LAUDER ENTERPRISES, Inc.

- The Electrolarynx Company -

ORDER

&

Insurance Reimbursement Information

WWW.ELECTROLARYNX.COM
E-MAIL: INFO@ELECTROLARYNX.COM

P.O. BOX 780249
SAN ANTONIO, TX 78278-0249
1.800.388.8642
FAX: 210.492.1584

LAUDER ENTERPRISES, INC.
4754 SHAVANO OAK, SUITE 104
SAN ANTONIO, TEXAS 78249

LAUDER
The Electrolarynx Company

We Have Ways of Making You Talk℠

Phone: (800)-388-8642
Fax: (210)-492-1584

ORDER FORM

E-mail: info@electrolarynx.com
Website: www.electrolarynx.com

Bill To:	Ship To: ☐ Same as Billing Address
Phone:	Phone:

Quantity	Item REF	Product Name	Unit Price	Total
			Subtotal	

**Please note that product and shipping prices are subject to change without notice. Please call to verify amount.*

Payment Method: ☐ Check # _____ ☐ MoneyOrder ☐ Cash ☐ Credit Card

Type: _____ #: _____ Exp: _____

Authorized Signature: _____ Date: _____

OPTIONAL Prescription Section - for Clinician Use

Diagnosis (ICD-9)	Date Needed
# of months needed *(1-99 months, 99=life)*	Reason for Medical Necessity
Speech Language Pathologist (SLP) Name	SLP Phone #

I certify the medical necessity of this item for this patient. This section of the form and any statement on my letter head attached here to has been completed by me or by my employees, and reviewed by me. The foregoing information is true, accurate and complete, and any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Facility Name and Address	NPI
	Email
	License #
Physician/Clinician Name	Signature

Electrolarynx, Batteries, Accessories, Foam Filters, Stoma Cover & Care

www.electrolarynx.com

- easy ordering online -

To Place an Order

Our Customer Service Representatives are available:

- Monday - Thursday 8:00 a.m. to 5:00 p.m. (Central Time)
- Friday 8:00 a.m. to 4:00 p.m. (Central Time)

Orders can also be placed through our 24-hours fax line, or at www.electrolarynx.com.

- Customer Service: 800-388-8642 (toll-free in the US and Canada)
- Main Telephone: 210-492-0864 (se habla Español)
- 24-hour Fax: 210-492-1584
- Email info@electrolarynx.com
- Webshop: www.electrolarynx.com

Are you a new customer?

Forms and other important documents are available at www.electrolarynx.com.

You can also call or email us and we will send you the documents, including Patient Bill of Rights, Medicare Supplier Standards, HIPAA Information and more as described on page 18.

Filing a Medicare claim for the purchases?

If you want to double check what documents Medicare requires for a fast reimbursement, you will find information in the documents we have available at electrolarynx.com.

LAUDER

The Electrolarynx Company℠

www.electrolarynx.com

Distributed by: Lauder Enterprises, Inc. • 4754 Shavano Oak, Suite 104 • San Antonio, TX 78249

Electro-Larynges

Electronic larynges for use against the neck

Produce sound which substitutes for the vocal tone that the user is no longer able to produce because the larynx has been removed or is non-functional.

Once the electro-larynges sound is introduced into the oral cavity, the user can shape it into words with tongue, jaws, lips and teeth just as he/she would have done with sound from the larynx.

Electronic-larynges have an artificial sound, but users soon find their own accents and personalities coming through. All except hands-free versions of the Cooper-Rand will require the use of one hand.

Several allow easy pitch changes to provide inflection while speaking. Most brands of neck-held electro larynges can be used with oral adapters to provide intra-oral use when needed.

We sell most major brands: Servox Inton, Digital, Nu-Vois I, II, III, XTRA-Vois, TruTone and SolaTone. Each is a high quality device with its own special features.

You may wonder, “Which is the best one?” There isn’t a best one, but there is an artificial larynx that is the best choice for each person based on individual need, preferences, capabilities and budget.

Our job is to provide you with as much information as we can to help you choose a particular one.

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Process for Insurance Reimbursements

There are five items required in order to process insurance reimbursements:

- The patient must have paid their yearly deductible (this applies to Medicare reimbursements).
- Front and back copies of Primary and Secondary Insurance cards.
- The Patient Information Form, the Receipt of Privacy Policy, CMS Supplier Standards, ABN, the Return of Equipment Policy (same sheet includes Warranty Information, Complaint Resolution and Patient Bill of Rights) and the Verification of Receipt filled out, dated, and signed.
- An Original Prescription from any physician stating the specific equipment or service needed (such as Servox, Nu-Vois, or repairs). Prescriptions are valid for **one year** and are required to be renewed after they expire.
- Payment in full of the desired equipment or any amount not covered by insurance if assignment is accepted. Lauder Enterprises does not automatically accept assignment. Please call if you have any questions. (We accept checks, money orders or the credit cards displayed below)

** To expedite the process, these items can be faxed to us, but it is mandatory for you to mail the originals to us for our files.*

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ADVANCE NOTICE MEDICARE BENEFICIARY AGREEMENT

If Medicare determines that a particular service, although it would be otherwise covered, is not reasonable and necessary under Medicare program standards, Medicare will deny payment for that service.

Beneficiary Agreement

My provider has notified me that, in my case, Medicare might deny payment for the service(s) checked above. If Medicare denies payment, I agree to be personally and fully responsible for payment.

_____ _____

Beneficiary's Signature Date

Patient Information Form

☐Medicare ☐Champus ☐Group Health Plan ☐HMO

Primary Insurance (Card Number): _____

Secondary Insurance (Card Number): _____

[PLEASE SEND COPIES OF ALL INSURANCE CARDS- FRONT & BACK]

Patient Information

Patient's Name: Last/First/Middle Initial

_____

DOB _____/_____/_____ Marital Status _____ Patient's Sex: ☐Male ☐Female

Patient's Address:

_____

_____ (City) _____ (State) _____ (Zip)

Phone: ( ) _____-_____

Patient's relationship to insured: _____

☐Home ☐Hospice ☐Hospital

Insured Information

Patient's Name: Last/First/Middle Initial DOB _____/_____/_____

_____ Phone: ( ) _____-_____

Patient's or authorized person's signature.

I herby authorize Lauder Enterprises Inc. to Release my insurance and any diagnosis records during the period of service. I also request my insurance company to pay directly to Lauder Enterprises Inc. the amount due in my pending claim for insurance benefits I agree to my responsibility of any amount not covered by insurance.

Signed: _____ Date: _____

Name and telephone of referring physician:

_____NPI_____

CMS 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 were effective on December 11, 2000.

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 nonprocurement 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 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. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed.
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 Supplier Billing Number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation
26. 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.

PATIENT HAS RECEIVED THE FOLLOWING: DELIVERY ORDER, AOB, WAIVER OF LIABILITY, PRIVACY POLICY, SUPPLIER STANDARDS, PATIENT RIGHTS POLICY.

PATIENT SIGNATURE_____DATE_____

REPRESENTATIVE _____ DATE _____

MEDICARE DMEPOS SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.
The products and/or services provided to you by (Lauder Enterprises Inc.) are subject to the supplier standards contained 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.

Return of Equipment Policy

To make a Return *or* exchange, call our Customer Service Department at 1-800-388-8642 for a Return Authorization. If you receive equipment as a result of an error of Lauder Enterprises, Inc. or the product *is* defective, Lauder Enterprises, Inc. will pay the return shipping expense and replace equipment accordingly.

Warranty Information

Lauder Enterprises, Inc. offers a minimum of one (2) year warranty against manufacturing defects on all electro larynges.
Once deemed defective, we reserve the right to repair or replace product at our discretion.

Complaint Resolution

Lauder Enterprises, Inc. will manage complaints on an individual axiom. All complaints will be forwarded directly to the Administrator of Lauder Enterprises, Inc. and the complaint will be managed and resolved within 24 hours. All complaints will be documented and follow-up will ensue, after initial resolution is accomplished by *the* Administrator of Lauder Enterprises, Inc.

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Patients have a right to be notified in writing of their rights and obligations before treatment is begun. The patient's family, with the patient's permission, or guardian may exercise the patient's rights when the patient has been judged incompetent. Providers have an obligation to protect and promote the rights of their patients to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations and standards, including the following rights.

YOU HAVE THE RIGHT TO:

- Be treated, and have your property treated, with dignity, courtesy and respect, recognizing that each person is a unique individual.
- Have relationships with home care providers that are based on honesty and ethical standards of conduct.
- Receive a written statement of the scope of care, treatment and/or services that are provided by Lauder Enterprises, Inc. directly or through contractual arrangements.
- Reasonable coordination and continuity of services from referring agency to home medical equipment service provider, timely response when home care equipment is needed or requested and to be informed in a timely manner of impending discharge.
- Be fully informed upon admission of Lauder Enterprises, Inc.'s policies, procedures, ownership or control of the local facility and the process for receiving, reviewing and resolving your complaints or concerns about your care, treatment and/or services.
- Receive complete explanations of charges for care, treatment, services and equipment, including eligibility for third-party reimbursement, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
- Receive quality home care equipment and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability.
- Receive home care equipment, treatment and services from qualified personnel and to receive instructions on self care, safe and effective operation of equipment and your responsibilities regarding home care equipment, treatment and services, including pain and pain management modalities.
- Participate in decisions concerning the nature and purpose of any technical procedure which will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action.
- Be informed of the anticipated outcomes of care, treatment and/or services and of any barriers in achieving those outcomes.
- Confidentiality of all your records (except as otherwise provided for by law or third-party payer contracts) and to review and even challenge those records and to have your records corrected for accuracy.
- Review information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in Lauder Enterprises, Inc.'s policies and procedures.
- Express dissatisfaction and to suggest changes in any service without discrimination, reprisal or unreasonable interruption of services.
- Be advised of the telephone number for the State's Abuse Hotline. The number is: 1-800-252-5400 (Texas)
- Be advised of any change in the plan of care before the change is made.
- Participate in the planning of the care and in planning changes in the care, and to be advised that you have the right to do so.
- Receive information in a manner and/or language that you understand.
- Accept or refuse medical treatment while competent and to make decisions about care/services to be received should you lose competency.
- Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.

PATIENT RESPONSIBILITIES:

You have the responsibility to:

- Adhere to the plan of treatment or service established by your physician.
- Adhere to Lauder Enterprises, Inc.'s policies and procedures.
- Participate in the development of an effective plan of care which will involve the management of pain, if appropriate.
- Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide services.
- Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives.
- Communicate any information, concerns and/or questions related to pain, perceived risks in your care, treatment and/or services, and unexpected changes in your condition.
- Be available at the time deliveries are made and to allow Lauder Enterprises, Inc. representative to enter your residence at reasonable times to repair or exchange equipment or to provide care, treatment and/or services.
- Notify Lauder Enterprises, Inc. if you are going to be unavailable.
- Treat company personnel with respect and dignity without discrimination.
- Provide a safe environment for staff to provide care and services.
- Care for and safely use equipment, according to instructions provided, for the purpose it was prescribed and only for/on the patient for whom it was prescribed. Monitor the quantity of oxygen, nutritional products, medications and supplies in your home and reorder as required to assure timely delivery of the required items.
- Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.
- Protect equipment from fire, water, theft or other damage. You agree not to transfer or allow your equipment to be used by any other person without prior written consent of Lauder Enterprises, Inc. and further agree not to modify or attempt to make repairs of any kind to the equipment. Modifying equipment or attempting equipment repairs releases Lauder Enterprises, Inc. from any liability related to the equipment and its uses, and from any resulting negative patient outcomes.
- Except where contrary to federal or state law, you are responsible for equipment rental and sale charges which your insurance company or companies do not pay. You are responsible for prompt settlement in full of your accounts unless prior arrangements have been approved by company administration.

Lauder Enterprises, Inc. should be notified of any changes in your physical condition, physician's prescription or insurance coverage. Notify Lauder Enterprises, Inc. immediately of any address or telephone changes whether temporary or permanent.

PATIENT INFORMATION:

- **After-Hours Services: 1-800-388-8642**

  Normal Business Hours: Mon-Thu 8am-5pm Friday 8-4pm

  - An answering service will answer Lauder Enterprises, Inc.'s phones after normal business hours. You may leave a message and will be contacted the next business day.

- **Complaint Procedure:**
- You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. Lauder Enterprises, Inc. telephone number is 1-800-388-8642. When you call, ask to speak with the Manager, Supervisor or the Administrator/CEO.
- Lauder Enterprises, Inc. has a formal grievance procedure that ensures that your concerns shall be reviewed and an investigation started within 48 hours. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance.

I have been informed of and understand my rights and responsibilities.

Signature: _____

Date: _____

Lauder Enterprises, Inc. Representative: _____

Date: _____

Receipt of Privacy Policy

I understand that as a condition to my receiving services Lauder Enterprises, Inc. may use or disclose my personally identified health information for services, to obtain payment for the services provided, and as necessary for the operations of this office. These uses and disclosures are more fully explained in the Privacy Notice that has been provided to me and I have had the opportunity to review.

I understand that the privacy practices described in the Privacy Notice may change over time, and that I have a right to obtain any revised Privacy Notice by contacting company representative to make such a request.

I also understand that I have the right to request Lauder Enterprises, Inc. to restrict how my health information is used or disclosed.

Lauder Enterprises, Inc. does not have to agree to my request for the restriction, but, if Lauder Enterprises, Inc. does agree, Lauder Enterprises, Inc. is bound to abide by the restriction as agreed. Finally, I understand that I have the right to revoke/withdraw this consent, in writing, at any time. My revocation/withdrawal will be effective except to the extent that Lauder Enterprises, Inc. has taken action in reliance on my consent for use or disclosure of my health information. Provision of future services may be withdrawn if I withdraw my consent.

_____ _____

Name Date

LAUDER ENTERPRISES, Inc.

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Verification of Receipt

My signature below acknowledges that I have received the Patient Bill of Rights, Medicare Supplier Standards, HIPPA Information, Warranty Information, Instruction Manual For The Device, Complaint Resolution and how to contact Lauder Enterprises, Inc. after hours.

Signature of Client or Responsible Person _____

Date _____

Please sign, date, and mail back to us.

For any After Hours Questions Concerning Yoour Device Please call (210)860-7571 Or (210)725-4465.