Welcome Guide

COMMITTED TO MAKING YOUR LIFE EASIER

Discover ActivStyle

Serving people of all ages with high-quality medical supplies

- Incontinence
- Catheters & Urology
- Ostomy
- Nutritional Drinks
- Pediatric & Youth Supplies

ActivStyle®

Your Medical Supply Advocate

Dear customer,

Welcome! Everyone at ActivStyle thanks you for trusting your medical supply needs with our company.

Since 1997, ActivStyle has been America's trusted full-service provider of high-quality, medical-grade supplies for at-home use.

We offer a wide variety of products including diapers, protective underwear, bladder control products, catheters, ostomy supplies, nutritional drinks, and more for seniors, disabled adults, and special-needs children.

At ActivStyle, customers come first. Our friendly and knowledgeable Product Experts will work with you to make sure you get the right products for your needs. Every ActivStyle employee strives to have a positive impact on the lives of their fellow employees and the valued customers we serve.

ActivStyle is proud to offer the best customer service, the highest quality product, and superior support to our clients. We are confident that your experience with ActivStyle will be a positive one and that you will find great satisfaction and comfort in knowing that we are here to serve you. We invite you to give us the opportunity to develop a lasting relationship, where we can ensure your confidence and earn your trust.

At ActivStyle, we are committed to making your life easier.

Welcome to ActivStyle

Welcome and thank you for choosing ActivStyle, your medical supply advocate for your home healthcare needs!

ActivStyle specializes in home delivery of incontinence, urological, and ostomy supplies, as well as certain other home medical equipment. ActivStyle's Customer Service Representatives pride themselves on superior customer service. At ActivStyle, we will work with you to help manage the paperwork requirements associated with ordering supplies, such as obtaining prescriptions, letters of medical necessity, and insurance prior approvals, if required.

ActivStyle accepts payment for covered services from contracted insurance programs such as: Medicare Part B, many state Medicaid plans, and commercial plans. By placing an order with ActivStyle, you, the customer, authorize ActivStyle to request on your behalf and to collect all public and private insurance coverage benefits due for products and services supplied by ActivStyle. After we bill your insurance provider, any outstanding balance will be your responsibility and the request for payment will be sent to you.

Your insurance explanation of benefits (EOB) will reflect the ActivStyle location that is contracted with your insurance. ActivStyle's family of companies allows us to serve individuals across the country, and includes the following entities doing business as ActivStyle: Advocate Medical Services, Inc., All American Home Aid, Inc., Champlain Valley Brace and Limb, LLC, Home Wellness, Inc., M.A.R.Y. Medical, Inc., and Senior Care Services. These entities are all to be considered part of ActivStyle.

If an insurance payment for supplies received from ActivStyle is made directly to you instead of to ActivStyle, you agree to accept all responsibility for payments due to ActivStyle for those products and services. If you request an item or supply which might not be covered by your insurance, you may be required to sign an Advanced Beneficiary Notification (ABN) prior to delivery.

All requests for medical supplies must be based on valid documentation supporting medical necessity. All reorders for supplies must be specifically requested by you or your caregiver through one of ActivStyle's ordering options, including telephone and email. Delivery service and product instructions are provided at no cost to you.

Please contact us with any questions or comments about your supply needs, and also feel free to browse our website to learn more about the products we offer at www.ActivStyle.com.

CUSTOMER SERVICE:
1-855-284-6757

TTY/TDD for hearing impaired:
1-877-372-6737

OFFICE HOURS:
Monday - Friday, 8am - 7pm

Offices closed Saturday, Sunday, & major national holidays

Please review the information included in this booklet, sign the requested forms, and return them in the enclosed envelope. Please call us if you have any questions.

Thank you,
Your ActivStyle Team

Patient Responsibilities

ActivStyle is committed to superior customer service and to work in partnership with you to receive the products for which you are eligible. 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. Only order supplies as medically necessary and not until your current supply is approaching exhaustion.
4. Follow package instructions and use products as they are directed.
5. 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.
6. Review ActivStyle's Notice of Privacy Practices, safety materials and request further information if you have questions.
7. Ensure proper care of your medical supplies by maintaining a safe environment in your home.
8. Request additional information if you have questions on any medical supplies you receive from ActivStyle.
9. See your physician as needed, especially when you feel ill or encounter any unusual symptoms.
10. Treat ActivStyle personnel with respect and consideration. We are here to help you!

When you should contact ActivStyle:

1. 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, any other third party payer changes, or if you are no longer eligible for Medicaid;
    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.
2. While ActivStyle does everything it can to ensure quick deliveries, estimated delivery times may vary. Please contact ActivStyle if your package arrives outside of your estimated window.
3. Notify ActivStyle when encountering any problems with your medical supplies and/or services.
4. Our warehouse utilizes a proprietary process to keep shipping costs low and get your products to you as soon as possible. Therefore, you may receive your orders in multiple

packages. Sometimes these packages may arrive on different days. Please contact ActivStyle if any of your delivery hasn't arrived within the quoted delivery window.

5. Upon your initial order, ActivStyle may have requested you provide additional contacts. These individuals are people who can discuss your healthcare and products needs as well as order products on your behalf. If you wish to make any changes, add or remove contacts, please let ActivStyle know.
6. To ensure patient's privacy is protected, if you are a caretaker of an ActivStyle customer, you may be asked to provide documentation documenting your ability to discuss the ActivStyle customer's healthcare. Documentation may include, but is not limited to: Power of Attorney/ Court Orders, Medical Care Directives, Guardianship, etc.

Preventing Fraud, Waste and Abuse:

1. ActivStyle's medical supplies may covered by private insurance, Medicare, and/or Medicaid and therefore, we have an obligation to document, prevent, and report Fraud, Waste, and Abuse.
2. Medical Supplies provided by ActivStyle require a prescription and are only for the intended recipient. Do not share, distribute, sell, or give away ActivStyle's products. If you no longer need your products, please contact Customer Service and we will arrange to have your products picked up.
3. If you suspect any Fraud, Waste or Abuse, please contact ActivStyle's Compliance Department at compliance@activstyle.com

"ActivStyle makes it a lot easier to get the products we need... they just come to our door. We don't have to make trips to the store or worry about running out of products."

Dianne, St. Paul, MN

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: 1-855-284-6757.

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 that we will investigate or recommend modifications to your home care service without fear of restraint, coercion, or reprisal.
10. Be fully informed of your rights and responsibilities.
11. Know the scope of services and limitations associated with the supplies and services provided.

Please contact ActivStyle directly at 1-855-284-6757 if you have any questions about our services, your rights, or would like to file a complaint or grievance. However if you find it necessary to pursue alternative resolution you may contact the following Medicare, Medicaid, or Regulatory Agency:

Medicare	800-MEDICAR (633-4227)
CMS - Centers for Medicare & Medicaid Services	800-633-4227
ACHC - Accreditation Commission for Healthcare	919-785-1214 OR 855-937-2242

Fraud and Abuse Reporting Contact Information by State, as Published by CMS:

Medicare	800-477-84777
Alabama	866-452-4930
Alaska	800-478-6406 or 907-269-1060
Arizona	888-487-6686
Arkansas	800-422-6641
California	800-822-6222
Colorado	303-866-3513; Outside Denver: 800-221-3943
Connecticut	800-842-2155
Delaware	302-255-9010
District of Columbia	877-632-2873
Florida	888-419-3456
Georgia	404-463-7590 or 800-533-0686
Hawaii	Recipient Fraud: 808-587-8444 Provider Fraud: 808-692-8072
Idaho	208-334-5754
Illinois	217-785-7030 or 800-252-8903
Indiana	Public Assistance Fraud: 800-446-1993
Iowa	800-831-1394
Kansas	785-296-1076
Kentucky	800-372-2970
Louisiana	800-488-2917
Maine	207-287-2409 or 800-442-6003
Maryland	866-770-7175
Massachusetts	877-437-2830
Michigan	855-643-7283
Minnesota	651-431-2650; Provider Fraud: 800-657-3750 Recipient Fraud: 800-627-9977
Mississippi	601-576-4162 or 800-880-5920
Missouri	573-751-3285
Montana	Provider Fraud: 800-376-1115 Beneficiary Fraud: 800-201-6308
Nebraska	877-255-3092 or 402-471-9394
Nevada	775-687-8405
New Hampshire	Beneficiary Fraud: 603-271-9258 or 800-852-3345 ext. 9258 Provider Fraud: 603-271-8029
New Jersey	609-826-4701
New Mexico	505-827-3141 or 505-827-3103
New York	877-873-7283
North Carolina	877-362-8471
North Dakota	General Medicaid Number: 701-328-4024 or 800-755-2604, option 4
Ohio	614-466-0722
Oklahoma	Oklahoma City: 405-521-3921 Tulsa: 918-581-2885
Oregon	888-372-8301
Pennsylvania	866-379-8477
Rhode Island	401-415-8300
South Carolina	888-364-3224
South Dakota	605-773-3653
Tennessee	800-433-3982
Texas	800-436-6184
Utah	855-403-7283 or 801-538-6003
Vermont	802-879-5900
Virginia	800-371-0824 Recipient Fraud: 866-486-1971 or 804-786-1066
Washington	Fraud: 800-562-6906 Abuse/Neglect: 866-363-4276
West Virginia	General Medicaid Number: 304-558-1700
Wisconsin	877-865-3432
Wyoming	855-846-2563 or 307-777-7531 or 866-571-0944

Updated January 2016

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

ActivStyle Holding Company and all affiliated entities ("ActivStyle") are committed to protecting your privacy. Therefore, ActivStyle has developed policies and procedures to ensure that the information you provide to us – individually identifiable health information, including protected health information ("PHI") is collected and maintained in a confidential manner, as required by law.

ActivStyle is providing this Notice as required by the Privacy Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH").

If you have questions or would like additional information about this Notice of Privacy Practice you may direct them to ActivStyle's Privacy Officer at: 1-855-284-6757.

WHO WILL FOLLOW THIS NOTICE?

This Notice describes ActivStyle's practices regarding the use of your Protected Health Information, specifically including:

- Any ActivStyle employee or representative authorized to use information about you
- All ActivStyle subsidiaries (including ActivStyle, LLC., Advocate Medical Services, Inc., All American Home Aid, Inc., Champlain Valley Brace and Limb, LLC, Home Wellness, Inc., M.A.R.Y. Medical, Inc., and Senior Care Services), departments and units of ActivStyle.

"Protected Health Information" ("PHI") is medical information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health services. We are required by law to protect the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, to notify you following
a breach of unsecured PHI, and to abide by the terms of this Notice as currently in effect.
We reserve the right to revise, amend, interpret and administer our privacy practices and this Notice.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand that your Protected Health Information is personal. We are committed to protecting your PHI. We create a record of the products and services you receive from ActivStyle. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of products and services provided to you by ActivStyle. Your other health care providers may have different policies or notices regarding their use and disclosure of your medical information created by them.

This Notice sets forth different reasons for which we may use and disclose your PHI. We will limit our uses and disclosures to the minimum amount of PHI necessary to achieve the intended purpose of the use or disclosure to the extent required by law.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different circumstances in which we use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment We may use your PHI to provide you with medical treatment or services. We may

disclose your PHI to doctors, nurses, home health agencies, hospital discharge planners, case managers and other medical and medical equipment providers who are involved in taking care of you. For example, a home health agency or hospital discharge planner responsible for your care may share PHI with us if the agency or planner believes that you have or are at risk for pressure ulcers (bed sores). Or, your physician or another medical service provider may share PHI with us if the physician or provider believes you may benefit from use of one of our products.

We in turn may share that information with case managers, physicians and other medical equipment providers so that the product most appropriate for your condition may be provided. We also may share information with physicians and other medical providers who are responsible for oversight of your treatment. Different departments within ActivStyle also may share your PHI in order to coordinate the products and services you may need.

Payment We may use and disclose your PHI so that the treatment and services you receive from ActivStyle may be billed to and payment may be collected from you, a hospital, a nursing home, Medicaid, Medicare, an insurance company or another third party. For example, we may need to give Medicare, Medicaid or an insurance company information about your medical condition so it will pay us or reimburse you. We also may use and disclose your PHI to determine your eligibility and/or obtain prior approval or to determine whether Medicare, Medicaid, or your insurance company will cover the service or product.

Health Care Operations We may use and disclose your PHI for ActivStyle's operations. These uses and disclosures are necessary to run our business and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our employees in providing services to you. We also may combine the PHI of many ActivStyle patients to decide what additional services or products we should offer, what services or products are not needed, and whether certain new services or products are effective. We also may disclose information to doctors, nurses, technicians, medical students, and other health care providers for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who you are.

Treatment Alternatives We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care and Notification Purposes We may disclose your PHI to a family member, other relative or close personal friend or any other person identified by you who is involved in your medical care or payment for your medical care, unless you object to such disclosure. If we make such disclosure, we will only provide the PHI that is directly related to such person's involvement with your health care or payment for your health care. We also may make such a disclosure after your death, unless such disclosure is contrary to your expressed preference. We may use or disclose your PHI in order to notify or assist in notifying a family member, personal representative, close personal friend, or other person responsible for your care of your location, general condition or death. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one product or service to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs

with patients' need for privacy of their medical information. Before we use or disclose PHI for research, the project will have been approved through this research approval process. We will disclose your PHI for this purpose either upon receiving your specific permission or upon a waiver of such permission from the board that provides the project approval described above. We also may disclose your PHI to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave ActivStyle.

As Required By Law We may disclose your PHI when required or permitted to do so by federal, state or local law, to the extent that such disclosure is limited to the relevant requirements of such law.

To Avert a Serious Threat to Health or Safety We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Military and Veterans If you are a member of the armed forces, we may release your PHI as required by military command authorities. We also may release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose your PHI for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree or when required or authorized by law.

Health Oversight Activities We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute. It is our practice to make reasonable efforts to tell you about the request and/or to obtain an order protecting the information requested as confidential.

Law Enforcement We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at ActivStyle;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI of patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities We may release your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Service for the President and Others We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

Inmates If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Fundraising We may use or disclose to certain third parties demographic information about you and limited information regarding your care for the purpose of raising funds for ActivStyle. You have a right to opt out of receiving such communications. Your decision to opt out of such communications will not affect the care that we provide to you.

OTHER USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Uses and disclosures of your PHI other than as described above will be made by us only with your written authorization. Your written authorization may be revoked at any time so long as you revoke your authorization in writing. We will honor your revocation except if we have taken action in reliance on your authorization, or your authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or to contest the policy itself. The types of uses and disclosures that require an authorization include:

Psychotherapy Notes We must obtain an authorization from you to use or disclose psychotherapy notes unless the disclosure is made (1) for certain enumerated treatment, payment or health care operations purposes; (2) as required by law; (3) for health oversight activities (with respect to the originator of the psychotherapy notes);
(4) to a coroner or medical examiner for purposes of determining a cause of death; or (5) to prevent a serious threat to health or safety.

Marketing We must obtain an authorization for any use or disclosure of your PHI to communicate with you about a product or service that encourages you to use or purchase the product or service unless the communication is either a face-to-face communication or a promotional gift of nominal value. This does not include reminder communications about prescriptions, information regarding your course of treatment, case management or care coordination, communications to describe a health-related product or service that we provide, or contacting you in connection with treatment alternatives. If the marketing involves financial compensation, we must notify you of such compensation.

Sale of PHI We must obtain an authorization for any disclosure of your PHI which is a sale of PHI and such authorization must state that the disclosure will result in our receipt of financial remuneration.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy You have the right to inspect and copy your PHI kept in a designated record set that may be used to make decisions about your care. Usually, this includes medical and billing records.

If ActivStyle uses or maintains an electronic health record with respect to your PHI, you have a right to obtain a copy of such information in an electronic format. If you have the right to the record in the electronic format, if you so choose, you may direct ActivStyle to transmit that copy directly to another entity or person.

To inspect and copy your PHI in a designated record set, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances and will advise you in writing of the reason for such denial. If you are denied access to your PHI in a designated record set, you may request that the denial be reviewed.
A licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend If you feel that your PHI is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for us;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we refuse to allow an amendment, however, you are permitted to include a patient statement about the information at issue in your medical record.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your PHI for certain purposes. You do not have the right to an accounting of disclosures which: ActivStyle has made to you or pursuant to your authorization, are disclosures made to carry out treatment, payment and health care operations but are not part of an electronic health record, or are disclosures permitted or required by law. Beginning January 1, 2011, if you request an accounting of disclosures of your PHI, the accounting will include disclosures made to carry out ActivStyle's treatment or payment activities or health care operations through an electronic health record, if required by then applicable regulations.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state the period of time for which you are seeking the accounting of disclosures, which may not begin more than six years before the date of your request for disclosures of PHI not from electronic health record or three years for disclosures of PHI from an electronic health record. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the estimated costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. *We are not required to agree to your request*, except if your requested restriction is to prevent disclosure of PHI to a health plan for purposes of carrying out payment or health care operations (and not for treatment) and the PHI pertains solely to a health care item or service for which you have already paid a health care provider out-of-pocket in full. If we do agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications You have the right to request that we communicate with you about your personal health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, www.ActivStyle.com. To obtain a paper copy of this Notice, contact the Privacy Officer.

CHANGES TO THIS NOTICE

ActivStyle reserves the right to change this Notice. ActivStyle reserves the right to make the revised or changed Notice effective for PHI we already have about you as well as any PHI we receive in the future. ActivStyle will post a copy of the current Notice on our website. The Notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with ActivStyle or with the Secretary of the Department of Health and Human Services. To file a complaint with ActivStyle, direct your correspondence to: ActivStyle, Attn: Privacy Officer, 1055 Westgate Drive, Suite 100, St. Paul, MN 55114. All complaints must be submitted in writing. General inquires in this regard may be directed to the Privacy Officer at 1-855-284-6757.

You will not be penalized for filing a complaint.

Medicare DMEPOS Supplier Standards

The Code of Federal Regulations (42 C.F.R. 424.57) requires durable medical equipment prosthetics, orthotics and supplies (DMEPOS) suppliers to meet certain requirements in order to bill Medicare. The supplier must certify that it meets and will continue to meet the following standards to retain billing privileges. Below is an abbreviated version of the supplier standards, which are listed in their entirety in 42 C.F.R. 424.57 (c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
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 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. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
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, answering service or cell phone during posted business hours 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 contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
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 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).
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.

"The ActivStyle representative could not have been more helpful or friendly…they were very patient with me.
Thank you so much."

Mary, Ottumwa, IA

"I've been using ActivStyle about three years now.
ActivStyle has given me freedom. I can go out and do things without any worries, about any leaks happening."

Connie, Rogers, MN

ActivStyle's Emergency Preparedness Plan

PLEASE KEEP THIS INFORMATION IN A SAFE PLACE

If you have signed up for order reminders, a staff member will contact you to arrange delivery of your supplies. If you had any problems with your delivery or are in need of supplies, please contact us as soon as possible:

Phone: 1-855-284-6757

Monday - Friday

8:00 AM to 7:00 PM CT

This information is provided to ensure continued delivery of your medical supplies in case of a natural disaster or state of emergency:

YOUR RESPONSIBILITIES IN PREPARING FOR AN EMERGENCY

- Keep your EMERGENCY CONTACT INFORMATION up to date by contacting **ActivStyle at 1-855-284-6757** with any changes.
- Call 9-1-1 for a life threatening emergency.
- Prepare a personal evacuation plan:
  - Identify ahead of time several places where you could go if you are told to evacuate – for example: a friend's or family member's home in another town, a shelter, and/or a motel
  - Keep telephone numbers & road maps to these places in an easy-to-access spot
  - Create a plan for pets as well – only service-animals may be allowed at emergency disaster shelters.
- Assemble a disaster supplies kit of the following items. Prepare ahead of time and take with you if you need to evacuate:
  - Prescription medications and medical supplies (take at least one week's worth of supplies in case you will not be able to return home)
  - Bedding and clothing, including sleeping bags, pillows, and weather-appropriate clothing
  - Bottled water (Red Cross recommends 1-gallon of water per person, per day), battery operated radio and extra batteries, first aid kit, flashlight, non-perishable/canned food and manual can opener
  - Car keys and maps
  - Special items for infants, elderly, or disabled family members
  - Written instructions on how to turn off electricity, gas and water if authorities advise you to do so. (Remember, you'll need a professional to turn them back on.)
  - Photocopies of important documents, including: driver's license, Social Security card, proof of residence, insurance policies, wills, deeds, birth and marriage certificates, tax records, service animal permit, etc.
- Listen to NOAA Weather Radio (http://noaa.org) or local radio or TV stations for evacuation instructions. If advised to evacuate, do so immediately

- Once you have evacuated:
  - Notify **ActivStyle** of any change in your location.
  - Take at least one week's worth of your supplies to your designated area of evacuation.
  - Notify **ActivStyle** of any changes in your evacuation location and when you return home.
  - Contact **ActivStyle** AT LEAST two days prior to running out of supplies.
- After the disaster or once you have found shelter, list yourself as SAFE and WELL with the American Red Cross by entering your information at: http://safeandwell.org (in English) or http://www.cruzrojaamericana.org/ (en Español).

ADDITIONAL RESOURCES

- American Red Cross phone #1-800-RED-CROSS
- For more information about preparing for specific emergency situations, go to:
  - Red Cross: http://www.redcross.org/prepare/disaster-safety-library and
  - FEMA: www.ready.gov (in English) and www.listo.gov (en Español)

WHAT TO DO IF ACTIVSTYLE EXPERIENCES AN EMERGENCY

ActivStyle has an Emergency Preparedness Plan designed to be used in the event of any emergency or situation that interferes with the company's ability to provide products and services through our normal daily procedures. In the event of an emergency affecting the company's offices, we will make every effort to restore provision of products and services to our new and existing customers as quickly as possible.

ActivStyle's supply delivery should not be interrupted due to a company emergency. If an Emergency is experienced which may affect services to our clients, we will:

- Transfer services to another ActivStyle branch and/or arrange an alternate work site;
- Secondary suppliers will be contacted to assist in delivering services;
- Establish telephone and data services and restore computer records using back-up tapes;
- If you have signed up for order reminders, staff will begin contacting clients affected to assess their status and make arrangements to assess product/service needs;
- Secondary suppliers will be contacted to determine inventory levels and arrange for reestablishment of stock;
- Begin reconstruction of daily operations and records.

Please contact **ActivStyle** at **1-855-284-6757** with any questions or additional assistance needed regarding our Emergency Preparedness Plan.

Safe Use & Storage of Nutritional Products

Please keep this information in a safe place.

This information is intended to provide general 'best-practice' guidelines to help maintain the quality of the nutritional products our clients receive. Please refer to the instructions printed on each product's container for specific guidelines for that product and follow those instructions if there is any conflict with the information provided below. For additional information, you may call ActivStyle or contact the manufacturer directly via the website or phone number on the product's label.

Recommended Storage Guidelines for Nutritional Products

- Unopened nutritional products should be stored in a range of between **55°–75° Fahrenheit**. Storage at these temperatures will assure the highest-quality product, both aesthetically and nutritionally. Nutritional products may be stored between 32° F and 95° F however prolonged exposure to temperatures below 32° F or above 95° F could affect the physical consistency of the product and is not recommended.
- Store all unopened products in a **dry, cool area**.
- Nutritional products **should not be warmed and then refrigerated**.
- Do not freeze formulas unless indicated; freezing can render liquid products unusable.
- Pour prepared formula into individual feeding bottles or cups, cap, and store in the refrigerator. Do not leave prepared formula unrefrigerated.
- Refer to product label for appropriate storage times.
- Once product is opened, use or refrigerate within 4 hours.
- Discard refrigerated product after 48 hours.
- Drinking from the container or through a straw exposes product to significant amounts of oral bacteria. When product is to be consumed directly from the container or through a straw, **refrigerate or discard remaining product within 1 hour** so it is best to serve only what will be consumed within one hour. Consume refrigerated product that has been exposed to oral consumption **within 24 hours**.
- Do not reuse prefilled feeding bottles.

Additional Powder Storage Recommendations

- Do not store the powder in the refrigerator.
- Cover opened powder cans.
- Use powdered formula **within 1 month** after opening; product may not be expired but some of the nutritional value will degrade over time after opening.
- Follow instructions for use & storage on the product label.

RTH (Ready to Hang) Products: Follow instructions for use & storage on the product label.

Expiration Dates

The expiration date of Nutritional products is printed on each container – dates might be printed in month/year or month/day/year format.

- Use the formula by the date shown on the product (or first day of the month if expiration given is 'month/year').
- The vitamin content and the physical stability of the product cannot be guaranteed beyond the "Use By" date because both may degrade with time.

Warning

- Never use a microwave oven to warm formula; serious burns can result.

Safe Use Of Intermittent Catheter Supplies (Female)

Please keep this information in a safe place.

The information provided herein is for educational purposes only and does not replace prescriber directions. A licensed prescriber should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies.

Female Self-Catheterization

You will use a catheter (tube) to drain urine from your bladder. You may need a catheter because you have urinary leakage, not being able to urinate, surgery that made a catheter necessary, or another health problem.

What to Expect at Home

Urine will drain through your catheter into the toilet or a special container. Your health care provider will show you how to use your catheter. After some practice, it will get easier.

Sometimes family members, a school nurse, or others may be able to help you use your catheter.

You will get a prescription for the right catheter for you. Generally your catheter may be about 6 inches long, but there are different types and sizes. You can buy catheters at medical supply stores. You will also need small plastic bags and a gel such as K-Y jelly or Surgilube. DO NOT use Vaseline (petroleum jelly).

Ask how often you should empty your bladder with your catheter. In most cases, you empty your bladder every 4 to 6 hours, or 4 to 6 times a day. Always empty your bladder first thing in the morning and just before you go to bed at night. You may need to empty your bladder more frequently if you have had more fluids to drink.

You can empty your bladder while sitting on a toilet. Your provider can show you how to do this correctly.

Using Your Catheter

Follow these steps to insert your catheter:

- Wash your hands well with soap and water.
- Collect your supplies: catheter (open and ready to use), towelette or other cleaning wipe, lubricant, and a container to collect urine if you are not planning to sit on the toilet.
- You may use clean disposable gloves, if you prefer not to use your bare hands. The gloves do not need to be sterile, unless your doctor says so.
- Gently pull the labia open and find the urinary opening. Use a mirror to help at first.
- With your other hand, wash your labia 3 times from front to back, up and down the middle, and on both sides. Use a fresh antiseptic towelette or baby wipe each time. Or, you may use cotton balls with mild soap and water. Rinse well and dry if you use soap and water.
- Apply the K-Y Jelly or other gel to the tip and top 2 inches of the catheter. (Some catheters come with gel already on them.)
- While you continue to hold your labia with your first hand, use your other hand to slide the catheter gently up into your urethra until urine starts to flow. DO NOT force the catheter. Start over if it is not going in well. Try to relax and breathe deeply.
  A small mirror may be helpful.
- When urine stops flowing, slowly remove the catheter. Pinch the end closed to avoid getting wet.

- Wipe around your urinary opening and labia again with a towelette, baby wipe, or cotton ball.
- If you are using a container to collect urine, empty it into the toilet. Always close the toilet lid before flushing to prevent germs from spreading.

Cleaning Your Catheter

Most insurance companies will pay for you to use a sterile catheter for each use. Some kinds of catheters are meant to be used only once, but many catheters can be re-used if they are cleaned correctly.

If you are reusing your catheter, you must clean your catheter every day. Always make sure you are in a clean bathroom. DO NOT let the catheter touch any of the bathroom surfaces (such as the toilet, wall, and floor).

Follow these steps:

- Wash your hands well.
- Rinse out the catheter with a solution of 1 part white vinegar and 4 parts water. Or, you can soak it in hydrogen peroxide for 30 minutes. You can also use warm water and soap. The catheter does not need to be sterile, just clean. Rinse it again with cold water.
- Hang the catheter over a towel to dry.
- When it is dry, store the catheter in a new plastic bag.
- Throw away the catheter when it becomes dry and brittle.
- When away from your house, carry a separate plastic bag for storing used catheters. If possible, rinse the catheters before placing them in the bag. When you return home, follow the above steps to clean them thoroughly.

When to Call the Doctor

Call your health care provider if:

- You are having trouble inserting or cleaning your catheter.
- You are leaking urine between catheterization.
- You have a skin rash or sores.
- You notice a smell.
- You have pain in your vagina or bladder.
- You have signs of infection (a burning sensation when you urinate, fever, fatigue, or chills).

Alternate Names: Clean intermittent catheterization - female; CIC - female

References: Copyright 1997-2016, A.D.A.M., Inc.

Reference: https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000144.htm

Safe Use Of Intermittent Catheter Supplies (Male)

Please keep this information in a safe place.

The information provided herein is for educational purposes only and does not replace prescriber directions. A licensed prescriber should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies.

Male Self-Catheterization

A urinary catheter tube drains urine from your bladder. You may need a catheter because you have urinary leakage, not being able to urinate, prostate problems, or surgery that made it necessary.

Clean intermittent catheterization can be done using clean techniques.

What to Expect at Home

- Urine will drain through your catheter into the toilet or a special container. Your health care provider will show you how to use your catheter. After practice, it will get easier.
- Sometimes family members or others may be able to help you use your catheter.
- Catheters and other supplies can be bought at medical supply stores. You will get a prescription for the right catheter for you. There are various types and sizes. Other supplies may include towelettes and lubricant, e.g. K-Y Jelly or Surgilube. DO NOT use Vaseline.
- In most cases, you should empty your bladder with your catheter every 4-6 hours, or 4-6 times a day.
- Always empty first thing in the morning and just before bedtime. You may need to empty your bladder more frequently if you have had more fluids to drink.
- Avoid letting your bladder get too full. This increases your risk of infection or complications.

Using Your Catheter

Follow these steps to insert your catheter:

- Wash your hands well with soap and water.
- Collect your supplies (your catheter, a towelette or other cleaning wipe, lubricant) and a container to collect the urine if you are not planning to sit on the toilet.
- You may use clean disposable gloves if you prefer not to use your bare hands.
- Move back the foreskin of your penis if you are uncircumcised.
- Wash the tip of your penis with Betadine (an antiseptic cleaner), a towelette, soap and water, or baby wipes the way your provider showed you.
- Apply the K-Y Jelly or another gel to the tip and top 2 inches of the catheter.
- With one hand, hold your penis straight out.
- With your other hand, insert the catheter using firm, gentle pressure. DO NOT force it. Start over if it is not going in well. Try to relax and breathe deeply.

Once the catheter is in, urine will start to flow.

- After urine starts to flow, gently push in the catheter about 2 more inches, or to the “Y” connector. (Younger boys will push in the catheter only about 1 inch more at this point.)
- Let the urine drain into the toilet or special container.
- When urine stops, slowly remove the catheter. Pinch the end closed to avoid getting wet.

- Wash the end of your penis with a clean cloth or baby wipe. Make sure the foreskin is back in place if you are uncircumcised.
- If you are using a container to collect urine, empty it into the toilet. Always close the toilet lid before flushing to prevent germs from spreading.

Cleaning Your Catheter

Some catheters are meant to be used only once. Many others can be re-used if cleaned appropriately. Most insurance companies will pay for you to use a sterile catheter for each use.

If you are reusing your catheter, you must clean it every day. Always make sure you are in a clean bathroom. DO NOT let the catheter touch any of the bathroom surfaces; not the toilet, wall, or floor.

Follow these steps:

- Wash your hands well.
- Rinse out the catheter with a solution of 1 part white vinegar and 4 parts water. Or, you can soak it in hydrogen peroxide for 30 minutes. You can also use warm water with soap. The catheter does not have to be sterile, just clean.
- Rinse it again with cold water.
- Hang the catheter over a towel to dry.
- When it is dry, store the catheter in a new plastic bag.

Throw away the catheter when it becomes dry and brittle.

When away from your house, carry a separate plastic bag for storing used catheters. If possible, rinse the catheters before placing them in the bag. When you return home, follow the above steps to clean them thoroughly.

When to Call the Doctor

Call your health care provider if:

- You are having trouble inserting or cleaning your catheter.
- You are leaking urine between catheterizations.
- You have a skin rash or sores.
- You notice a smell.
- You have penis pain.
- You have signs of infection, such as a burning sensation when you urinate, a fever, or chill.

References: Copyright 1997-2016, A.D.A.M., Inc.

Reference: https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000143.htm

Incontinence Products - Proper Use and Troubleshooting Guide

Do you have Questions?

Call an ActivStyle representative at 1-855-284-6757 to discuss product options and benefits.

Tips for Proper Use

Ensure proper fit:

- Proper fit helps ensure the product performs optimally.
- Always make sure the product is completely unfolded so leg cuffs will be positioned properly.
- The diaper or brief should be level at the waist. A pad should be slightly higher in the back than in the front.
- The product should be snug against the groin and around the legs and should not bunch around the abdomen.
- Make sure the product is positioned so the outer covering faces away from the skin.

Bigger size does not mean more absorbent! In fact, using a bigger size than is necessary can lead to avoidable leakage because the product does not securely fit around the waist or legs. If there are large gaps in these areas, the product is likely too big. Products should fit snugly, like a pair of underwear.

Proper hygiene and disposal:

- Always change the product on a routine basis or when soiled.
- Always wash your hands before and after changing the product.
- Lotions and powders should not come in contact with the fastener tabs as this will reduce their adherence.
- Dispose of used products by rolling them up to minimize odors and exposure to others.
- Assess skin integrity regularly and develop appropriate care plans.

"I am satisfied with what the ActivStyle representative has done for me. He was a very personable person who helped me out greatly the last two times I ordered. I have been having a little bit of trouble with undergarments and…he has helped me out tremendously. I can't thank you enough."

Lawrence, Pottsville, PA

"The ActivStyle representative who helped me was just awesome, and every time I talk to someone from your company, they're the same way. No one is short with me, and everyone is eager to do a good job. I'm so grateful for your service."

Barbara, Minneapolis, MN

Troubleshooting

Problem:	Possible Causes:	Solutions:
Red groin creases or lines on inner thigh	Leg cuffs not fitted to leg creases	Make sure the product is fully opened and leg cuffs are secure around the groin area
Redness on groin area or buttocks	Infrequent changes; pericare issue	Change product routinely and timely; ensure proper pericare with each change
Redness on inner thigh	Moisture gathering	Ensure skin is clean and dry
	Peri-care issue	Ensure skin is clean and dry
	Product is not secure	Check proper size and fit
Leakage	Product is too large	Check proper size and fit
	Product is not properly secured	Make sure the product is fully opened and sufficiently secure around the waist and legs
Rashes or blisters	Tape touching skin	Make sure the tape is correctly applied
	Brief is too tight	Check for areas of restriction during application
	Peri-care issue	Ensure skin is clean and dry

PLEASE NOTE: Misapplication or incorrect fit may result in skin problems; however, other medical conditions may cause these irritations and a physician should be consulted whenever a skin irritation develops. This information is for education only and does not constitute medical advice.

Notes:

Notes:

Corporate Headquarters:

1055 Westgate Drive, Suite 100
St. Paul, MN 55114
855-284-6757
www.ActivStyle.com

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Version: AS_NPK_080825

ActivStyle Corporate Headquarters
1055 Westgate Drive, Suite 100
St. Paul, MN 55114
Phone: (855) 284-6757
Email: customerservice@activstyle.com
Website: www.ActivStyle.com

Customer Orientation Checklist

By returning this document, I attest that I have received, read, and understand the following information included in the ActivStyle Welcome Guide and New Patient Kit:

☐ **Welcome Guide** including:
- Page 1-2: Welcome letter, contact information, financial responsibility, insurance assignment, and reorder process
- Page 3-5: Patient Responsibilities and Rights
- Page 5: Return and Warranty Policies
- Page 7-12: Notice of Privacy Practices
- Page 13-14: Medicare Supplier Standards
- Page 16-17: Emergency Preparedness Plan
- Page 17-24: Safe Use of the Supplies/Equipment

☐ Client Communication/Feedback Form

☐ UPS Follow My Delivery Flyer

Terms, Conditions and Responsibility Form

ActivStyle is being asked to supply medical equipment. If you have questions regarding this form, please contact ActivStyle's Customer Service team at 1-855-284-6757 and wait to complete this form until your questions are answered.

Patient/customer name: _____ Patient account number: _____

1. Release of Information
I authorize ActivStyle (including its affiliates, employees, agents and contractors) to access, request and receive from other health care providers, insurers and any other person all of my health care records for purposes related to treatment, obtaining payment for products and services, and health care operations (for example, reviews of product utilization). I authorize all persons (including ActivStyle) with medical or other information about me to release the information to health insurers and health care programs related to eligibility, claims and payments for products or services provided to me by ActivStyle. I acknowledge that ActivStyle's Notice of Privacy Practices, which is located at the company's website at www.ActivStyle.com, further describes how ActivStyle may use and disclose my health information, as well as my rights under certain privacy laws.

2. Financial Responsibility
ActivStyle's goal is to work with me to obtain reimbursement from my payer for medically necessary products and services. I understand I am responsible for any amounts not covered by my payer, including any applicable copayments and deductibles. I also agree to cooperate in the reimbursement process; this may include engaging my prescribing provider, confirming monthly delivery of products, and other duties as necessary to prevent disruption in service.

It is my responsibility to notify ActivStyle if I stop using the products and services, have a change in health condition or status, if I fail to make acceptable financial arrangements for any amounts not covered by my payer, or to make a reasonable effort to comply with ActivStyle requests.

3. Assignment of Benefits and Authorization of Third Party Payment
I authorize ActivStyle to submit insurance claims on my behalf for the products and services provided by ActivStyle. I authorize payments of medical benefits be made directly to ActivStyle for the products and services provided to me by ActivStyle. ActivStyle will be accepting assignment unless ActivStyle enters into a separate written agreement signed by me that specifically states ActivStyle is not accepting assignment.

4. Certification of receipt
I hereby certify I have received the ActivStyle Welcome Guide and New Patient Kit and have reviewed the contents and agree to the ActivStyle terms and conditions of service.

Signature of Patient or Authorized Representative: _____ **Date:** _____

For internal use only – Acct # _____

ActivStyle Corporate Headquarters
1055 Westgate Drive, Suite 100
St. Paul, MN 55114
Phone: (855) 284-6757
Email: customerservice@activstyle.com
Website: www.ActivStyle.com

Client Communication / Feedback Form

At ActivStyle we strive to provide the highest quality products and customer service. To ensure that our service meets your expectations, we encourage you to provide feedback with any problem, concern, or compliments you may have.
This completed form will be routed directly to the Customer Service Manager, who will promptly review this concern and follow up with you as appropriate.

If you wish, you may also call us at (855) 284-6757, or email this form to customerservice@activstyle.com.

We appreciate your comments as well as your assistance in helping us to continually improve our service.

Individual completing the form: _____

Date of form completion: _____

Name of affected individual: _____

Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

ActivStyle Account #: _____

Initial date of incident: _____

Describe incident (use back if needed):

_____

_____

_____

_____ _____

Signature Date

Corrective Measure (office use only)

_____

_____

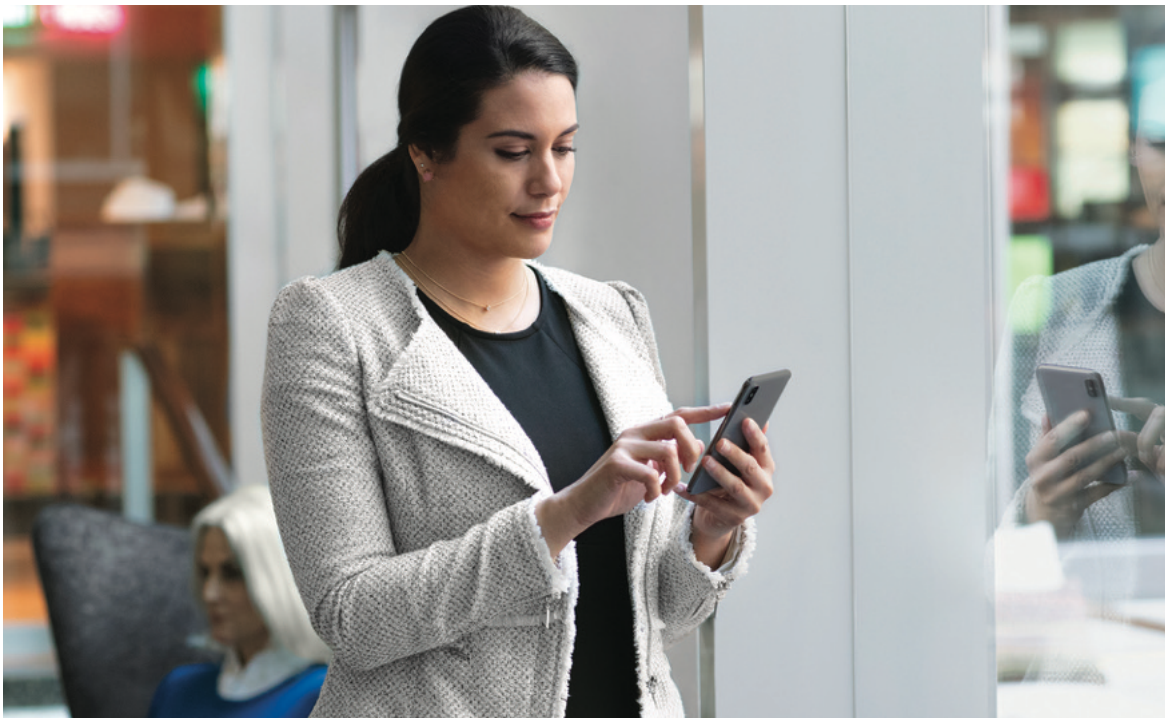
_____

Reviewed by:

_____ _____ _____ _____

Signature Print name Title Date

Your purchases. Your deliveries. You have more control with FedEx Delivery Manager.®



FedEx Delivery Manager gives you more control of when and where you receive deliveries. Schedule a specific date or time. Ask us to hold your delivery at a secure FedEx Office or retail location. Set a vacation hold and so much more — putting the power of delivery management in your hands.

Customize when and where you receive deliveries.

- Request to pick up deliveries at one of thousands of locations — including FedEx Office and Walgreens.
- Know when a delivery is on its way.
- Request a vacation hold.
- Automatic delivery notifications with picture proof of delivery.
- Sign for a delivery electronically.
- Include delivery instructions.
- Get convenient access on the FedEx® Mobile app.

Sign up at **fedex.com/mydelivery**.

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Relax. You have flexibility with UPS My Choice®

You probably love the convenience of having everything shipped to your home.

But how do you keep track of it all?

And what if you aren't going to be home?

UPS My Choice service ensures you always know where your incoming shipments are and makes it easy to manage your deliveries. Memberships are free and you get real-time delivery updates, can customize your delivery preferences, and request delivery changes if needed.

Receive delivery notifications
Choose how and when you receive delivery updates including email, text or push notifications.

Manage your deliveries
Personalize where and when your packages get delivered.[1]

Reroute shipments when you're not home
Send deliveries to a nearby UPS Access Point® location.[2]

Not a UPS My Choice® Member? Sign up for free at ups.com/mychoice

1. The UPS My Choice service includes fee-based options.
2. Some UPS Access Point® locations do not accept Adult Signature Required packages for consumer pickup.

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