



ORDER INFORMATION – WARRANTY & RETURN POLICY

ActivStyle honors all manufacturer warranties expressed and implied in accordance with applicable laws. ActivStyle will notify Medicare beneficiaries regarding warranty coverage of any supplies sold or rented. ActivStyle will repair or replace, free of charge, Medicare covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries when this manual is available. ActivStyle accepts returns of many products for up to 30 days after the product is delivered. Returned items must be unopened in the original package to receive a credit or refund. ActivStyle does not accept returns on most special order products. If you have any problems with the products you received or received an incomplete or damaged shipment please contact us immediately at: 1 (800) 651-6223.

PATIENT RESPONSIBILITIES

ActivStyle is committed to superior customer service and to work in partnership with you to receive the products you are eligible for. As a patient you are responsible to:

1. Promptly complete, date, sign and return each delivery confirmation when required by your insurance provider.
2. Confirm your monthly re-supply needs each and every month or as required by your insurance provider.
3. Provide complete and accurate information, including **immediately notifying ActivStyle of all/any changes to your status**, including but not limited to:
 - a. Your insurance information and any other third party payer changes;
 - b. Changes to your delivery address, telephone information, caregiver, authorized representative, email, etc.;
 - c. Changes in your diagnosis or prognosis or prescriber/physician information;
 - d. Changes in your health status, including but not limited to if you are hospitalized, staying in a nursing home temporarily or permanently, receiving similar services from another provider, receiving care from home health nurse, and/or if your physician modifies or ceases your prescription for ActivStyle products.
4. Only order supplies as medically necessary and not until your current supply is approaching exhaustion.
5. Follow package instructions and use products as they are directed.
6. Be involved in your care to ensure continuity of services, such as discussing your continuing medical needs with your physician or caregiver and by meeting any financial obligation agreed to with ActivStyle.
7. Review ActivStyle's Notice of Privacy Practices, safety materials and request further information if you have questions.
8. Ensure proper care of your medical supplies by maintaining a safe environment in your home.
9. Requesting additional information if you have questions on any medical supplies you receive from ActivStyle.
10. See your physician as needed, especially when you feel ill or encounter any unusual symptoms.
11. Notify ActivStyle when encountering any problems with your medical supplies and/or services.
12. Treat ActivStyle personnel with respect and consideration. We are here to help you!

PATIENT RIGHTS

As a patient receiving home services from ActivStyle, you have the right to:

1. Choose your provider of home medical supplies and equipment. You also have the right to refuse service within the confines of the law and be given information concerning the consequence of refusing services.
2. Receive timely, courteous and professional responses from ActivStyle to help you make an informed decision regarding authorization, provision, continuation, cancellation, or transfer of services.
3. Be treated with respect by ActivStyle personnel, not be discriminated against and to receive services free from physical and mental abuse, neglect or other exploitive practice.
4. Be provided with proper identification by ActivStyle personnel who provide service to you.
5. Be notified of any changes in the care or treatment provided by our organization so you will be able to be informed and give consent for services.
6. Participate in the development and modification of your care plan.
7. Be advised of expected charges for services received and any financial obligation that may be your responsibility.
8. Privacy and confidentiality of your personal health records as required by federal HIPAA regulations, to access and review your records as required by federal HIPAA regulations, and to receive a copy of ActivStyle's Notice of Privacy Practices.
9. To express concerns or grievances or recommend modifications to your home care service without fear of restraint, interference, coercion, or reprisal.