Patient Manual for the dvtPRO Therapy System & the ActiveCare+S.F.T. Device

Associated Medical is committed to supporting your recovery. If you have any questions on operation or use of your equipment or services provided to you, please contact us. We will be glad to help you!

In the event of a Medical Emergency, call 9-1-1

Patient Care Representative Numbers:
(203)204-2874

Sean Banks.......................ext. 301
Magdelena Newton...........ext. 105
John Bottone......................ext. 303
Ania Tully...........................ext. 304

Main Office: (203)204-2874 / (866)369-9039
Fax Numbers: (860)865-0350 / (800)707-8861
Main Website: www.associatedmedical.com

Address for general mail, sending payments or coming to visit!

Associated Medical
21 Business Park Drive
Branford, CT 06405

Reminder: Please follow your physician’s instructions. Compliance with post-op instructions is central to your recovery!
Who is Associated Medical?

Associated Medical, Inc. a Connecticut-based company that provides a wide array of services to patients throughout New England. After All Boutique is a division of Associated Medical that provides women’s health products, specifically mastectomy and lingerie products. After All is a retail business whereas Associated Medical generally works with patients in their homes or through medical facilities.

Associated Medical carries a broad range of medical products that support patients at different points in their lives. Our products help patients recover from an injury or surgery, reduce pain or other medication consumption, treat sleep disorders, brace or immobilize a joint, treat or manage incontinence or leaky bladder, treat swelling or lymphedema, and more. Our overall mission is to drive healthcare forward. Our individual mission is to provide you and your family with top service and exceptional quality.

Associated Medical strives to bring informative content to patients through its website and media channels, helping you know what’s out there in the medical product space. We firmly believe in the power of natural healing, non-chemical approaches, and the wonders of medical products and devices to support all of us through various stages of our lives. We work to bring great products to you and to healthcare professionals throughout all of New England. Sometimes, it’s important for you to do your own research and to speak up about what’s valuable to you. For example, if you would like to take fewer pain (opioid) medications following an orthopedic surgery, our products can help you. However, not every physician will offer alternative or natural approaches to you without your active involvement. Try to take charge of your health as much as possible.

On this journey, knowledge and accurate information are truly valuable. We provide patients with complete manuals such as the one enclosed because we want to empower you with clean and clear information. We set a high standard for ourselves, hoping that you will do the same. We seek to be a partner in your recovery and an ‘extender’ to your physician and the general medical community. It’s our job to help you understand the devices, equipment, or therapies. Giving you multiple ways to get in touch with us, sharing relevant information, training you or family on the finer details via personalized instruction, these are all ways that we strive to create exceptional patient experiences.

To that end, we would like you to know about some of the other products and services available to you, your family members and friends. We offer a broad range of products and services and complete details can be found on our website at www.associatedmedical.com. Some of those products and services include the following:

- **Orthopedic & Physical Medicine** – Pain management, cold/heat therapy, compression devices, blood clot prevention devices, bracing, orthotics, and various mobility aids.
- **Incontinence** – Apex & InTone are revolutionary new devices used in the privacy of your home to treat stress, urge, or mixed incontinence (leaky bladder) without surgery or medication. Currently available for women, covered by many major insurance plans and greater than 90% effective in stopping bladder leakage. (Male device coming early 2014).  
- **Sexual Health** – Intensity is a novel new sexual health device used to treat the more than 40% of adult women who experience issues with sexual health.  
- **Mastectomy** – We are a partner to several major hospital systems in supporting their mastectomy and lumpectomy patients. If you or a family member have a breast cancer diagnosis (surgical or not), you can receive insurance-covered bras and breast forms. See www.afterallboutique.com or visit our retail stores.  
- **Pain Management** – an increasing line of products to treat pain without pharmaceuticals.  
- **Nutrition** – we are building nutritional supplements and enteral nutrition product offerings.  
- **Sleep** – CPAP, BIPAP, home sleep testing devices, replacement supplies, and more.  
- **Others** – Our team is constantly talking with device manufacturers, reviewing their most innovative products and making choices to carry products offering the latest advances and technology in the healthcare space.

**Insurance Coverage**

- We participate with many major carriers. In some cases, networks are ‘closed’ and have been for years. We work through ‘exceptions’ with most all payers. For most patients, our services are covered at the network level.  
- Not all products are covered by insurance. Sometimes, investing in your health through out-of-pocket purchase or rental of a product can be a wise choice. Some products will never be covered by insurance; we will advise you.  
- Visit our website for interesting dialogue on insurance and forthcoming changes in healthcare.

**It Takes a Village**

- If you like our products, service, or approach, we need your help! Please let family and friends know about Associated Medical. We have almost exclusively grown by word of mouth. Please also consider connecting with us on social media or YouTube (https://www.youtube.com/user/associatedmed/videos).  
- Please share our information with your medical providers if you find value in the work we do!

We appreciate the opportunity to serve you and encourage you to contact us with any questions, concerns or feedback.  

With Gratitude,  

_The Staff at Associated Medical_
Patient Name: _______________________________________________

(REP) Completed by: _____________________________________________

1. Assignment of Insurance Benefits: I authorize direct payment to Associated Medical of any insurance benefits otherwise payable to me for Associated Medical provided products or services. I also authorize my insurance company (ies) to furnish to an agent of Associated Medical any and all information pertaining to my insurance benefits and status of claims submitted by Associated Medical for services rendered. I further authorize Associated Medical to release to my insurance company (ies) (or CMS and its agents) any and all information pertaining to me for benefit determination.

2. Medical Information Authorization: I hereby authorize any holder of medical information about me to release to Associated Medical any records pertaining to my medical history, services rendered, or treatment. I consent to the release of my Associated Medical records to be reviewed for use in determining my home health benefits; and accrediting or licensing bodies to periodically examine my records for the purpose of checking compliance with regulations and our quality assurance requirements.

3. Terms of Agreement and Medical Treatment Consent: I understand that by signing this agreement, I authorize provision of products or services to me by Associated Medical. I also understand that I am under the control of my attending physician and that Associated Medical is not liable for any act or omission when following the instructions of said physician.

4. Acknowledgment of Financial Responsibility: While there may be insurance coverage for those services or products provided by Associated Medical to me relative to my therapy needs, I recognize that all services may not be covered, or that reimbursement may be less than 100 percent of charges billed, in accordance with my policy coverage. In addition, I agree to be responsible for the full amount of the charges if no payment has been made by 45 days from the date a claim was submitted to any insurance company or if my physician or I fail to provide within 45 days the information necessary to submit the claim for services. I agree to transfer immediately to Associated Medical any payment made directly to me for services provided by Associated Medical on an assigned basis.

5. If I am a Medicare Beneficiary, I have received a copy of the Medicare Supplier Standards.

6. If I have supplied my credit card information on this form or another, I authorize the charge for my insurance assigned patient responsibility. I understand that I will receive a mailed receipt and invoice statement from such a charge.

7. I understand that in the event of my breakage, theft, destruction, or willful irresponsibility pertaining to the equipment provided to me, I am financially responsible for the repair or replacement cost of said unit. I understand that Associated Medical reserves the right to charge me in full for the repair or replacement cost as above in the event of my non-cooperation or non-response.

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<th>Rent / Sale</th>
<th>Item Description</th>
<th>Model #</th>
<th>Quantity</th>
<th>Serial Number</th>
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The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, or is duly authorized by the patient as patient’s general agent to execute the above and accept its items. I have received:
- Associated Medical’s Notice of Privacy Practices (HIPAA notice)
- Education about the safe operation, and maintenance of my equipment, as appropriate.
- Warranty information about the product (if applicable)
- I have been advised of the rent / purchase option for these items (Associated Medical does not rent items that Medicare categorizes as inexpensive and frequently purchased).
- Participation: The goals for the use of the equipment & supplies have been reviewed with me.

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<tr>
<th>Signature of Patient or Representative</th>
<th>Date</th>
<th>Reason Why Patient Could Not Sign:</th>
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<td>__Physically unable</td>
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<tr>
<th>Print</th>
<th>Email</th>
<th>Patient’s Agent or Representative Address</th>
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AUTHORIZATION AS REPRESENTATIVE & REQUEST FOR APPEAL

Main Office
21 Business Park Drive
Branford, CT 06405
P 203.204.2874
F 860.865.0350
billing@assocmed.com

Plan Administrator

RE: Insured Name:________________________________________
    Referring Physician:____________________________________
    Date of Surgery:____________________

To Whom It May Concern:

Authorization as Representative:

I, the undersigned patient, beneficiary, or signatory on behalf of the member, do hereby authorize Associated Medical, Inc., further defined as ‘my provider’, to act on my behalf as my authorized representative in the above-referenced claim, appeal, case number, or patient policy ID as pertaining to the durable medical equipment services noted on the enclosed prescription. I further provide my authorization for use of appropriate and relevant medical information to be accepted and utilized by you, my insurance carrier or related entity, as submitted to you by my provider. I provide my permission for this information, including CMN, prescription, medical notes, clinical data, assignment of benefits, delivery confirmation, and all other related documentation, to be used for the purposes of prior authorization, internal and external appeal, and any other related event or review in the context of obtaining my authorization for medically necessary services as prescribed by my referring physician. You, my carrier, are explicitly notified that you shall not in good conscious or with any legal merit state that my provider does not have the right to represent my interests, write, and/or speak on my behalf in obtaining the above referenced authorization and in requesting and transacting both internal and external appeals on my behalf. Should you return to my provider or to me with the response that my provider is not authorized to request said review or authorization, that such authorization must come from me or from my referring physician directly, let it be known that you shall be in violation of my authorization and its commensurate potential negative impact on my health and wellbeing by a de facto restriction in my access to medically necessary care. Should I be injured or bear higher personal financial costs due to your negligence and/or should you violate my rights per ERISA, PPACA, CUIPA, and all other relevant state or federal law, I reserve the right to hold you appropriately responsible. Let this letter be a complete disclosure that I am legally entitled to said benefits of medically necessary care and I authorize my provider to transact business with you on my behalf. Let it be known to any appeals body or independent agency, including the State Insurance Commissioner’s Office or the Office of the Ombudsmen, that my interests and those of my physician(s) involve my physical and emotional wellbeing and associated access to care. If my said access to care is restricted unnecessarily, this shall serve as negligence and willful violation of my rights as the insured.

Patient Initials: _________

Request for Appeal:

You shall first note my designation of Associated Medical as Representative, granting my provider the right to appeal on my behalf. Should you, my insurance carrier, deny my access to medically necessary care and/or contest my utilization of prescribed durable medical equipment (DME) products or services by contesting said medical necessity or on any other account, this letter shall serve as formal notification and request for an expedited appeal of the benefit denial for services or equipment prescribed by my physician that were to be or have been delivered by Associated Medical. The appeal shall be both internal and external as necessary. Attached to this is documentation indicating the denial dates of service, related denial
materials, and the response of Associated Medical, submit to you on my specific behalf per its authorization as representative. Should an appeal be required, I explicitly authorize Associated Medical to submit the enclosed appeal, appeal request, and all associated materials on my behalf and further request that you respond directly to the agents noted of Associated Medical while also carbon copying me on all communication. It is my explicit intent that you treat the referenced documentation and request as if it were coming from me directly.

You, my benefits coordinator or plan administrator, are undoubtedly aware that my medical provider(s) have access to more clinical data and technical expertise than do I as to the nature of that which has been prescribed to me. It is for this reason that I explicitly request that you fulfill your federally mandated obligation to guarantee my access to medically necessary care and also to provide me with a timely and independent external appeal process should your internal appeals department decline my coverage. I request that you honor my federally granted rights per ERISA and PPACA regardless of the reason the prescribed services may have been initially declined. I authorize Associated Medical to represent me at all levels of the appeals process, should this be required due to their relevant expertise. Given my authorization as representative, you shall not unnecessarily encumber my physician, me, or my family or agents as to time, cost, or effort to ensure a smooth appeal process.

I, the insured or representative thereof, kindly remind you of the fact that your agency may not render medical care coverage decisions in either an arbitrary or capricious manner. State and federal agencies strongly suggest that you must be consistent in your care authorizations, policies, and enabling access to care. I would kindly request expeditious due diligence in ensuring that you properly classify the type of services prescribed for me and ensure that such services are not authorized for other patients whose demographics and health conditions are similar to my own. Should you further authorize utilization of said services to other beneficiaries of any demographic or clinical history at either the network or out-of-network level, I would kindly request that you review industry standard practices and your legal obligation to enable access to care at the network level for medically necessary care. Should you have previously authorized services at the network level as proven by my representative, should you not have a network provider currently available, and should you further refuse to allow a network benefit level exception through GAP, network deficiency or some other standard provision on my behalf, you shall be held accountable for a de facto restriction of access to care by your arbitrarily increasing my personal cost by forcing me to use out-of-network benefits for an otherwise network-level service. Should you refuse a network level authorization, I formally demand that you provide written documentation as to the availability of another equivalent provider within a 30 mile radius of my home residence who could have provided the equipment to me in the time required. Should your documentation be for another product or service or rendered in haste without care to my specific medical requirements, I shall hold you in contempt of your state regulated insurance charter and shall contact the Ombudsman to highlight your actions. Should finally you deny benefits at either network or out-of-network levels and be shown to have authorized other patients at either level in similar circumstances, I shall hold you in contempt of your specific obligations to me as per the SPD. The former shall apply regardless of the outcome of the appeals process and further provide supporting clinical and legal documentation detailing your obligations as my representative and advocate to ensure honoring of my rights as they pertain to the durable medical service in question.

My provider is:
Associated Medical
21 Business Park Drive
Branford, CT 06405
NPI 1609105147
P 203.204.2874
F 860.865.0350

I, the undersigned, do hereby authorize and request all of the terms in the above noted Authorization as Representative and Request for Appeal and further confirm and acknowledge my understanding of its implications. I finally request that a faxed copy of this letter shall be treated as an ink-signed original and acknowledge that I maintain an original copy in my possession.

SIGNED______________________________________________ RELATION __________________________DATE __________
PRINT NAME ___________________________________________________

Patient’s, Insured’s, or Responsible Party’s Signature (If patient is a Minor, must have Responsible Party Signature, list family relation)
GENERAL USE PROTOCOL: ActiveCare+S.F.T.

Need Help? Call the office at 203.204.2874, call your local rep, or e-mail support@assocmed.com

Patients are encouraged to follow the standard protocol unless otherwise directed by their provider.

Device Description:
ActiveCare+S.F.T. is an FDA-approved, portable, pneumatic compression device intended to reduce the incidence of DVT (Deep Vein Thrombosis) events. ActiveCare+S.F.T. works by gently applying compression to your legs, increasing the speed of blood flow in the veins, and reducing the risk of clot formation. A rechargeable battery powers ActiveCare+S.F.T. allowing you to quietly and comfortably move while wearing the device for extended periods of time.

Protocol:
After surgery, the S.F.T device should be applied at home or in rehab. You should use the device 80% of the time (at least 20 hours a day). There is a compliance bar on the main screen to help with that. If compliance drops below 80% you will see an exclamation mark (!). You should let your physician know about this. It means you did not use SFT enough and are not protected. Breaks should be kept shorter than 30 min.

Notes:
Clinical staff should be aware of increased VTE event risk if the patient has been prescribed aspirin and no other anticoagulant. In this event, it is imperative that clinical staff monitor patient compliance and strive to achieve 20/24 hours or 80% compliance. If the patient has been prescribed any anticoagulant other than aspirin, usage of the device will further reduce VTE event risk in conjunction with the anticoagulant. Providers should be aware that surgeons may seek to reduce or limit anticoagulant medications in favor of pneumatic compression due to published data regarding reduction in major bleeding risk and associated complications. Please contact prescribing physician for clarification.

QUESTIONS?  Call us for general questions, or contact your provider for specific protocol questions.

DISCLAIMER: Representatives of Associated Medical are trained in orthopedic DME (durable medical equipment) and associated patient care. Our representatives are not licensed to practice medicine nor do they generally hold nursing or similar expertise (except when noted). All use of the ActiveCare+S.F.T must be scripted by an appropriately authorized provider. The above protocol has been derived by hundreds of cases within the state of CT by providers at various practices and hospitals with further consult to the device manufacturer. Surgeons/providers maintain final authority on individual protocol and must be consulted when a specific question arises exceeding the authority of Associated Medical. The above is modified for each individual practice or facility for its particular patients and/or specific surgeries as required.
INSTRUCTIONS: ActiveCare+S.F.T.

Need Help? Call the main office at 203.204.2874, call your local patient care representative, or email support@assocmed.com.

- Machines are generally pre-programmed to have your prescribed therapies set to start automatically when you turn on the machine.
- This is a condensed manual. The complete manual for the ActiveCare+S.F.T. is available on our website. You can request a copy from the local representative or, call our office and we will email it to you.

PRECAUTIONS:

- This is a prescribed medical device and must be treated as such. While the ActiveCare+S.F.T. is designed to aid you in your recovery, you must follow instructions carefully and read all of the enclosed guidelines for safe usage.
- The ActiveCare+S.F.T. works well for the vast majority of patients. Should you experience any symptom that causes you concern, call us to discuss. We will notify your surgeon, as should you directly. In the event of an issue, we will identify appropriate action via discussion with your surgeon.

CONNECTING AND GENERAL USE:

- Review and follow the enclosed PROTOCOL DOCUMENT that explains your prescribed use.
- Check viability of calf skin once a day
- If a DVT is suspected, usage of the device should be terminated. Therapy should not be initiated again until a DVT test is confirmed negative.
- You may use the device’s carrying strap in order to wear the device. The strap may be worn over the shoulder or diagonally across the shoulder, to prevent slipping or discomfort. You may also adjust the carrying strap and use it to hang the device over a cart or bedside bar.
- Be careful of fall risk due to air hoses
- Optimal compression settings are 50 mmHg.
- The device should always be worn together with the leg sleeves. Sleeves can be worn over simple cotton stockings, thin pajama bottoms, or tube socks. They may be also worn under sweat pants to hide the tubing connected to the sleeves.
- The batteries in the device recharge themselves from the moment the device is connected to the power supply. If the battery level indicator displays “Battery Low”, re-connect the device to the power supply until it is recharged. Once the batteries are fully charged, a message on the device screen will display that the battery charging has been completed. The device may be used while the batteries are charging.
**USING THE BUTTONS**

If you are receiving the device from an Associated Medical representative, it will be programmed already and you should only use the ON/OFF button.

<table>
<thead>
<tr>
<th>Button</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>ON/OFF</strong></td>
<td>A switch on the back left side of the device will turn it on and off.</td>
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<tr>
<td><strong>FOR NEW PATIENT</strong></td>
<td>Turn unit on. Wait for the configuration set up to complete. Press bottom right button for &quot;menu&quot;. Press bottom right button again for &quot;new patient&quot;. Press “yes” to confirm new patient. Press “OK” to return to main screen.</td>
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</table>

**COMMON QUESTIONS / ERROR MESSAGES**

The ActiveCare+S.F.T. systems are in use by thousands of patients and orthopedic surgeons throughout the US. The system is designed to operate with low maintenance. The following constitutes the most common questions or error codes that arise from machine use.

**Low battery level:** (usually after 6 hours of battery operation). Re-connect the device to the power supply and recharge the battery.

**How Often Do I Use The Machine?** In the folder that you received with the machine there is a protocol page on how often to use the machine. Please review that and any other specific instructions that your doctor may have given you. In general, you should use the machine 20-24 hours per day, minimum.

**Air blockage:** (usually due to a kink in the tubing). Make sure the air can move freely through the tubing and that there are no kinks or blockages.

**Air Leakage:** (usually due to poorly connected tubing). Make sure the tubing is well connected to the sleeves and to the device.

**How Do I Go to Bathroom or Kitchen?** The ActiveCare+S.F.T. device was designed to allow you to be completely mobile while wearing it. You should be able to wear your device at all times, unless it is charging.

**Skin Irritation:** Most wraps are made of latex-free polymer or nylon. If prolonged skin irritation occurs, discontinue use of the equipment and contact us.

**Machine Is Broken:** Not to fear! The ActiveCare+S.F.T. is a pretty sturdy machine. We can fix most things by phone. If it turns out you need a replacement, we’ll come out and bring you one! This is what can break:

- Circulation Issues: We can troubleshoot over the phone. Call us. Bleed out air bubbles.
- Compression Issues: Call us to troubleshoot.
- Programming: We can fix over the phone.

**My Question Isn’t Covered Here, Can You Come Help Me?** Yes, we can! And, we often do! It’s no worry. If you need help and it’s not something we can solve over the phone, we will send someone out to you.
INDICATIONS / CONTRAINDICATIONS ActiveCare+S.F.T.

INDICATIONS: The ActiveCare+S.F.T. therapy system is designed to provide compression as specified in the enclosed materials and manufacturer’s manual (separately available). If the system is used in a manner other than as specified, its operation or the safety protection may be impaired. Indications for use include:
• Decrease the risk of deep venous thrombosis (DVT),
• Aid the blood flow back to the heart,
• Reduce the need for anticoagulant (blood thinning) medications.

CONTRAINDICATIONS FOR PNEUMATIC COMPRESSION THERAPY:
• Presumptive Evidence of Congestive Heart Failure
• Pre-existing DVT Condition
• Deep Acute Venal Thrombosis (Phlebothrombosis)
• Inflammatory Phlebitis Process (inflammation of vein due to vasculitis)
• Episodes of Pulmonary Embolism
• Pulmonary Edema
• Acute Inflammations of the Veins (Thrombophlebitis)
• Decompensated Cardiac Insufficiency (insufficient blood flow to meet metabolic requirements of tissues)
• Arterial Dysregulation (impairment of the arteries)
• Erysipelas (acute streptococcus bacterial infection of the dermis)
• Carcinoma and Carcinoma Metastasis in the Affected Extremity
• Decompensated Hypertonia (extreme tension of the muscles or arteries)
• Acute Inflammatory Skin Diseases or Infection
• Venous or Arterial Occlusive Disease (also Peripheral Vascular Disease (PVD), lack of blood supply)
• Venous or Lymphatic Return is Undesirable
• Poor Peripheral Circulation
• Severe Arteriosclerosis
• Active Infection

Warnings and Cautions ActiveCare+S.F.T.

• WARNINGS: When using the ActiveCare+S.F.T system, basic safety precautions should always be followed to reduce the risk of fire, electric shock and personal injury. Patient should follow all of the following:
  • Do not spray the unit with any water solvents or cleaners.
  • Do not drop the therapy unit or cause impact to the unit.
  • Do not pull or otherwise put undue stress on the hoses.
  • Do not use near equipment that generates electromagnetic or other interferences harmful to the unit.
  • Do not smoke while using the device.
  • Do not use wraps or the machine near an open flame, stove, or fire.

• CAUTIONS:
  • If unusual swelling, skin discoloration or discomfort occurs, immediately discontinue use of the device and consult a healthcare professional.
  • Use only Associated Medical approved therapy wraps. Do not modify the wrap unless otherwise instructed.
  • Therapy wraps are non-sterile unless specifically labeled as sterile.
  • Non-sterile therapy wraps should never be applied directly to an open wound or breached skin.
  • Use only sterile wraps over wounds or breaks in the skin.
  • Do not attempt to sterilize this device by any means.
  • Patients vary in sensitivity to cold. Make a regular check of the temperature once established.
  • Follow the prescribed instructions of your physician for area, frequency, and duration of treatment.
  • Therapy wraps are to be fitted initially by a healthcare professional who is familiar with the device and wrap or call Associated Medical for further instruction.
  • Disposable therapy wraps are designed for single patient use only and may only be used on the same patient for the length of treatment.
  • The therapy wrap should be periodically cleaned when used on the same patient for an extended time.
  • Clean exposed surfaces of the therapy wrap with either a mild anti-bacterial soap and water solution or an isopropyl alcohol and water solution. Do not use bleach or detergents on therapy wraps.
  • Dressings used under the therapy wrap should be applied lightly.
  • Do not use pins to secure the therapy wraps or hoses.
  • Do not allow the therapy wrap or hoses to contact sharp objects that could puncture it.
  • All therapies using compression must be turned OFF when the unit is not in use or the wrap is removed from the patient for prolonged periods or for repositioning of the wrap.
  • Immediately stop compression therapy if you experience any discomfort, numbness or tingling of the limb.
  • Observe all warning labels. Do not remove the warning labels.

www.associatedmedical.com  info@assocmed.com  866.369.9039
Associated Medical is a privately owned company whose objective is to provide surgeons and patients with an iceless, self-contained, integrated solution for cold, compression therapy and Deep Vein Thrombosis (DVT) Prophylaxis. Our Targeted Temperature & Compression System (TTC), helps to reduce overall patient recovery time and helps to improve outcomes. We are available Monday through Friday, 10:00am-5:00pm

You have the right to:
1. refuse delivery of any and all equipment.
2. prompt delivery and to be fully informed on the use, and care of all Associated Medical equipment or supplies.
3. have Associated Medical staff communicate in a language that is understandable to you.
4. expect that all information will be kept in strictest confidence and have your personal privacy respected.
5. expect all equipment to be clean and in good repair.
6. have your property respected during visits.
7. have any questions answered promptly, correctly and courteously.
8. have personal, cultural, and ethnic preferences considered.
9. to expect a resolution to any problem or complaint.
10. know that if he/she is found unresponsive, Associated Medical policy is for staff to call 911 for emergency medical intervention.
11. express dissatisfaction and suggest changes without coercion, discrimination, reprisal, or unreasonable interruption in service.

Customer concerns are an important form of feedback for our company. Any questions or concerns regarding your service or equipment should be directed to the Manager at Associated Medical so that we can improve our service. You are entitled to a written response to your formal complaint. The Joint Commission encourages those having concerns or complaints about safety or quality of care being provided to bring those concerns or complaints to the attention of the Joint Commission. If your concerns are not addressed to your satisfaction, you may contact the Joint Commission’s Office of Quality Monitoring to report any concerns or register a complaint by calling 1-800-994-6610 or e-mailing complaint@jcaho.org

Matters concerning billing, insurance and payment disputes are not within the authority of the Joint Commission.

Associated Medical, Inc. • 203.204.2874 • Privacy Notice Effective September 23, 2013 • Notice of Privacy Practices

Our company is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the services we provide to you. This Notice tells you about the ways in which Associated Medical (referred to as "we") may collect, use, and disclose your protected health information and your rights concerning your protected health information. “Protected health information” is information about you that can reasonably be used to serve you and that relates to, or the payment for that care. We are required by law to maintain the confidentiality of health information that identifies you; and to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards. If you have questions about this notice, please contact our Privacy Officer for further information.

The terms of this notice apply to all records containing your health information that are created or retained by our organization. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records we have created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our office in a prominent location, and you may request a copy of our most current notice by calling us.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

We may use and disclose your PHI for different purposes. The examples below are provided to illustrate the types of uses and disclosures we may make without your authorization for payment, home care operations, and treatment.

- Payment. We use and disclose your PHI in order bill and collect payment for the services and items you may receive from us. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly or services and items.
- Treatment. We may use and disclose your PHI to coordinate services with other health care providers involved in your care. For example, we may collect measurements to identify appropriate seating and mobility system(s). We may obtain and disclose information on CPT diagnosis codes, diagnosis and prognosis, functional limitations, pre-existing health conditions, hospitalizations, prior use of equipment, and information specific to qualifying the patient as dictated by CMN / detailed written order forms.
- Appointment Reminders. We may use and disclose your health information to contact you and remind you of visits/deliveries/to ask whether you need additional supplies.
- Release of information to Family / friends. We may release your health information to a friend or family member that is helping you to pay for your health care, or who assists in taking care of you.
- Disclosures Required by Law. We will use and disclose your health information when we are required to do so by federal, state or local law.
- We require any business associates to protect the confidentiality of your information and to use the information only for the purpose for which the disclosure is made. We do not provide customer names and addresses to outside firms, organizations, or individuals except in furtherance of our business relationship with you or as otherwise allowed by law.
- We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your personal information.

OTHER PERMITTED OR REQUIRED DISCLOSURES
- As Required by Law. We must disclose PHI about you when required to do so by law.
- Public Health Activities. We may disclose PHI to public health agencies for reasons such as preventing or controlling disease, injury, or disability. Victims of Abuse. Neglect, or Domestic Violence. We may disclose PHI to government agencies about abuse, neglect, or domestic violence.
- Health Oversight Activities. We may disclose PHI to oversight agencies such as state or federal agencies that review the quality of services provided or evaluate the standards of care. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- Judicial and Administrative Proceedings. We may disclose PHI in response to a court or administrative order. We may also disclose PHI about you in certain cases in response to a subpoena, discovery request, or other lawful process.
- Law Enforcement. We may disclose PHI under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- To Avert a Serious Threat to Health or Safety. We may disclose PHI about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Special Government Functions. We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- Workers Compensation. We may disclose PHI to the extent necessary to comply with state law for workers’ compensation programs.
YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

You have certain rights regarding PHI that we maintain about you.

- **Right To Access Your PHI.** You have the right to review or obtain copies of your PHI records, with some limited exceptions. Usually the records include referral information, delivery forms, billing, claims payment, and medical management records. Your access to records can include PHI maintained electronically even if not an electronic health record. Your request to review and/or obtain a copy of your PHI records must be made in writing. We may charge a fee for the costs of producing, copying, and mailing your requested information, but we will tell you the cost in advance.

- **Right To Amend Your PHI.** If you feel that PHI maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or you ask to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.

- **Right To Request Restrictions on the Use and Disclosure of Your PHI.** You have the right to request that we restrict or limit how we use or disclose your PHI for services, payment, or health care operations. You may restrict disclosures of PHI if you have paid out-of-pocket in full for the health care item or service. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.

- **Right To Receive Confidential Communications.** You have the right to request that we use a certain method to communicate with you or that we send information to a certain location. For example, you may ask that we contact you at work rather than at home. Your request to receive confidential communications must be made in writing. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice. You may ask us to give you a copy of this notice at any time.

- **Contact Information for Exercising Your Rights.** You may exercise any of the rights described above by contacting our privacy Office.

- **Complaints.** If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Office of Civil Rights. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**MEDICARE DMEPOS SUPPLIER STANDARDS**

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 to furnish CMS any information required by the Medicare statute and implementing regulations. 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).

12. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.

13. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.

14. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.

15. All suppliers must notify the surety bond requirements.

16. A supplier must obtain oxygen from a state-licensed oxygen supplier.

17. A supplier must maintain ordering and referring documentation.

18. All suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.

19. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.
Fall Prevention at Home

Falls happen at home for many reasons. There are several things that are known to add to your risk for falling.

These include:
- Poor vision or hearing
- History of falls
- Use of aids, such as a cane
- Poor nutrition
- Certain medications
- Being over 65 years old
- Conditions of the home, such as slippery floors, loose rugs, cords on floor

Our goal is to help you prevent falls at home! Here are some things that you can do that will help lower your risk for falls at home.

**Bathroom**
- Use a raised toilet seat and safety frame for ease in getting up and down from toilet
- Set water temperature at 120 degrees or less (prevent burns and falls trying to avoid burns)
- Consider a hand-held shower head, shower chair and handrails in the tub
- Place non-skid adhesive strips in the tub
- Use liquid soap or soap on a rope to prevent dropping soap

**Other**
- Store items used often at waist level
- Select furniture with armrests for support in getting up and down
- Keep phone within easy reach

**Lighting**
- Replace dim, burned out or glaring lights with bright, soft white light bulbs
- Use a night light
- Make sure lights are easy to turn on and off
- Keep a flashlight available

**Clear Hallways and Stairs**
- Remove clutter, especially from hallways and stairwells
- Use handrails while taking the stairs
- Place non-skid treads or bright reflective tape to mark the edge of the stairs

**Floors**
- Remove scatter/throw rugs
- Place non-skid treads or double-sided tape under area rugs
- Keep floors free from clutter
- Wipe up spills immediately
- Make sure floors are not slippery

Adapted from Fall Prevention at Home, Louis Stokes, Cleveland VA Medical Center
Infection Control

How to Stop the Spread of Germs
Take care to cover your mouth and nose and clean your hands often.

Cover your mouth and nose when coughing or sneezing
Cough or sneeze into a tissue and then throw it away. Cover your cough or sneeze if you do not have a tissue. Then, clean your hands, and do so every time you cough or sneeze.

To keep you healthy, follow these guidelines:

The single most important practice in preventing infection is frequent hand washing.

Using a liquid antibacterial soap, lots of friction for about 15 seconds, rinsing thoroughly and drying hands with paper towels is recommended.

Wash hands
• before and after contact with others
• after removal of gloves

Use a ‘hand sanitizer’ (alcohol gel) frequently. Wash hands or use a hand sanitizer especially after touching body fluids (that is, respiratory secretions, stool, urine, vomitus) and potentially contaminated surfaces and materials.

Visitors in Your Home
You may consider asking friends and relatives who have colds, flu or infectious disease to postpone their visit until they are feeling better.
Hello!

We hope that your machine helped you a great deal in achieving a faster recovery! We greatly appreciate your cooperation in returning your equipment so that we can prepare it for use for another surgical patient.

Please follow these instructions carefully! Your care in properly packing the machine helps to ensure it is handles properly.

Please do not return the white wrap. You may choose to keep the wrap as an ice-pack or throw it away. To keep as an ice pack have everything connected, turn the machine on, get it circulating, fill the tank and fill the wrap fully. Then, disconnect the wrap while the machine is running. You may clean the wrap with soap, water, or isopropyl alcohol (don’t use bleach). Freeze the wrap and use as an ice-pack. The harness and straps can be machine washed; let them drip dry as they will shrink if heated.

1. CONTACT US

- Your patient care representative will call you when your prescription is up to remind you to send back the machine. If you are done with the machine before your prescription is up please call your patient care representative and let them know that you are done with your machine and would like to send it back.
- Your insurance will only cover the cost of the machine for the duration of your prescription. Please send your machine back in a timely manner, or you will be billed for the extra days.
- Tell your patient care representative which option you would like below and they will give you directions on how to send the machine back.
- We can e-mail you or mail you a label that is pre-paid and you can take the package to a UPS shipping center (UPS Store, Mailboxes ETC, UPS driver, or any authorized UPS shipping center).

2. PACK THE MACHINE

- Disconnect hoses and power cord. Empty machine unless you are not physically able.
- Place hoses and power cord in one blue plastic bag. Put the machine in the other blue plastic bag.
- There are 2 foam pieces in the box. Remove the top foam. Place machine in the box, place the top foam on top of the machine, place the bag with the hose and power cord on top of second foam.
- Tape UPS label on to the top of the box.

3. SEND US YOUR FEEDBACK, (please!)

You should have received a survey from your representative. Thanks if you’ve already completed it! Please tell us how you used the machine, what we can improve, how you liked our staff, etc. We will send your feedback to your referring provider. Also, check us out online on Facebook and on our website.
Financial FAQ & Explanation of Patient Responsibility

Answers to Common Questions

Is this product covered? In general, yes. Our products are covered, although not always by every insurance plan.

Do I call/request a prior authorization? No. We handle all prior authorizations for you. If your carrier denies the prior authorization, we will handle the appeal on your behalf.

Is there a co-payment? This depends on your specific plan and whether we are a participating in-network provider with your insurance. Commercial insurance plans often require co-payment for Durable Medical Equipment (DME). Medicare requires 20% co-payment. TRICARE requires co-payment per plan. Injured workers generally do not have a co-payment with Workers’ Compensation.

Are you in-network with my carrier? We are in-network with many private insurance carriers. Sometimes, we are in-network with a Third Party Administrator (TPA) such as MultiPlan, Viant, and CareCentrix, which manages claims for carriers.

What happens when you are out-of-network? We request that the carrier provide a network exception such that our services will be covered at the network level. Carriers have a legal obligation to provide medically necessary care to you at the network benefit level. If the carrier cannot provide the same services we offer through another provider, they are required to work with us at the network level.

Will I get a bill from my carrier? No. Your carrier will send you an Explanation of Benefits (EOB). This is not a bill. Your carrier will never collect payment from you for our products or services. If is our job to bill and collect from you any appropriate out-of-pocket amount.

What is my carrier denies your products or services? Some carriers may deny our services upon claim review. We will appeal all denials. If the claim is ultimately denied after appeal, you will not be required to pay out-of-pocket.

How much will I be responsible for? If we participate as an in-network provider with your insurance carrier, you may be responsible for the allowed amount that is applied to your deductible and co-pay. If our claim goes through out-of-network, you will generally not be responsible for any personal cost. If your insurance is Medicare or Medicaid, you may be required to pay privately if not covered. Insurance is complicated and it is difficult for us to answer this question definitively in a general way. We can review your specific insurance plan and determine the predicted out-of-pocket amount for you upon request.

How will I pay you for my portion of charges? We will bill you for the correct amount after our claim is processed by the insurance carrier. We accept checks, major credit cards or cash. If necessary, due to financial hardship, we will work out a payment plan with you.

I am a Medicare patient and cannot afford any out-of-pocket cost? Talk to us. If you have a secondary insurance, it will often cover our products. In addition, many patients find that since the use of these products enhances recovery, it also helps reduce other out-of-pocket costs such as medication co-payments.

Do you take Workers’ Compensation? Yes, we participate with most of the major workers’ compensation networks. Our services are almost always covered at 100% by workers’ compensation plans.

When do you use collections? We have resorted to collections rarely in our work with thousands of patients. We operate on the basis of trust and strive to build long-term relationships. However, we will employ collection proceedings if (1) you refuse to return our equipment or (2) you are paid directly by your insurance company and refuse to pay us the amount paid to you. This reimbursement is intended to be used by you to pay for our services.
I have a check. Where do I send payment? If you received a payment directly from your insurance carrier, sign the back of the check as you normally would and also write: ‘Pay to the order of Associated Medical’, Mail the check with a copy of the EOB to:

Attn: Accounts Payable
Associated Medical
21 Business Park Drive
Branford, CT 06405

Call us if you have questions about endorsing the check. You may also deposit your insurance check and write us one of your own. If is helpful if you let us know by phone/email that you are sending a check. Please be sure to include a copy of the EOB so that we may see how your carrier processed the charges. Your EOB from your insurance carrier will reference Associated Medical as the service provider.

What happens if I receive a denial? Our industry revolves around ‘normal practices’ and what is considered ‘medically necessary’. We will submit the claim to your insurance company and advocate for you in the event of a denial. We cannot always guarantee that our products will be covered by your insurance carrier, but we wont leave you with a high bill if your carrier denies coverage. Fairness, honesty, and integrity are of the utmost importance to us. We hold more than a thousand written testimonials noting our professionalism and great products. If you are confused by billing or payment aspect of our services, just call us, we are happy to help you with any questions.

What if my question isn’t covered here? Just contact us. We are happy to help you with any questions. Call our office at 203.204.2874 or email billing@assocmed.com.

In closing, we hope that you will use our products with confidence and want you to focus on your recovery, not worry about insurance and out-of-pocket cost.

Warm Regards,
Marcus Simpson, Co-Founder, Patient Billing Advocate
Instructions: Powering Up The dvtPRO LT (VascuTherm 4)

Powering Up Your Machine:

1. Hold the power cord at the lower end of the connector behind the square portion (as seen in figure 1).

2. Push the power cord into the power slot until it is securely latched (as seen in figure 2). The square portion of the power cord must be allowed to slide backward when it contacts the case.

3. Holding the power cord by the front end (as seen in figure 3) will not guarantee a secure fit to the machine.

Disconnecting Your Machine:

1. Hold the power cord at the upper end, or square portion and pull back (as seen in figure 4).
THANK YOU FOR LETTING US BE A PART OF YOUR RECOVERY!

Please Contact Us At:

p 866.369.9039
f 860.865.0350

info@assocmed.com

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