medicare Supplemental or Other Insurance benefits be made on my behalf to Piedmont Medical Solutions, Inc. for any medical supplies furnished to me by Piedmont Medical Solutions, Inc. I authorize any holder of medical information about me to release to Piedmont Medical Solutions, Inc. , my physician(s), caregiver, CMS, its agents and my primary and/or other medical insurer any information needed to determine or secure eligibility information and/or reimbursement for covered services. I agree to pay all amounts that are not covered by my insurer(s) and for which I am responsible.	<input type="checkbox"/> WARRANTY POLICY Every product sold or rented by our company carries a 1-year manufacturer's warranty. Piedmont Medical Solutions, Inc. will notify all beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. We will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where a manual is available. NO RETURNS WILL BE ACCEPTED. <i>Please contact us at 336-602-1668 if you experience any problems.</i> <i>Hours of Operation: 8:30 am to 5:00 pm</i>
➤ WE ESTIMATE YOUR COINSURANCE / PATIENT BALANCE TO BE _____ %.	

DME PRODUCT			
DEVICE(S) / HCPCS CODE(S):	SERIAL #:		
MAKE/MODEL:	MANUFACTURER:		
CHOOSE TYPE OF PRODUCT			
<input type="checkbox"/> SPINAL ORTHOSIS	<input type="checkbox"/> TENS LEAD WIRES	<input type="checkbox"/> SHOULDER ORTHOSIS	<input type="checkbox"/> VED PUMP
<input type="checkbox"/> TENS (NERVE STIMULATOR)	<input type="checkbox"/> KNEE BRACE	<input type="checkbox"/> AFO	<input type="checkbox"/> CERVICAL TRACTION
<input type="checkbox"/> TENS SUPPLIES (ELECTRODES)	<input type="checkbox"/> WRIST BRACE	<input type="checkbox"/> BREAST PUMP	<input type="checkbox"/>

ADDITIONAL INSTRUCTIONS: The following has been given and discussed to the patient/caregiver:		
<input type="checkbox"/> Rights & Responsibilities	<input type="checkbox"/> Patient Plan of Care	<input type="checkbox"/> Cleaning, Use & Maintenance of Equipment
<input type="checkbox"/> Privacy Notice	<input type="checkbox"/> Equipment Instructions	<input type="checkbox"/>
The products and/or services provided to you by Piedmont Medical Solutions, Inc. 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://ecfr.gpoaccess.gov . Upon request we will furnish you a written copy of the standards.		

FOLLOW UP / DISCHARGE	
<input type="checkbox"/> FOLLOW UP REQUIRED	FOLLOW UP NOTES:
<input type="checkbox"/> FOLLOW UP RECOMMENDED	

I HAVE READ, RECEIVED AND/OR BEEN INSTRUCTED IN DETAIL ON THE ITEMS MARKED ABOVE. (If Patient unable to sign, authorized person complete.)	
PATIENT SIGNATURE:	DATE:
AUTHORIZED PERSON: Relationship to Patient:	DATE:
COMPANY REPRESENTATIVE:	DATE:



NOTICE OF PRIVACY PRACTICES	
Your Information Your Rights Our Responsibilities	This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. For more detailed information on this notice, visit our website at: www.piedmontmedicalsolutions.com.
YOUR RIGHTS	You have the right to: <ul style="list-style-type: none"> • Get a copy of your paper or electronic medical record • Correct your paper or electronic medical record • Request confidential communication • Ask us to limit the information we share • Get a list of those with whom we've shared your information • Get a copy of this privacy notice • Choose someone to act for you • File a complaint if you believe your privacy rights have been violated
YOUR CHOICES	You have some choices in the way that we use and share information as we: <ul style="list-style-type: none"> • Tell family and friends about your condition • Provide disaster relief • Include you in a hospital directory • Provide mental health care • Market our services and sell your information • Raise funds
OUR USES AND DISCLOSURES	We may use and share your information as we: <ul style="list-style-type: none"> • Treat you • Run our organization • Bill for services • Help with public health and safety issues • Do research • Comply with the law • Respond to organ and tissue donation requests • Work with a medical examiner or funeral director • Address worker's compensation, law enforcement, and other government requests • Respond to lawsuits and legal actions

PATIENT RIGHTS & RESPONSIBILITIES	
PATIENT RIGHTS: <ol style="list-style-type: none"> 1. The patient has the right to considerate & respectful service. 2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation. 3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent. 4. The patient has the right to make informed decisions about his/her care. 5. The patient has the right to reasonable continuity of care and service. 6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process. 	PATIENT RESPONSIBILITIES: <ol style="list-style-type: none"> 1. The patient should promptly notify Piedmont Medical Solutions, Inc. of any equipment failure or damage. 2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Piedmont Medical Solutions, Inc. in such cases. 3. The patient should promptly notify Piedmont Medical Solutions, Inc. of any changes to their address or telephone. 4. The patient should promptly notify Piedmont Medical Solutions, Inc. of any changes concerning their physician. 5. The patient should notify Piedmont Medical Solutions of discontinuance of use. 6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.