



Complete Care Centers Patient Disclosures

RIGHTS AND RESPONSIBILITIES

- Family Exams: We recommend that everyone involved in the accident receive a medical evaluation within 14 days. It is not a requirement for them to be under care, but it is highly recommended for everyone to be seen by a provider.
- Care Termination Policy: If you choose to terminate your care before the care plan is complete, you are only responsible for services rendered. Home equipment is non-refundable once received.
- Progress Evaluation: There will be a progress evaluation after every 12 visits or 30 days based on the provider's recommendation.
- Re-Exams: There will be re-exams after every 12 visits to track the progression of your care. Additional re-exams can be added at any time the provider deems necessary. If these appointments coincide with your work schedule, you may need to notify your employer that you are scheduled to see the doctor.
- Cell Phone Usage: Use of a cell/smartphone on the rehab floor is considered a HIPAA violation. If you must accept or place a call during your visit, we ask that you please step outside the office to do so. Help us to help all of our patients focus on their healing.
- X-Rays: The fee paid for treatment x-rays is for analysis only. The film itself is the property of the office. A copy of your x-rays may be provided on a disc upon request.
- Transportation: We can provide transportation for patients who live within 40 miles from our office during their first 2 weeks of treatment. However, if more than one call for transportation is missed, this service will no longer be provided.

As the patient/caregiver, you are RESPONSIBLE for:

- Notifying the company of a change of address, phone number, or insurance status.
- Notifying the company when service or equipment is no longer needed.
- Notifying the company in a timely manner if extra equipment or services will be needed.
- Following the plan of care/treatment.
- Notifying the company of any change with any current treating physicians or medical conditions.
- Notifying the company of an incident involving equipment.
- Meeting the financial obligations of your health care as promptly as possible.

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- Providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertinent to your health.
- Your actions if you do not follow the plan of care/treatment.

PATIENT BILL OF RIGHTS

As our patient, you are hereby provided this Bill of Rights. You have the right to be notified in writing of your rights and obligations before treatment has begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. We fulfill our obligation to protect and promote the rights of our patients, including the following:

As the patient/caregiver, you have the RIGHT to:

- Be treated with dignity and respect.
- Confidentiality of patient records and information pertaining to a patient's care
- Be presented with information at admission in order to participate in and make decisions concerning your plan of care and treatment.
- Be notified of the types of care, frequency of care, and the clinical specialty providing care and be notified of any change in your plan of care and treatment.
- Be provided equipment and service in a timely manner.
- Receive an itemized explanation of charges.
- Express grievance without fear of reprisal or discrimination.
- Receive respect for the treatment of one's property.
- Be informed of potential reimbursement for services under Medicare, Medicaid or other third-party insurers based on the patient's condition and insurance eligibility (to the best of the company's knowledge).
- Be notified of potential financial responsibility for products or services not fully reimbursed by Medicare, Medicaid or other third-party insurers (to the best of the company's knowledge).
- Be notified within 30 working days of any changes in charges for which you may be liable.
- Be admitted for service only if the company can provide safe, professional care at the scope and level of intensity needed; if we are unable to provide services then we will provide alternative resources.
- Purchase inexpensive or routinely purchased durable medical equipment.
- Expect that we will honor the manufacturer's warranty for equipment purchased from us.
- Receive essential information in a language or method of communication that you understand.

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- Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
- To be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- Access, request an amendment to, and receive an accounting of disclosures regarding your health information as permitted under applicable law.

PROVIDING CORRECT INFORMATION AND INFORMATION RELEASE

I certify that the information I furnish is true and correct. I know it is a crime to fill out this form with facts that I know are false or to leave out facts that are important. I hereby authorize Complete Care to submit a claim to my insurance carrier or its intermediaries for all covered prescriptions or durable medical equipment, and authorize and direct my insurance carrier or its intermediaries to issue payment directly to Complete Care. I hereby authorize Complete Care to furnish complete information requested by my insurance carrier or its intermediaries regarding services rendered. I further agree that I am responsible for paying my co-pays or balances which remain after insurance payments have been made, including any cost of collection of legal fee incurred to collect these balances.

Complete Care Centers Rights

As your provider of choice, we have the right to:

- Terminate services to anyone who knowingly furnishes incorrect information to our company to secure durable medical equipment.
- Refuse services to anyone who during direct care is threatening, intoxicated by alcohol, drugs and/or chemical substances and could potentially endanger our staff and patients.

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