



CUSTOM FOOT ORTHOTICS USE, CARE AND WARRANTY INSTRUCTIONS

1. Try to wear your orthotics for one hour on the first day. Double that time each day, until at the end of 2 weeks you are wearing them all day. If your orthotics cause too much discomfort, remove them from your shoes and stop wearing them for that day. Make sure to return to wearing them the next day. Some people adjust more quickly than others to wearing orthotics. If your discomfort persists longer than 2 weeks, please contact us at (518) 952-4849. If you notice any skin changes that do not disappear within 30 minutes please call our office immediately.
2. Some patients report a little discomfort when first wearing their orthotics. This discomfort can occur in the legs, knees, hips and/or lower back. This is an indication that your orthotics are working. Small changes are occurring throughout your musculoskeletal structure and it may take time to adjust to these changes. These aches are usually transitory and will disappear in time.
3. Before placing your orthotics in either new or old shoes, it is important to take out all removable arch supports, rubber or felt additions or other inserts from the inside of the shoes. Your orthotics will work best when used in conjunction with supportive footwear.
4. Your orthotics can be cleaned by simply wiping with mild soap on a damp cloth. Let the orthotics dry naturally (do not use direct heat such as a hair dryer). If your orthotics get wet, remove them from your shoes and allow them to air dry. Placing a small amount of baby powder on your orthotics can control odor.

Thank you. It has been our pleasure to serve you. If you have further questions, please feel free to contact Union Foot Solutions at (518) 952-4849.



MEDICARE DMEPOS SUPPLIER STANDARDS

[This is an abbreviated list of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges. These standards, in entirety, are listed in 42C.F.R.424.57(c)]

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify the 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 onsite 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 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 beeper, answering machine or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on the 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 items (less than full quantity for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, the address and the 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 supplier 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). *Implementation date 10/1/09.*
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All DEMPOS supplier locations must mee the quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or the enrollment may be revoked, if CMS determines that they are not in compliance with the quality standards.
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 in 42C.F.R.424.57(c). *Implementation date 5/4/09*