

Erection Aid Products



MEDICARE COVERED

Elite Custom Manual

Item# 15020

AUGUSTA

MEDICAL

Elite Custom Battery

Item # 15021

COMPLETE SOURCE FOR ERECAID PRODUCTS



MEDICARE COVERED

OSBON ERECAIDS

Esteem Manual

Item #1130

SOMA CORRECT

Item# 940115

Peyronie's Treatment
Instructions Included



Reach Medical, Inc. Stocks a
Complete Supply of Erecaid
Accessories for all Major
Manufactured Brands



Phone: 877-854-9333
Fax: 901-861-6062

INCONTINENCE

Reach MedCare, L.L.C.

P.O. Box 1434

Collierville, TN 38027-1434

Toll Free: 877-854-9333

Fax: 901-861-6260

Call or Visit Our Website for More Information
www.ReachMedCare.com

**ENCORE
MEDICAL
PRODUCTS**

Revive Custom Battery
System

Item# 44007-003



Ring Ejector
Life Time Warranty
5 Tension Bands
Lubricant
Loading Cone
Carrying Case



MEDICARE COVERED

Phone: 877-854-9333
Fax: 901-861-6062

WWW.REACHMEDCARE.COM

Reach MedCare, L.L.C.

Erecaid Specialists

Prostatectomy Recovery Aid
Safe and 95% Effective for E.D.
Improve E.D. Oral Medications
Peyronie's Disease Treatment
Professional Assistance

Medicare Covered Solution



901-854-9333
877-854-9333



ERECTILE DYSFUNCTION

Medicare Covered Solution

How Does Vacuum Therapy Work?

The Vacuum Therapy Device creates an erection by placing the penis in a cylinder. A low vacuum, controlled by the user, is applied to create negative pressure within the cylinder. This process gently draws blood into the erectile tissues mimicking the natural erection process. The erection is maintained by placing a specially designed tension band around the base of the penis. The band may stay in place and hold the erection as long as thirty minutes. (Warning: Tension Bands are not to be worn over thirty minutes.) The American Urology Association's Clinical panel on impotence treatment recognizes vacuum erection therapy as a safe and effective non-evasive impotence treatment.

Will Your Company Bill Medicare?

Reach MedCare, L.L.C. will bill Medicare \$445.00 for one vacuum erection device prescribed by your Physician. Supplemental or secondary insurance may also be billed when applicable. You may be responsible for all or part of the costs not reimbursed by insurance.

All vacuum erection systems include tension rings, carrying case, video & manual instruction.

Have you ever received a vacuum erection device in your lifetime?

No _____ Yes _____ (Please give details)

Medicare through an HMO can not be accepted

Reach MedCare, L.L.C.

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MEDICARE ORDER FORM

Medicare patients who have medical insurance, Medicare Part B, can receive a vacuum erection device by following a few simple steps. Complete Patient Information and sign Assignment of Medicare Benefits. Include front and back copies of all insurance cards if possible. Have your Physician complete and sign this order form. All information must be complete to process this order.

PATIENT INFORMATION

Patient Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Phone Number _____

Medicare Policy Number _____

Secondary Insurance Company _____ Phone Number _____

Secondary Policy Number _____ Plan/Group No. _____

Assignment of Medicare Benefits

I authorize the equipment supplier to file for my insurance benefits and I authorize the release of any information necessary to complete this claim. I have received a copy of the HIPPA Notice of Privacy Practices, Patient Bill of Rights, Warranty information and the CMS Medicare DMEPOS Supplier Standards.

Patient Signature

Date

PHYSICIAN ORDERS

Physician Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Specialty _____

Equipment prescribed:

Revive Custom Battery

Elite Custom Manual

Elite Custom Battery

Esteem Manual

Is Patient's Impotence:

Organic In Nature _____ Not Organic
ICD-9-CM Code 607.8

Please Describe reason for Impotence:

Length of need for device:

Life Time Years _____

Physician Signature _____

UPIN # (Required) _____

Date

Send additional order brochures to my clinic.

HIPAA Notice of Privacy Practices

I
REACH MEDCARE, L.L.C.
356 NEW BYHALIA RD., STE. 1B
COLLIERVILLE, TN 38017
(866) 854-9333

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 Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law .

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before **April 14, 2003.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: _____ Signature _____ Date _____

CMS MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This list is an abbreviated version of the application certification standards, that 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. pt. 424, sec 424.57(c) and are effective on December 11, 2000. A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16).

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 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.
8. A supplier must permit CMS (formerly HCFA), 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 or cell phone 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 calling beneficiaries in order to solicit new business.
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 (formerly HCFA) any information required by the Medicare statute and implementing regulations.

Palmetto GBA

National Supplier Clearinghouse

P.O. Box 100142 • Columbia, South Carolina • 29202-3142 • (866) 238-9652

A CMS Contracted Intermediary and Carrier

Stock Number 11811