

# You're Family Now

We're here to help you get started.



# Welcome to AdaptHealth Diabetes

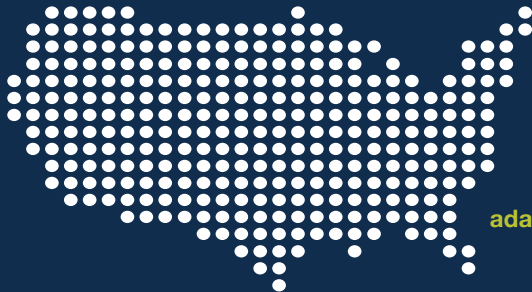
We are focused on providing you with the best products and services to help you better manage your diabetes and give you the flexibility to focus on the things important to you! Our knowledgeable team is committed to processing orders quickly and accurately, while still being able to answer your questions about products and insurance coverage.

AdaptHealth Diabetes provides a comprehensive set of diabetes solutions on a national scale. We are experienced in serving the unique needs of pediatrics and adults with Type 1, Type 2, and Gestational Diabetes.

We offer a broad portfolio of diabetes products and supplies, including Continuous Glucose Monitors (CGMs) and sensors, insulin pumps and supplies, test strips and lancing devices, along with educational resources.



The AdaptHealth Diabetes Family of Companies  
is proud to provide care throughout the United States



Find your local provider:

[adapthealth.com/products-services/diabetes/](https://adapthealth.com/products-services/diabetes/)



# What to Expect

From order details to billing and product information, we are here to meet your needs.

.....

- 4 Rent/Purchase
- 5 Service/Repair
  - Returns
  - Change of Status
  - Transfer Your Prescription
  - Warranties
- 6 AdaptHealth Privacy Notice
  - Our Obligations
- 10 Patients Rights and Responsibilities
- 11 Financial Policy
  - Medicare DMEPOS Supplier
- 12 Assignment of Benefits
- 14 Emergency Preparedness
- 15 Special Needs Considerations
- 16 Products and Supplies
- 17 Equipment Information & Instruction
- 18 Troubleshooting
- 19 Reordering
- 20 Complaints & Grievances
- 21 Patient Satisfaction Survey
- 22 AdaptHealth Diabetes Entities
- 23 Notes

We are committed to serving you and answering your questions. The following information is your guide to what you can expect from the AdaptHealth family of companies.

## Rent/Purchase

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.

### 1 | Rental option for all Capped Rental Items

### 2 | The Purchase option for all Inexpensive & Routinely Purchased Items

#### 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, Insulin Pumps, 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.

## Service/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

# How to Transfer Your Prescription to Us in 3 Easy Steps

1. Gather your prescription(s) and insurance information.

This includes your first and last name, date of birth, home address, phone number, allergies (if applicable), insurance information (if applicable), and your prescription(s) including medication name(s) and dosage(s).

2. Gather your current pharmacy information.

Simply tell us the name and phone number of your current pharmacy.

3. We will contact your current pharmacy and coordinate your prescription(s) transfer on your behalf.

.....

# Warranties

The products sold by AdaptHealth Diabetes Division carry manufacturers' warranties. AdaptHealth will honor all warranties under applicable law, including replacing free of charge any Medicare-covered equipment that is under warranty. By signing the attached Assignment of Benefits, patients agree that they have been notified of and understand the warranty coverage on their products.

A supplier must notify beneficiaries of warranty coverage, honor all warranties under applicable state law, and repair or replace free of charge Medicare covered items that are under warranty.

# AdaptHealth Privacy Notice

At AdaptHealth, your privacy is 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

- + 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 share information about you with your health plan 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 services you receive are 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. However, disclosures 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 & disclosures that require us 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 uses and disclosures

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 the address listed on the bottom of page 9.

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 of 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 the address listed on the bottom of page 9.

- + **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 the address listed on the bottom of page 9.

- + **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 the address listed on the bottom of page 9.

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 the address listed on the bottom of page 9.

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 website, adapthealth.com. To obtain a paper copy of this notice, you must make your request, in writing, to the address listed on the bottom of page 9.

## 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, use the address listed on the bottom of page this page.

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

**Online:** [bit.ly/HHS\\_HIPAA\\_Process](http://bit.ly/HHS_HIPAA_Process)

**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:** 800-368-1019

**TTD Number:** 800-537-7697

You will never be penalized for filing a complaint.

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

# Patients Rights and 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.

# 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.

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. Cash price available upon request.

---

# Medicare DMEPOS Supplier

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 [bit.ly/3MQwbyC](http://bit.ly/3MQwbyC) or by requesting a full written copy from AdaptHealth.

# Assignment of Benefits

## I authorize each of the following

- 1 Assignment of payments or other benefits to AdaptHealth who will directly bill Medicare, Medicaid, Medicare Supplemental or other insurer(s) on my behalf.
- 2 Release and use of my medical information to Medicare, Medicaid, Medicare Supplemental or other insurers and their agents and assigns.
- 3 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.
- 4 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.

- |   |   |
|---|---|
| <input type="checkbox"/> 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. | <input type="checkbox"/> I have received Emergency Preparedness Procedures.   |
| <input type="checkbox"/> I have received the Patient's Rights and Responsibilities.   | <input type="checkbox"/> I have received information related to my financial responsibilities.  |
| <input type="checkbox"/> I have received the Medicare Supplier Standards Statement.   | <input type="checkbox"/> I have received information related to subcontractor relationships, if applicable.   |
| <input type="checkbox"/> I have received the Complaint Reporting Procedure.   | <input type="checkbox"/> 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. |
| <input type="checkbox"/> I have received the branch location contact information and hours of operation.  |   |

## 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.



## Emergency Preparedness

### Make a list

- Medications & dosage
- Medical information
- Allergies and sensitivities
- Copies of health insurance cards

### Evacuation plans

- + Locate a shelter that can meet your needs
- + Plan for alternate locations
- + Plan for transportation to a shelter or other location
- + Have a “grab bag” prepared with have-on-hand items and other useful materials
- + Arrange for assistance if you are unable to evacuate by yourself

### Shelter-in-place

- + Maintain a seven day supply of non-perishable foods
- + Maintain a supply of bottled water; one gallon per person
- + Be prepared to close, lock, and board/seal windows and doors if necessary
- + Have an emergency supply kit prepared

### Have on hand

- + Seven-day supply of essential medications
- + Cell phone
- + Standard telephone (doesn't need to be plugged into an electrical outlet)
- + Flashlights and extra batteries
- + Emergency food
- + Assorted sizes of resealable plastic bags for storing food, waste, etc.
- + Small battery-operated radio and extra batteries
- + Assemble a first aid kit
- + Refrigeration options that do not require power for temperature-controlled medications, such as insulin

### Pets

- + Have a care plan for your pet
- + Locate a shelter for your pet (hotel, local animal shelter, etc.). Emergency shelters will not accept animals
- + Bring extra food and/or medications, leashes, carriers, bowls, ID tags, etc.

# Special Needs Considerations

## Speech or communication issues

If you use a laptop computer for communication, consider getting a power converter that plugs into a car charger.

## Assistive device users

- + Keep extra batteries and a battery-operated power source to ensure your insulin pump, CGM, and other electronics can continue running
- + Label equipment with simple instruction cards on how to operate it (for example, how to “free wheel” or “disengage the gears” of your power wheelchair). Attach the cards to your equipment
- + If you use a cane, keep extras in strategic, consistent, and secured locations to help you maneuver around obstacles and hazards
- + Keep a spare cane in your emergency kit
- + Know what your options are if you are not able to evacuate with your assistive device

## Hearing issues

- + Have a pre-printed copy of key phrase messages handy, such as “I use American Sign Language (ASL),” “I do not write or read English well,” “If you make announcements, I will need to have them written simply or signed”
- + Consider getting a weather radio with a visual/text display that warns of weather emergencies

## Vision issues

- + Mark your disaster supplies with fluorescent tape, large print, or Braille
- + Have high-powered flashlights with wide beams and extra batteries
- + Place security lights in each room to light paths of travel

## Safety Tips



**Sanitary** - Before testing your blood glucose, injecting insulin, or inserting your infusion set and/or sensor, wash your hands and clean the site with alcohol wipes to prevent infection. Alcohol wipes can also help the infusion set and sensor adhesives stick. If your CGM reading does not match your symptoms, test your blood sugar with a blood glucose meter.



**Site rotation** - It is important to rotate sites when testing blood glucose, injecting insulin, and utilizing an insulin pump or continuous glucose monitor to allow skin to heal and reduce scar tissue formation.



To dispose of expired, damaged, and unusable drugs/devices, visit: [safe.pharmacy/drug-disposal](https://www.fda.gov/oc/ohrt/safe-pharmacy-drug-disposal) to access the location closest place near you.

# Products and Supplies

We carry a full line of Continuous Glucose Monitors, Pumps, and related supplies from the industry leading manufacturers. We are committed to offering the very best diabetes products along with cutting edge technology.

## CGM

.....



[freestyle.abbot/us-en](https://freestyle.abbot/us-en)



[dexcom.com](https://dexcom.com)



[medtronicdiabetes.com](https://medtronicdiabetes.com)

## Insulin Delivery Devices

.....



[betabionics.com](https://betabionics.com)



[tandemdiabetes.com](https://tandemdiabetes.com)



[medtronicdiabetes.com](https://medtronicdiabetes.com)



[go-vgo.com](https://go-vgo.com)



[omnipod.com](https://omnipod.com)

We also carry a variety of glucose meters, pen needles, lancets, tapes, and wipes to help you succeed with your therapy.



# Equipment Information & Instruction

## Blood Glucose Meter and Supplies

Blood glucose meters and monitors are used to test your blood sugar level. For the body to function optimally, the level of sugar in the blood must be within a specific and narrow range. Meters are used by individuals to manage their diabetes.

Your blood glucose will change throughout the day and can be affected by your diet, exercise, stress, illness, medication, etc. Understanding how to interpret your glucose values is key to your overall health.

It is very important to keep track of your glucose readings because it helps you and your provider see trends and identify whether adjustments need to be made to your routine. Some meters store results which can be downloaded. However you track your results, please do so regularly and consistently.

### Meters

There are many types and brands of meters with different features. Glucose levels in plasma (one component of blood) are generally 10-15% higher than glucose measurements in whole blood (and even more after eating). While home blood glucose meters measure the glucose in whole blood, most lab tests measure the glucose in plasma. Many meters on the market give results as “plasma equivalent”. This allows patients to easily compare their glucose measurements in a lab test and at home. It is important for you to know whether your meter gives its results as “whole blood equivalent” or “plasma equivalent”. Make sure you read the operating guide that came with your glucose meter.



*It is very important to keep track of your glucose readings because it helps you and your provider see trends and identify whether adjustments need to be made to your routine.*

### Test strips

Test strips are used to collect a blood sample. Strips should never be used after their expiration date or 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 that meter can accurately analyze the blood sample

### Lancets

A lancet is a plastic device with a very thin needle used to draw the blood sample. 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 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 in a sharps container. Some lancets are loaded in a drum, do not have a top to twist off, and must be used with a lancing device.

## Testing your blood glucose

- 1 Wash your hands with soap and water to prevent any skin oils from encountering the meter or supplies.
- 2 Turn meter on.
- 3 Ensure the drawing site is clean and dry. May use an alcohol wipe.
- 4 Insert lancet in the lancing device.
- 5 Insert test strip into the meter.
- 6 Place lancing device directly on the skin and activate.
- 7 Wipe the first sample of blood off then massage finger to collect a blood sample to saturate the specific area of the test strip.
- 8 DO NOT SQUEEZE THE SITE HARD, this can cause the blood to breakdown and drastically affect the reading.
- 9 Meter will display reading.

### Control Solution

You can do a quality control test to ensure your meter is working properly or to check the way you perform a test. Prep as though you were going to test your blood glucose. 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, clean piece of wax paper or some caps have a small dip for the drop of solution. Do not apply the control solution to the test strip directly from the bottle. Compare your test result with the range listed. If the control test falls outside the control range, please contact us.

### Meter Care

Wash your hands and dry them thoroughly before handling your equipment. Avoid exposing your meter and test strips to excessive humidity, heat, cold, dust, or dirt. The meter exterior 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. Always store your meter in the care case provided or in a replacement case of your choice.

---

## Troubleshooting

Any questions regarding the functionality of your CGM, insulin delivery device, and/or supplies should be directed to the manufacturer of the product. Listed below are the phone numbers and websites associated with the products we carry.

**Abbott FreeStyle:** 855-632-8658  
[freestyle.abbott/us](http://freestyle.abbott/us)

**Beta Bionics:** 855-745-3800  
[betabionics.com](http://betabionics.com)

**Dexcom:** 844-607-8398  
[dexcom.com](http://dexcom.com)

**Insulet:** 800-591-3455  
[omnipod.com](http://omnipod.com)

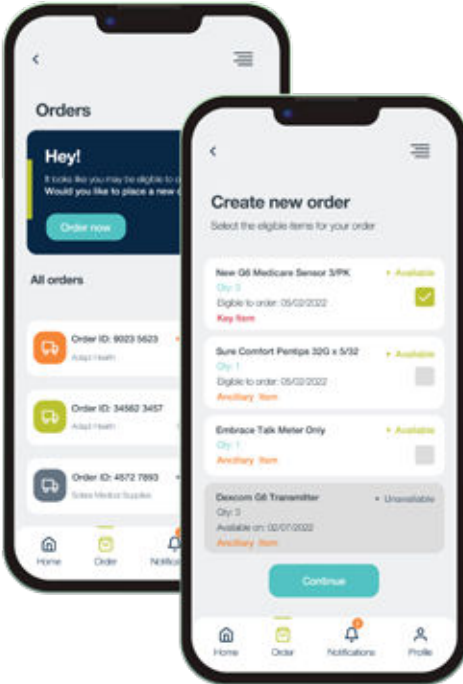
**Medtronic:** 800-646-4633 (opt. 1)  
[medtronicdiabetes.com/home](http://medtronicdiabetes.com/home)

**Tandem Diabetes:** 877-801-6901  
[tandemdiabetes.com](http://tandemdiabetes.com)

**Valeritas:** 866-881-1209  
[go-vgo.com](http://go-vgo.com)

## Reordering

myAPP by AdaptHealth is your supply management solution. With easy **ORDERING**, real-time **NOTIFICATIONS**, and fast **SUPPORT**, you can focus on the things important to you.



### easyORDERING

- + Reorder reminders
- + Update your account
- + Live order status
- + Tracking details

### secureLOGIN

- + Your privacy is our highest priority
- + Pay your bill (coming 2023)

### fastSUPPORT

- + Customer service is at your fingertips

Scan QR Code to download myAPP



# 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](mailto: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 (ACHC) and The Joint Commission (TJC). AdaptHealth Diabetes Entities are accredited by URAC and the NABP (formerly known as VIPPS). If you have a complaint about the quality of care you received, you may contact any of the following accrediting organizations:

**AdaptHealth Accredited Organization**

**ACHC**

Mailing address:  
139 Weston Oaks Ct.,  
Cary, NC 27513

Phone number:  
919-785-1214

Website:  
ACHC Complaints

.....

## **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 can complete the survey by accessing through the link below:**

 Online at [bit.ly/AHDM\\_PatientSurvey](https://bit.ly/AHDM_PatientSurvey)

# AdaptHealth Diabetes Entities

We are committed to helping you thrive. Our diabetes entities have the quality products, services, and expertise to meet your needs every step of the way.



Customer Service: 888-738-7929  
Emails: [customerservice@diabetesms.com](mailto:customerservice@diabetesms.com)  
Monday - Friday 8:00am to 5:00pm CT &  
Saturday 9:00am to 1:00pm CT  
Online: [diabetesms.com/order](http://diabetesms.com/order)



Customer Service: 800-779-3374  
Text Responses: 402-218-1782  
Email: [intake@diabetes-supply.com](mailto:intake@diabetes-supply.com)  
Monday - Friday 8:00am to 6:00pm CT  
Lobby Hours:  
Monday - Friday, 9:00am to 5:30pm CT  
Online:  
[diabetes-supply.com/easytouch-enrollment-form](http://diabetes-supply.com/easytouch-enrollment-form)



Customer Service: 866-779-8512  
Text Responses: 248-577-9903  
Email: [orders@myhlms.com](mailto:orders@myhlms.com)  
Monday - Friday 8:30am to 6:00pm ET



Customer Service: 978-221-2323  
Text Responses: 402-218-1782  
Email: [info@nehme.care](mailto:info@nehme.care)  
Monday - Friday 8:30am to 5:00pm ET  
Online: [nehme.care/resupply](http://nehme.care/resupply)

## + adapthealth ++ patient care solutions

Customer Service: 855-404-6727  
Reorder Supplies:  
Phone: 855-404-6727  
Email: [pcsorders@adapthealth.com](mailto:pcsorders@adapthealth.com)  
Hours of Operation:  
Monday - Friday 8:00am to 8:00pm ET  
Online: [pcs.adapthealth.com](http://pcs.adapthealth.com)



Customer Service: 888-416-0008  
Text Responses: 662-536-1025  
Email: [info@pinnaclemedicalsolutions.com](mailto:info@pinnaclemedicalsolutions.com)  
Monday - Friday 8:00am to 5:00pm CT  
Online: [pinnaclemedicalsolutions.com/order](http://pinnaclemedicalsolutions.com/order)



Customer Service: 888-670-7867  
Email: [refills@pumpsit.com](mailto:refills@pumpsit.com)  
Monday - Friday 8:00am to 5:30pm CT  
Pharmacy: 832-604-8483  
Pharmacy Email:  
[pumpsitpharmacy@adapthealth.com](mailto:pumpsitpharmacy@adapthealth.com)  
Monday - Friday 8:00am to 4:00pm CT  
Online: [pumpsit.com](http://pumpsit.com). Click "Products"



Customer Service: 800-423-0896  
Reorder Supplies:  
Phone: 800-999-7516  
Email: [solara.com/reorder](http://solara.com/reorder)  
Pharmacy: 888-588-5597  
Monday - Friday 5:00am to 5:00pm PST



