

Warranty Policy:

The Provider is committed to complete product satisfaction. Products are warranted for manufacturing or materials defects. If you are not completely satisfied with a product, due to a manufacturer or materials defect, please contact Orthopaedic & Spine Technologies, LLC (610) 430-2227 and give us the opportunity to make things right.

Return Policy:

If you are not entirely satisfied with your product, we are here to help. You have 30 calendar days from the date you received the product to return it. To be eligible for a return, your item must be unused and in the same condition you received it. Please contact Orthopaedic & Spine Technologies, LLC to start the return process. Once we receive the product and meets the criteria above, a credit will be issued to your account.

Contact Information: If you are experiencing a medical emergency, dial 911

For questions regarding your care or treatment plan, contact your physician. If you have any questions, concerns or complaints regarding items or services, please contact Orthopaedic & Spine Technologies, LLC at 610-430-2227 Monday through Friday 8:30 A.M. to 5:00 P.M. You may contact Medicare at (800) 633-4227 or the PA Department of Health (877) 724-3258, DE Department of Health (302) 255-9500, NJ Department of Health at (800) 367-6543 or MD Department of Health (877) 463-3464

National Supplier Clearinghouse Medicare DMEPOS Supplier Statement:

The products and/or services provided to you by the supplier are subject to the supplier standards in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards

Patient Bill of Rights

As an individual receiving services from the Provider, you have the following rights;

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

Be informed both orally and in writing, in advance of care being provided, of charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible

Receive information about the scope of services that the organization will provide and specific limitations on those services

Participate in the development and periodic revision of the plan of care

Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality

Be able to identify visiting personnel members through proper identification

Be free from mistreatment, neglect or verbal, mental, sexual and physical abuse, injuries of unknown source, and misappropriation of client/patient property

Voice grievances/complaints regarding treatment of care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, coercion, discrimination, or reprisal

Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated

Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information

Be advised on the Provider's policies and procedures regarding disclosure of clinical records

Choose a health care provider, including choosing an attending physician, if applicable

Receive appropriate care without discrimination in accordance with physician orders, if applicable

Be informed of any financial benefits when referred to an organization

Be fully informed of one's responsibilities

Patient Privacy Notice of Privacy Practices for Orthopaedic & Spine Technologies, LLC effective 7-1-14

Our Responsibilities

We are required by law to maintain the privacy of your protected health information (PHI) and to provide you with the notice of our legal duties and privacy practices with respect to PHI. This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment or healthcare operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your protected health information. PHI is information about you, including basic demographic information, that may identify you and that relates to your past, present or future physical or mental condition, and related healthcare services. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice. A copy is available to you upon request. We will not share your information other than as described in the Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. We reserve the right to change our practices and this Notice, and to make the new Notice effective for all protected health information we maintain. Upon your request we will provide you with this revised Notice.

Our Uses and Disclosures

We typically use or share in the following ways: 1. We can use your health information and share it with other professionals who are treating you. 2. We can use and share your health information to run our business, improve your care, and contact you when necessary. 3. We can use and share your health information to bill and receive payment from health plans or other entities providing treatment or services. 4. If we decide to sell, transfer or merge all or part of our business to or with another entity, we may share your PHI with new owners.

How else can we share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. Some key examples are: preventing disease, helping with product recalls, monitoring the performance of a product after it has been approved for use by the general public, reporting adverse events, reporting suspected abuse, neglect or domestic violence and preventing or reducing a serious threat to anyone's health or safety. We can use or share your information for health research. We will share information about you if state or federal laws require it, including the Department of Health and Human Services if they want to see that we are complying with federal privacy laws. We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies. We can address workers' compensation, law enforcement, and other government requests. We can share health information about you in response to a court or administrative order, or in response to a subpoena. For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information please tell us what you want us to do, and we will follow your instructions. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We will never share your information unless you give it to us in writing for marketing purposes, sale of your information, most sharing of psychotherapy notes, not that we typically have access to this type of information. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Your Rights

When it comes to your health information, you have certain rights. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice in an electronic format, we will provide you with a paper copy promptly. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. You can ask to see or get an electronic or paper copy of your medical record and other health information that we have on file about you. We will provide a copy or a summary of your health insurance, usually within 30 days of your request. We may charge a reasonable, cost-based fee. You can ask us to correct your medical record that you think is incomplete or not correct. You can ask us for a list of those whom we shared your health information for six years prior to the date you ask, who we shared it with and why. You can request confidential communications. You can request to limit what we use or share. You may choose someone to act for you; someone with a medical power of attorney for you or if someone is your legal guardian, that person can exercise your rights and choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

You can complain if you feel we have violated your rights by writing to:

Orthopaedic & Spine Technologies, LLC

Attention: Compliance Officer

101 S Church Street

West Chester, PA 19382

610-430-2227

You may also file a complaint with the U.S. Dept. of Health & Human Services Office of Civil Rights at (877)-696-6775. We will not retaliate against you for filing a complaint