



nationalwoundcare

Changing the fabric of wound care

Patient Information Booklet

For questions call:

1-800-982-1835

National Wound Care
3356 Big Pine Trail
Suite D
Champaign, IL 61822

Hours of Operation
9:00 am – 4:30 pm CST



Thank you for choosing National Wound Care to be your wound care equipment supplier. This booklet is designed to provide you information we believe is beneficial to your overall health care.

In specific, we are sharing information with you about:

1. Our scope of service and plan of care as your wound equipment provider
2. Your rights and responsibilities as a customer
3. Your rights and responsibilities concerning your advance directives
4. Emergency preparedness information
5. Infection control in the home guidelines
6. Our billing and payment policies
7. The copay amount and your financial responsibility
8. Complaint/problem resolution procedure
9. Notice of privacy practices

Please keep this booklet available to you and feel free to call our office at any time concerning questions that may arise. Once again, Thank You!

Dear National Wound Care Patient and Family Members,

Welcome to National Wound Care. We are very thankful to be providing the “healing touch” to you and your loved ones. We have been healing wounds since 1992 and each day we strive to put your needs ahead of our own.

We are available 24 hours a day, 7 days a week to serve you. Our office are 9:00am till 4:30pm CST Monday through Friday. If you have any questions, please don’t hesitate to call us at 800-982-1835. You may also call your regional representative directly.

If you live in Illinois or Western Kentucky, your regional representative is John Prince. His cell number is 217-377-4834. If you live in Florida, your regional representative is Tracy Horsefield.

While you are healing, we want your experience with us to be beyond compare. If you have a suggestion, problem or compliment, I would love to hear from you! Hearing from our patients is the only way I know of for us to be a better company today than we were yesterday. My name is John Prince and I am the President of National Wound Care. My cell number is 217-377-4834 and I would be grateful to hear from you for any reason.

Once again, thank you so much for allowing us into your life. It is something that we will never take for granted.

Sincerely,

**John Prince
President
National Wound Care**



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MISSION STATEMENT

Our mission is to always put the needs of our patients and referral sources ahead of our own. Our principle focus is to continually seek out improved clinical outcomes for our clients. We are committed to the success of our customers by assisting caregivers in treating and preventing wounds in the most effective, cost-efficient manner.

CORE VALUES

- *We strive to deal honestly and openly with each other and our customers, and conduct our business with integrity.*
- *We believe in demonstrating kindness and compassion in all our dealings.*
- *We will treat others with the courtesy and respect by which we wish to be treated.*
- *We strive to excel in all areas of responsibility.*
- *We will display teamwork in all endeavors.*
- *We strive to enhance communication both internally and externally.*
- *We will be adaptable to the changing needs of our business.*
- *We will encourage and promote the growth and development of each employee.*
- *We will encourage each individual to be the best he/she can be.*
- *We are here to serve our customers and one another.*

VIDEO TRAINING AND REORDERING SUPPLIES

You can access our training videos about the Nisus Wound Vac, how to apply the dressing, change the canister and fix alarms issues two different ways.

You can scan the QR-code that is on the outside of the box, vac and supplies and it will direct you to the video training and supply reordering page. If you have an iphone, you can open the camera and point it at the QR-code or you can download a free QR-code reader app onto your phone.

You can also visit www.nationalwound.com to access the training videos and to reorder supplies. You can also call 800-982-1835 to reorder supplies. If you have not already been contacted by us, we ask that you contact us when you have a 10 day supply of kits and canisters left to let us know that you need more supplies.

SCOPE OF SERVICES AND PLAN OF CARE

Your doctor has prescribed a negative pressure wound therapy pump for the treatment of your wound. National Wound Care will be the provider of the wound pump. This wound pump is being provided to you because other treatments have been tried and have failed to improve your wound.

Medicare as well as most private insurance companies rent the wound pump for 30 days. During the 30 day rental cycle, most insurers will purchase 15 dressing kits and 10 canisters for the wound pump. At the end of each 30 days, National Wound Care will contact your prescribing physician to see if they want to prescribe another 30 day wound pump treatment cycle. If prescribed, National Wound Care will provide you with another 15 kits and 10 canisters. Most insurers will pay for up to 120 days of wound pump treatment. If at any time during this treatment cycle, the prescribing doctor discontinues the use of the wound pump, National Wound Care will make arrangements to pick up the pump.

National Wound Care will also provide training to your home health agency as well as to you the patient.

The goal of National Wound Care is to provide each patient with a quality product that provides the best clinical outcomes available. We will always strive to exceed your expectations and treat you with the utmost of respect during our time with you.

RIGHTS AND RESPONSIBILITIES

- You will be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- You will be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- You will receive information about the scope of services that the organization will provide and specific limitations on those services
- You will participate in the development and periodic revision of the plan of care.
- You can refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- You will have your property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- You will be able to identify visiting personnel members through proper identification.
- You will be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- You will be able to voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- You will have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Your confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information will be maintained.
- You will be advised on agency's policies and procedures regarding the disclosure of clinical records. Your records will only be shared with those you have given consent to review.
- You will be able to choose a health care provider, including choosing an attending physician, if applicable
- You will receive appropriate care without discrimination in accordance with physician orders, if applicable.
- You will be informed of any financial benefits when referred to an organization.
- You will be fully informed of your responsibilities.
- You will have your property and person treated with respect, consideration, and recognition of your dignity and individuality
- Choose a health care provider, including choosing an attending physician
- You will receive appropriate care without discrimination in accordance with physician orders

Responsibilities

- You are responsible to inform the company of any changes in insurances
- You are responsible to take care of any equipment provided to you
- You are responsible for the payments of all co-pays and deductibles
- You are responsible to adhere to your physician's prescription

ABOUT YOUR ADVANCE DIRECTIVES...

As part of our mission, we recognize your right to participate in the formulation of decisions, which may impact your care. This includes respecting and conforming to your wishes regarding decisions made by you regarding the level of care you desire when confronted with a health or life-threatening situation.

These decisions made by you in a legally appropriate manner defined by the state in which you reside are usually referred to as **ADVANCE DIRECTIVES**.

Advance Directives (Such as Living Will, Durable Power of Attorney, or Do Not Resuscitate Order) give direction to your family and care providers regarding your wish to withhold extraordinary measures to revive you in the event of cardiac or respiratory emergency.

In the event that you have already formulated an Advance Directive, please inform your provider of your wishes and provide for us a written copy of your directions. It is our policy that, unless directed otherwise by an Advance Directive, any staff member who encounters a patient who is unresponsive will call “911” to activate the emergency medical system.

Should you wish to execute an Advance Directive, please inform your physician, attorney, and caregiver support system of your wishes.

If, in the future, you make any changes in your Advance Directive please inform us of the changes so we can update your records.

Whether or not you choose to execute an Advance Directive will never be a condition of providing care or basis for discrimination for or against you as a patient.

HOW TO GET MEDICAL HELP FAST

1. First Aid & CPR
- 2. DIAL 911**
3. Give location of emergency
4. Tell what happened
5. Tell how many people need help
- 6. Don't be the one to hang up first**

EMERGENCY PREPAREDNESS INFORMATION

1. Have a designated person check on you if an emergency situation occurs. This should be a neighbor or family member.
2. Determine an evacuation route with back-up routes.
3. Arrange for a friend or relative in another town to be a communication contact for the extended family.
4. Make a habit of tuning in daily to weather forecasts and be aware of changing conditions.
5. Find out where the main utility switches are and assign someone to turn them off in an emergency disaster.
6. Have a flashlight and extra batteries nearby for a power outage. Keep extra blankets on hand if the heat goes off.
7. Try to keep a back-up supply of medicines on hand and rotate them so that they don't expire.
8. If you have oxygen or other medical equipment, be sure you have a back-up source in case of disaster.
9. Always keep a list of emergency phone numbers available – including your medical equipment supplies.

INFECTION CONTROL IN THE HOME

General Information

Illness can be spread from one person to another by contact with infected body fluids such as blood, urine, feces, mucus, or the droplets that spray into the air when a person coughs or sneezes.

Sometimes infections are spread through items, which have been contaminated by drainage from the infected sores, or discharges from the nose, mouth, eyes, rectum, etc.

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. Also, maintaining personal hygiene is very important.

Good handwashing is the single most important way to control infections!!

Maintaining Personal Hygiene:

1. Wash or bathe every day
2. Wash your hair at least weekly
3. Brush your teeth and rinse your mouth after every meal and at bedtime
4. Keep your nails trimmed and clean
5. Wear clean clothes and underwear
6. Change dirty clothes and bed linens as soon as you notice soiling

Wash Your Hands Frequently:

1. Before preparing, eating, and serving food
2. After using the restroom, having contact with body fluids, after outside activities

Wash Your Hands Thoroughly:

1. Wet your hands with plenty of soap and water
2. Work up a lather on your hands and wrists
3. Briskly rub your hands together (making sure to get in cracks and between fingers)
4. Clean under your nails
5. Rinse your hands thoroughly
6. Dry your hands thoroughly

Keeping Your Home Clean:

1. Avoid clutter
2. Keep kitchen counter clean
3. Mop kitchen weekly and when spills occur
4. Add a teaspoon of vinegar to each quart of water or saline for respiratory equipment, humidifiers, or dehumidifiers
5. Wear gloves when cleaning animal cages, litter boxes, and aquariums

Clean Contaminated Household and Medical Equipment Thoroughly:

1. Clean medical equipment as instructed by provider manufacturer
2. Clean with soap at least weekly: dishes, denture cups, etc.

BILLING AND PAYMENT POLICY

Customers are responsible for payment in accordance with our company terms. Assignment of benefits to a third party does not relieve the customer of the obligation to ensure full payment. Billing third party payers is not an obligation, but rather a service we offer providing all necessary billing information and signatures are provided.

MEDICARE

We accept Medicare Part B assignment, billing Medicare directly for 80% of allowed charges and billing the beneficiary the 20% co-payment and any deductible. We offer Electronic Claims Transmission for courteous billing on unassigned 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 (BIG) and personal ID is 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 are required.

MANAGED CARE

We will provide equipment upon approval and authorization from the managed care representative. Presentation of your insurance card may be necessary.

Again, billing a third party insurance DOES NOT guarantee payment. Financial responsibility remains with the patient.

DELIVERY AND SERVICE

BUSINESS HOURS

Our hours of operation are Monday through Friday 9:00 am to 4:30 pm Central Standard Time. Twenty-four hour emergency service is available for equipment-related emergencies after hours, and on weekdays and holidays.

DELIVERY

Deliveries are provided free of charge on minimum purchases or rentals of \$35.00 or more. It is preferable that routine and repeat orders be called in 24 hours in advance but at least before 9:00 am for the same day delivery. DO NOT request routine equipment delivery through the answering service.

RENTAL EQUIPMENT

Customers are responsible for routine maintenance and cleaning of rental 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 customer's responsibility.

PURCHASED EQUIPMENT

New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided with the purchased item. 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 customer 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.

EMERGENCY SERVICE

For emergency service 24 hours/day, 7 days/week call 1-800-982-1835.

RETURNS

National Wound Care will not accept returns on purchased products once the products have been removed from their original packaging. If the product you receive is not what you had ordered, or there is a defect in the product, please contact our Intake Department at 1-800-982-1835 within 24 hours of receipt of product.

Undergarments, stockings, items worn next to the skin, disposable supplies, diagnostic instruments, wheelchairs, or any opened sterile or packaged goods WILL NOT be accepted for return, refund or credit.

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 and cannot contract with an individual or entity to provide licensed services.
- 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 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. This standard requires that the location is 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. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
- 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
- 12) A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
- 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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
- 17) A supplier must disclose to the government 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). *Implementation Date - October 1, 2009*
- 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) Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date- May 4, 2009*
- 27) A supplier must obtain oxygen from a state- licensed oxygen supplier.
- 28) A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
- 29) DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
- 30) DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

National Wound Care **Complaint/Problem Resolution Procedure**

If you have any complaints or problems regarding your equipment or service provided by National Wound Care please follow the following procedures to correct the problem:

Contact us at 1-800-982-1835. Explain your issue and we will initiate our complaint protocol. Your issue will be investigated and you will then be contacted for followup. You will also receive a copy of our complaint resolution form.

If we are unable to resolve your complaint to your satisfaction, contact National Wound Care's President, John Prince, at 1-800-982-1835, and he will work with you to resolve any issue you may have with the product or service you have received from National Wound Care.

To report abuse, neglect, or exploitation:

Contact the Abuse Hotline(s) for your state:

Illinois – 1-866-800-1409

Kentucky – 1-800-752-6200

All reports are kept confidential. Anonymous reports are accepted.

ACHC (855) 937-2242

Medicare 1-800-633-4227