

Healing Air Inc.

Patient Information Packet

Our goal is to meet your equipment
and supply needs so that you can
maintain the lifestyle you desire

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Healing Air Inc.

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general@healingair.com

Hours of Operation
Mon-Fri.
9am-5pm

Welcome! Thank you for choosing Healing Air Inc. to be your Home Medical Equipment Supplier. This packet provides you with information for your overall health care. Please keep this packet handy for reference. Please call our office at any time if you have questions.

We are dedicated to providing professional and comprehensive home care services to our patients. We accept only those patients whose home health needs can be met by the services we offer. We provide the most up-to-date quality home care products available, and we genuinely care for the patients we serve.

Our services include the following:

- 24 hours, 7 days-a-week emergency services
- Patient instruction and training
- Assessment and/or equipment maintenance visits, as ordered by your physician
- Qualified and knowledgeable staff
- Routine delivery and set-up
- Assistance with your reimbursement and billing questions in relation to your insurance carrier requirements
- Assistance with discharge from a hospital

This packet provides the following information:

- Your Rights and Responsibilities as a patient
- Our Service, Delivery and Warranty Policies
- Our Financial/Billing and Payment Policies
- Medicare Supplier Standards
- Guidelines for Infection Control in the Home
- Emergency Preparedness Information
- Notice of Privacy Practices
- Our Grievance and Complaint Procedures
- Patient Communication Form

Patient's Bill of Rights and Responsibilities

As an individual receiving home care services from Healing Air, Inc., let it be known and understood that you have the following rights:

1. To select those who provide you home care services.
2. To be provided with legitimate identification by any person or persons who enters your residence to provide home care for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, psychosocial state, physical or mental handicap, or personal cultural and ethnic preferences.
4. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of Healing Air, Inc., and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing Healing Air, Inc. that provides treatment or services for you and to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
6. To have your confidentiality, privacy, safety, security, and property respected at all times.
7. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
8. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
9. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
10. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the physician's legal responsibilities of medical disclosure.
11. To receive care and services within the scope of your health care plan, promptly and professionally, while being fully informed as to Healing Air, Inc.'s policies, procedures, and charges.
12. To refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
13. To request and receive data regarding services or costs thereof privately and with confidentiality.
14. To request and receive the opportunity to examine or review your medical records.
15. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order.
16. To expect that all information received by Healing Air, Inc. shall be kept confidential and shall not be released without written consent.
17. The right to review Healing Air, Inc.'s Privacy Notice.
18. The right to access, request amendment to, receive an accounting of disclosures regarding your health information as permitted under applicable law.
19. The right to revoke any previous consent for release of medical information or for obtained consent for media recording or filming.

20. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
21. To be informed of any experimental or investigational studies that are involved in your care and be provided the right to refuse any such activity.

Service, Delivery and Warranty

Business Hours

Our hours of operation are listed for each location on page one (1) of this packet. 24-hour emergency service is available by calling for equipment related emergencies after hours and on weekends and holidays.

Delivery

Deliveries are provided on purchases and/or rentals. It is preferable that routine and repeat orders be called in 24 hours in advance but at least before 10:30am for same day delivery.

Rental Equipment

Patients are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up. Service, parts and labor are provided free of charge on rental equipment (except in the case of misuse or abuse). If the rented equipment has been damaged through misuse or abuse, the maintenance and repair costs become the patient's responsibility.

Purchased Equipment and Warranties

New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided to you at the time of delivery of the purchased item. All warranties will be honored under applicable State laws. Used equipment purchased from our company has a 90-day warranty on parts and labor.

Service and Repair

Service or repair on equipment purchased from our company that is no longer covered by the manufacturer's warranty will be subject to current labor charges. The patient will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with maintenance instructions and how to obtain any service required. All service and repair must be scheduled by calling the office during business hours.

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. Refunds are subject to management discretion. Disposable supplies, diagnostic instruments, wheelchairs, undergarments, stockings, items worn next to the skin or any opened sterile or packaged goods WILL NOT be accepted for return, refund or credit, unless the item is substandard or otherwise defective.

Financial Policy

All new equipment setups going on account require prior verification of insurance coverage before equipment is setup. If this is not possible due to a weekend or other after-hours setup, verification must be done on the next business day.

- We do not guarantee coverage of, or payment of insurance claims.
- We do not guarantee any time frame for processing of insurance claims or subsequent billing from our office. It will be done in as timely a manner as possible.

Insurance Coverage

Patient's Responsibility:

- Provide us with all insurance information necessary to file your claim
- Notify our office of any changes or loss of insurance coverage
- Pay all deductible and balance remaining after secondary insurance is file
- Patient is responsible for payment in full of all claims not covered by insurance. You will be informed before delivery if we know that an item is not covered, and assignment will not be accepted.

Medicare Claims

If Medicare is your insurance carrier and denies payment, you will be notified. At that time, if you wish to keep the equipment; it may be converted to private rental. If Medicare assignment is accepted, at no time will the charges on those items be more than the yearly deductible plus the 20% that Medicare does not pay. In many cases, the deductible amount and the 20% is paid by other insurance. We will follow through with the appeal process on Medicare claims that are denied. This will be done on non-assigned claims at the patient's request.

The patient is also advised that:

- Inexpensive, routinely purchase durable medical equipment may be rented or purchased.
- There will be a minimum of one-month rental on all equipment rentals.
- Rental charges will be assessed until we are notified to pick up the equipment.
- Any charges will be assessed until we are notified to pick up the equipment.
- Any charges incidental to the use or operation of the equipment (such as electricity) is the responsibility of the patient.
- There is no charge for delivery or pickup of rental equipment.
- All claims, assigned or non-assigned, will be filed on behalf of the patient.

Billing and Payment Policy

Patients are responsible for payment in accordance with our company's terms. Assignment of Benefits to a third party does not relieve the patient of the obligation to ensure full payment. Billing third party is not an obligation, but rather a service we offer if all necessary billing information and signatures are provided.

Medicare

We may accept Medicare Part B assignment, billing Medicare directly for 80% of allowed charges and billing the beneficiary the 20% payment and any deductible. We offer Electronic Claims Transmission for billing non-assigned orders. Presentation 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 of your State Beneficiaries Identification Card and Personal ID are required.

Private Insurance

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 of your insurance card and personal ID required.

Managed Care

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.

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs or from any other federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment and of the purchase option for capped rental equipment.*
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable state law and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly or through a service contract with another company Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.

17. A supplier must disclose any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number (i.e., the supplier may not sell or allow another entity to use its Medicare billing number).
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include the name, address, telephone number and health insurance claim number of the beneficiary; a summary of the complaint; and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f)
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

How To Make Your Home Safe For Medical Care

At Healing Air Inc., we want to make sure that your home medical treatment is done conveniently and safely. Many of our patients are limited in strength or unsteady on their feet. Some are wheelchair - or bed-bound. These pages are written to give our patients some easy and helpful tips on how to make the home safe for home care.

Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers.
- Don't use cheap extension cords.

Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater, so you don't accidentally scald yourself without realizing it.

Safety in the Bedroom

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there. Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees.

A variety of tables and supports are also available so you can eat, exercise, and read in bed.

- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk

to the bathroom to use the toilet.

- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way, so you do not trip and fall while walking with the pole.

Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially

during your recuperation while you are still a bit weak:

- Have a friend or health care worker remove all common small appliances and utensils from cabinets and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
 - Basic electric can openers
 - Bottle and jar openers
 - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing does not hang over the heat. They can be flammable.

Getting Around Safely

If you are now using assistive devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made or may be constructed for you. Talk to your home medical equipment provider about available options.

Tips for Infection Control in the Home

Contact with infected body fluids, such as, blood, urine, feces, mucous or the droplets sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Some 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 important to your health. ·

- Wash your hands frequently and thoroughly
- Clean contaminated household and medical equipment thoroughly ·
- Meet your health needs

Good hand washing is the single most important way to control infection.

Emergency Preparedness

In case of emergency, get medical help (first aid/CPR) quickly: DIAL 911 ·

- GIVE THE LOCATION OF THE EMERGENCY (FULL ADDRESS) ·
- CLEARLY EXPLAIN WHAT HAPPENED ·
- TELL HOW MANY PEOPLE NEED HELP ·
- DON'T HANG UP

Be prepared for emergencies:

1. Refill medication renewals promptly to ensure you have adequate supplies on hand.
2. Be sure you have an emergency back-up source/supply for any medical equipment requiring electricity.
3. Always keep a list of emergency telephone numbers available, including your medical equipment supplier(s).
4. Have someone such as a family member or neighbor who will check on you if an emergency occurs.
5. Determine an evacuation route and alternatives.
6. Arrange for a friend or relative in another town to be a communication contact for the extended family.
7. Make a habit to listen to daily weather forecasts. Be aware of changing conditions.
8. Find out where the main utility switches are in your home and assign someone to turn them off in an emergency.
9. Have a flashlight and extra batteries nearby for power outages. Keep extra blankets available in case the power goes out.

NOTICE OF PRIVACY PRACTICES

Purpose

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. HEALING AIR INC. believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information. HEALING AIR INC. maintains the right to update our Notice of Privacy Practices. Your personal health information will always be maintained by our current policies designated in our current Notice of Privacy Practices. If you have any comments or questions about our Notice of Privacy Practices, you may call our Privacy Officer at (713) 434.7033

Privacy Policy

The following describes the manner in which we will use and disclose your personal health information:

1. We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information.
2. We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties, which includes family members or other financially responsible parties of which you have informed us. Examples include insurance coverage and eligibility verification.
3. We may use and disclose information to monitor and operate our business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state or local authority (as required by law), or to remind you of equipment, supplies or service needs.
4. We may release appropriate information about you to family or friends that are helping you with financial responsibilities incurred while receiving equipment, supplies or services from us.
5. We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and having our staff testify about the care we have provided.

The following describes your rights to the information we maintain about you:

1. You have the right to direct the use of your personal health information at any of our locations.
2. You have the right to terminate or revise your authorizations or consents that pertain to our use of your personal health information, and have those terminations or revisions affect any new equipment, supply, or service provisions. We are not required to accept your terms. If we do accept your restrictions, we will honor your specifications, except where prohibited by law. All requests must be in written form.
3. You have the right to request a copy of your personal health information as long as any federal, state or local law does not prohibit it. This request must be in writing. There is a charge for copying, producing and delivering your information.
4. You have the right to request, in writing, a revision to your personal health information. Revision requests will be evaluated on an individual basis and amended, if appropriate. At no time will a revision be made that may erroneously record the personal health information stored by us. Your written request must detail the requested revision and the

reasons for the modification. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.

5. You have the right to request an accounting of non-routine disclosures we have made with your personal health information. You can receive one free accounting in a twelve-month period. We will charge for any accounting services that exceed one per twelve months. You must agree to this charge before we will provide any accounting of services. These requests cover dates of service on or after April 14th, 2003.
6. You have the right to file a complaint about our use of your personal health information with us or the Secretary of the Department of Health and Human Services.

Patient Grievance and Complaint Procedure

Our patients are very important to us. We follow comprehensive Patient Grievance and Complaint procedures to help resolve problems that arise in a rapid and effective manner.

1. When you have a concern that does not need to be addressed immediately, you may speak to the person delivering your equipment at the next visit.
2. If you do not want to wait to speak to the delivery person, or if the issue you have involves one of our employees, call our office to speak with a manager.
3. If you wish to contact us in writing, we have included a Patient Communication Form for you to complete and mail.

HEALINGAIR INC. is accredited with Healthcare Quality Association on Accreditation (HQAA). If you have any feedback, questions, concerns, or wish to file a complaint against our facility with them, you may contact them at 866.909.4722 and request the Complaint Department. Their office hours are Monday through Friday 8:00 a.m. to 5:00 p.m., Eastern Time (ET).

To report abuse, neglect, or exploitation of a disabled adult or an elderly person, please call toll free the ELDER HELP LINE - 1-800-96-ELDER.

Any feedback, questions, concerns, or wish to file a complaint against our facility directly to Medicare call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Compliance Commitment to our Patients

Our company is committed to complying with all federal and state regulations. If you have any questions or concerns regarding any of our activities, please contact our office.

Healing Air Inc is pleased to have been selected as your medical equipment provider. Please do not hesitate to let us know if you have any other questions or needs.

We specialize in:

- **CANES (and accessories)**
- **CRUTCHES (and accessories)**
- **BATH SAFETY PRODUCTS (including bedside commodes)**
- **WALKERS (AND ACCESSORIES)**
- **MANUAL WHEELCHAIRS**
- **POWER MOBILITY PRODUCTS**
- **MANUAL AND POWER SEATING AND ACCESSORIES**
- **TENS UNITS AND SUPPLIES**
- **HOSPITAL BEDS**
- **SUPPORT SURFACES**
- **PATIENT LIFTS**
- **LIFT CHAIRS**
- **NEBULIZERS**

Acknowledgement of Receipt of Patient Information Packet

I, the undersigned, hereby acknowledge that I have received the Patient Information Packet. I have received, read and understand:

- Your Rights and Responsibilities as a patient
- Our Service, Delivery and Warranty Policies
- Our Financial/Billing and Payment Policies
- Medicare Supplier Standards
- Guidelines for Safety in Your Home
- Guidelines for Infection Control in the Home
- Emergency Preparedness Information
- Notice of Privacy Practices
- Our Grievance and Complaint Procedures
- Patient Communication Form
- I have been given instruction on the proper use of my equipment and understand the information provided me.

I am aware that, if I have any questions or problems with my equipment or supplies, I can call Healing Air Inc. at the telephone number provided to me. Healing Air Inc. representative has done an assessment of my home (as applicable) and has identified items or areas that need to be changed to improve the safety of my environment. I have made note of these items or areas, and assume responsibility for making the suggested changes, or the responsibility for not making the changes. I know that Healing Air Inc. seeks to provide the best possible services that comply with its contractual obligations, state laws, and federal laws and regulations. I can contact Healing Air Inc. at any time, if I have concerns or a question about the services that I am receiving or about Healing Air Inc's billing practices.

Printed Patient Name: _____ Date: _____

Signature: _____

Company Representative: _____
(Printed Name) (Signature)

Acknowledgement of Receipt of Notice of Privacy Practices

Please print, sign your name and provide the date below to acknowledge that you have received our Notice of Privacy Practices.

Printed name of patients or patient's representative

Signature of patient or patient's representative

Date:

If the above signature is that of a patient's representative, complete the following:

Printed name of patient

Patient representative's authority (relationship to patient) to act for the patient

Healing Air Inc.

Customer Satisfaction Survey

To continuously improve our services; please take a few minutes to complete our survey.
Please rate each item on a scale from 1 – 5

1= Strongly Disagree **3=Somewhat Agree** **5= Strongly Agree**
2= Do Not Agree **4= Agree**

N/A= Not Applicable---*You did not have this service and cannot rate it*

- | | |
|--|----------------------|
| 1. Our employees treated you with courtesy and respect. | N/A 1 2 3 4 5 |
| 2. Our employee was well prepared, organized and knowledgeable. | N/A 1 2 3 4 5 |
| 3. Your equipment/service was provided in a timely manner. | N/A 1 2 3 4 5 |
| 4. Our delivery staff were respectful of your home and belongings | N/A 1 2 3 4 5 |
| 5. Our staff is knowledgeable and professional. | N/A 1 2 3 4 5 |
| 6. Our staff provided clear instructions on how to use your equipment and how to reach our office during office hours and afterwards | N/A 1 2 3 4 5 |
| 7. You are aware of all the products and services we provide | 1 2 3 4 5 |
| 8. You would refer us to your family or friends for medical supplies and medical equipment service | 1 2 3 4 5 |

Please share your comments or suggestions on how we might serve you better:

Thank You!