

# Welcome to OrPro

Thank you for choosing OrPro to provide your prosthetic and/or orthotic services. Our goal is to provide you with high quality, cost-effective care and service under the direction of your physician. In order to make your initial appointment run smoothly, we ask that you read the following to be prepared for your appointment.

## **FORMS**

Enclosed in your welcome packet are the following forms:

- Patient Information Form
- Patient Acknowledgment Form
- For Patients
- Summary of Notice of Privacy Practices
- Medicare Supplier Standards

**Please complete the Patient Information and Patient Acknowledgment Forms prior to your appointment.**

## **FINANCIAL**

Many insurance policies require the patient to pay for a percentage of our charges and an annual deductible. **You are responsible for paying a portion of this amount at your first appointment, usually half of the total amount for which you are personally responsible.** Your entire coinsurance and deductible is due before your prosthetic or orthotic device is delivered. Please be aware that coinsurance is not the same as co-pay.

Please call your insurance company to verify your coverage for prosthetics and/or orthotics and to verify your coinsurance percentage and deductible amount. Our office staff will also be available to assist you in confirming your coverage and financial responsibility.

## **YOUR APPOINTMENT**

You will need to wear or bring appropriate clothing to your appointment.

### If you are being seen for:

Lower limb brace or lower limb prosthesis . . . . .	<u>please bring:</u> shorts
Spinal/back brace, upper limb brace or upper limb prosthesis . . . . .	tight fitting t-shirt
Scoliosis brace . . . . .	tight fitting t-shirt and x-rays*

\* x-rays usually need to be requested from your doctor 24 hours in advance

### **Please bring the following items to your appointment:**

- Patient Information Form
- Patient Acknowledgment Form
- Insurance card(s)
- Prescription
- Proper clothing (see above)
- X-rays (scoliosis patients only)

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

**Please arrive 15 minutes before your appointment time.**

Please call us if you have any questions. You can find the number to your OrPro patient care location on our website at [www.orpro.com](http://www.orpro.com). Our office hours are Monday - Friday, 8:00 - 5:00. If you are unable to make your appointment, please call us as soon as possible so we may reschedule your appointment.

We look forward to seeing you soon!



PATIENT INFORMATION FORM
Please Print

INFORMATION ON THE PATIENT

Form fields for patient information including Last Name, First Name, M.I., Social Security Number, Street Address, City, State, Zip, Home Phone Number, Sex, Marital Status, Date of Birth, Email Address, Cell Phone Number, Emergency Contact, City, State, Phone Number, and Referring Physician's Name.

INFORMATION ON THE PERSON FINANCIALLY RESPONSIBLE FOR THE SERVICES (Self, Parent or Guardian)

Form fields for financial responsibility information including Last Name, First Name, M.I., Date of Birth, Relationship to Patient, Social Security Number, Street Address, City, State, Zip, Home Phone Number, Employer, Work Phone Number, How Long Employed?, Employers Address, City, State, Zip, Spouse's Last Name, First Name, M.I., Social Security Number, Spouse's Employer, Work Phone Number, and How Long Employed?.

INSURANCE INFORMATION

Form fields for insurance information including Primary Insurance Company of Health Plan Name, Secondary Insurance Company or Health Plan Name, Other Insurance Company or Health Plan Name, and a question about Worker's Compensation Insurance coverage.

If yes, please complete the Workers Compensation section to the right.

WORKERS COMPENSATION INFORMATION

Form fields for workers compensation information including Workers Compensation Insurance Company, Date of Injury, Claim Number, Claim Adjustor, Phone Number, Employer at Time of Injury, City, State, and Zip.

I certify that all the information provided by me is true, accurate and complete.

Signature of Patient, Signature of Parent or Guardian, Date

**PATIENT ACKNOWLEDGMENT FORM**

Patient's Printed Name: \_\_\_\_\_

I request that payment of authorized Medicare, Medicaid, or private insurance benefits be made to OrPro Prosthetics & Orthotics for any covered services furnished by OrPro Prosthetics & Orthotics. I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services (CMS) and its agents, Champus/TRICARE and its agents, or to any private insurance company any information needed to determine these benefits or the benefits payable for related services.

My signature to this document may be used as the "Signature on File" for the appropriate billing to a third-party payor. I authorize this provider to appeal, on my behalf, any claim denied or prior authorization denied by third-party payor.

I understand and agree that I am responsible for the following expenses: any service my insurance plan deems "non-covered," all co-insurance and/or co-payment amounts, all deductibles, any amount that exceeds benefit limits under my insurance plan and any amount my insurance plan deems not covered because I was not insured on the date of service.

I certify that the information provided by me is true, accurate and complete.

**I acknowledge having received:**

- **For Patients handout which includes:**
  - **Patient Rights, Patient Responsibilities and Warranty**
  - **OrPro's Financial Policy**
- **OrPro's Notice of Privacy Practices (HIPAA) dated April 14, 2003**
- **Medicare Supplier Standards**

**Patient or Responsible**

**Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If Responsible Party, please complete below:

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Reason for Patient's Inability to Sign: \_\_\_\_\_

For Notice of Privacy Practices only, describe the Responsible Party's authority to act on behalf of the patient:

\_\_\_\_\_  
\_\_\_\_\_

# *For Patients*

Information on  
Our Prosthetic  
and  
Orthotic Care



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# Welcome

Welcome!

As our patient, you're the most important person in our professional lives. We're honored that you chose an OrPro facility for your prosthetic or orthotic needs. We're looking forward to providing you with the very best of care.

Your first visit to our facility may be your first step into the world of orthotics or prosthetics. Maybe your loss of physical function has been gradual. Or, perhaps you've experienced a sudden, traumatic loss due to an accident or disease. You might be struggling with shock at what has happened to you. You may feel apprehensive about what lies ahead.

As you begin the rehabilitation process with your practitioner, many of your fears will subside. Talking with your practitioner and learning everything you can about your rehabilitation will help you feel more in control. Your sense of hope will be renewed.

This patient information book introduces you to prosthetic and orthotic rehabilitation. It outlines the typical course of treatment we follow for patients who receive a complex device. It answers some of the most common questions new patients often ask.

If you have questions or concerns not covered in this book, please speak up. And be assured that at OrPro, you'll receive effective and timely clinical care, as well as professional, courteous service.

Thanks for placing your trust in us.

Your OrPro Patient Care Facility



## The Rehabilitation Team

Physical rehabilitation is a process that restores basic physical capabilities that were lost due to injury or illness or that were missing at birth. As prosthetists and orthotists, we are part of your rehabilitation team. Our specialty is in treating neuromuscular and musculoskeletal disorders.

- The prosthetist designs, fabricates, and fits prostheses -- an artificial limb that replaces a part or all of a limb that's missing.
- The orthotist designs, fabricates, and fits orthoses -- braces or other devices that support a part of the body, such as the spine, neck, knee, foot, or wrist.

Other members of the rehabilitation team usually include:

- Your doctor, who is responsible for diagnosing your medical condition and prescribing an overall course of treatment. He or she may also perform any necessary surgery.
- Physical therapists, who use exercises to strengthen muscles, improve range of motion, and decrease pain. Occupational therapists also use exercises to increase your independence and daily functioning.

*The most essential person on your rehabilitation team is you.* The health care professionals on your team contribute their specialized knowledge and expertise. But ultimately you are in charge of your own rehabilitation. You are the final decision-maker and motivator.

As your prosthetist or orthotist, we will do everything we can to make your rehabilitation successful -- whether your course of treatment is short-term or life-long.

## Visits With Your OrPro Practitioner

In general, patients are referred to us by their physician or therapist. If you need surgery, we would like to see you in the hospital before your operation. This gives us a chance to help you better understand what lies ahead. Most often, however, your first contact with us is at our patient care facility.

At the time your appointment is made, we'll obtain a basic description of your condition so we can schedule you with the prosthetist or orthotist who's most skilled in your area of care. This person will be your practitioner.

### **Consultation Visit: Developing a Rehabilitation Plan**

Your first visit with your practitioner is called a "consultation visit." During this consultation, you and your practitioner will establish an orthotic or prosthetic rehabilitation plan.

This plan will set forth goals for you to reach, such as learning to walk again after a leg injury or amputation. The plan will also outline the componentry, materials, and type of device that your practitioner feels will help you achieve your goals. The plan might also include gait training and other exercises.

Your rehabilitation plan must be realistic. It's important, both psychologically and physically, that you set goals that are attainable. Once you've achieved those goals, you can often set more ambitious ones.

To set realistic goals, your practitioner will ask you questions about your lifestyle and financial situation, as well as about your physical capabilities. Many factors will influence your rehabilitation, including:

- Your present physical condition.
- Your previous levels of activity.
- Your age.
- Your work and hobbies.
- Your home situation.
- Your insurance or other method of payment.
- Your expectations for rehabilitation.



If you've worn an assistive device before, we will also want to hear about your experiences with it -- both positive and negative.

Based on a physical assessment and the information you provide, you and your practitioner will establish your rehabilitation plan. Be sure to ask questions yourself about this new phase of your life. Bring in a list of questions, if that will help you remember them.

During this first visit, the practitioner will usually take measurements and impressions using computer-aided-design or by taking a cast. These will be used to make a prosthesis or orthosis that is customized to your individual needs.



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## **Costs and Payments**

During your first visit, your practitioner will go over the costs of the orthosis or prosthesis selected for you.

This device will be custom-made or custom-fit specifically for you. For this reason, it is important that you agree to exactly what will be made for you before it is fabricated or fit. Your practitioner will explain the choices available -- such as the various fabrication materials and componentry, which differ in their weight, capabilities, and price.

After discussing costs, your practitioner or our reimbursement specialist will talk with you about paying for your device. If you are insured, you should bring information on your medical coverages to our office. Your insurance company's benefits booklet will give you some idea of what your insurer will and will not cover. Some insurance companies are vague in their coverage descriptions. In this case, it might help to call your insurer to ask for more details.

In general, our reimbursement specialists are very knowledgeable about Medicare, Medicaid, and other insurance plans.

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## **Selecting the Appropriate Device**

The type of device you and your practitioner choose will be based on your rehabilitation plan. If the course of your treatment is long-term, your device might be changed for another type or style after a period of time.

Depending on the type of device, you may have a choice as to particular features, such as the suspension method, fasteners, or fabrication materials. Some models are also designed specifically for recreational or work activities.

Your practitioner will go over all the options with you. Either the practitioner or our reimbursement specialist will explain what is covered by your insurance and give you prices for optional features, if you're interested.

## Interim Fitting Visits

Several fitting visits to your practitioner may be necessary if you'll be wearing a complex, custom-fabricated device. During the early stages of fabrication, your device often looks rough and unattractive. Don't be alarmed! This is only a temporary state.

Your practitioner will make static fittings of your device by holding it next to you or by slipping a replica on you, sometimes while you're standing.

The practitioner will also conduct a "dynamic alignment" of your device. This means that the device's components will be positioned and adjusted so that they work effectively while you're wearing it.

By the last interim fitting visit, your orthosis or prosthesis will be shaped and finished so it looks more appealing. Be sure to tell your practitioner what you prefer in terms of your device's "cosmesis," or covering.



## Final Fitting Visit

This is an important day -- you'll get to wear your orthosis or prosthesis home.

Listen carefully to your practitioner's instructions on how to put your device on, take it off, and care for it. Knowing how to treat your device will mean greater comfort for you and longer life for the device.

Before you leave, you and your practitioner will review your rehabilitation plan. The plan might include a return visit to your doctor or visits with a therapist. Follow-up visits to your practitioner will also be scheduled.

## Follow-Up Visits

Patients who have been fitted with a major device, such as a prosthesis, will return for a follow-up visit within the next month. They'll continue to see their practitioner as needed, until they have adapted to their device.

*If you're having a problem with your device, don't wait for your next scheduled appointment.*

Call your practitioner right away if you have:

- Mechanical difficulties.
- An abrasion or sore that's related to wearing the device.
- A problem with how the device fits.



A phone call and perhaps a quick visit are important for your safety. They also enable your practitioner to solve little problems before they become big.

All patients should have a check-up at least every six months. Your practitioner will make adjustments to improve both your comfort and your device's effectiveness.

## Wearing Your Prosthesis or Orthosis

It takes time to become accustomed to your assistive device. Wearing it everyday in your home, outside, or at work is a lot different than wearing it at our office or at physical therapy.

Often, you must learn how to move your body in a totally new way for your device to be effective. You might also find that wearing the device makes you use muscles and other parts of your body seldom used before. This can lead to fatigue and soreness at first.



After you've worn your device for awhile, you'll also notice certain changes to your body. You might retain fluids or your muscle tissues could mature, causing your limbs to become larger and the device to fit too tightly. It's also common for your affected limb to atrophy, or shrink, over a period of time, causing the device to fit too loosely.

There is no way to predict just what your body will do or when the changes will stop happening. Every person is different.

Typically, adjustments to the fit of your device can be made as your body changes, and your device will work fine for a year or more. However, it is possible for some patients to change so fast and drastically that they need major adjustments -- or even a totally new device -- within just two to three months of their initial casting and fitting.

During this period of frequent adjustments, you must be open and honest in communicating with your practitioner. Let him or her know if your device is uncomfortable or not working right.

Also, try to be patient. You must trust your practitioner's judgment as to when the adjustments should be made

Your practitioner is not responsible for fitting problems caused by the changes in your body. But he or she is committed to making necessary adjustments to your device until your body has stabilized. Your practitioner will listen to you carefully, monitor your progress, and keep you involved in fitting decisions.

Although the need for adjustments is sometimes unpredictable, you can depend on the high quality of the materials and workmanship of your device. Our devices often carry a manufacturer's warranty on specific componentry as well as our own warranty on materials and workmanship.



## Commonly Asked Questions

**Q:** How can I be sure that my practitioner is qualified to treat my condition?

**A:** First, be sure that either your patient care facility is accredited by the American Board for Certification in Orthotics and Prosthetics (ABC) or that your practitioner is ABC-certified. These credentials ensure that your care is delivered or directed by someone certified in the practice of orthotics (CO), prosthetics (CP), or both disciplines (CPO).

Second, ask your practitioner about his or her experience in treating your disability. Practitioners should discuss their background freely and answer any questions or concerns you have.

Last, be aware that OrPro is very selective in hiring practitioners. Not only do we look at credentials and experience. We also look for excellent "people skills" -- for someone who listens without interrupting, who treats patients with respect, and who communicates openly and with words you can understand. We also value a sense of commitment -- someone who cares about your rehabilitation as much as you do.

**Q:** Several people in my support group have prostheses that are more versatile than mine. How do I find out about these devices?

**A:** Ask your prosthetist. As an OrPro practitioner, he or she keeps up to date on developments in prosthetic design and materials. But keep in mind that what may work for your friends may not be the most useful artificial limb for you. Sometimes a more traditionally designed device will function better, depending on your weight, activity level, or gait pattern.

**Q:** Although my youngster needs to wear a leg brace, he's very active. Is there a warranty on your devices?

**A:** Yes. We warrant any device we fabricate to be free from defects in materials, components, and workmanship for 90 days from delivery with normal use. Devices which we fit but do not fabricate are warranted for 30 days or to the extent provided by the manufacturer. Warranties are limited to the replacement or repair of the device. When your son's device is delivered, his practitioner will show you how to put the brace on and take it off and explain how to take care of it.

**Q:** I've been depressed since my accident. I'll never be able to do the things I used to do. How can I get help?

**A:** There are several sources of help available. If you've been depressed for awhile, consider consulting a mental health specialist. An increasing number of psychotherapists now specialize in assisting people who are physically challenged. Also consider joining a support group. You will find hope and strength when you talk with other people who have your same disability. There are many excellent articles and books that can also offer you insight.

Your OrPro practitioner can help you find these resources so you can select the assistance you're most comfortable with. He or she can also be a source of support, working with you and your doctor on a realistic rehabilitation plan. When you have less physical pain and can move about again more freely, your spirits will lift.

**Q:** What should I do if I develop a problem with my device on the weekend or after you close for the day?

**A:** Contact your doctor or medical plan emergency service if your health or safety is in danger.

If the problem with your device does not endanger your health, call your OrPro facility and you will be given instructions on how to contact the practitioner on-call. The on-call practitioner will give you assistance over the phone and you will be scheduled for an appointment as soon as possible. You'll be scheduled for an appointment as soon as possible, or assistance will be given to you over the phone.

**Q:** If I have a complaint with my device or the service I receive, how do I get the problem resolved?

**A:** It's important that you speak up and tell your practitioner how you feel. Do not be afraid of hurting your practitioner's feelings. He or she would much rather you voice any concerns or discomfort you have than to keep silent.



Be sure to fill out the patient satisfaction survey, which will be given to you once you've been fitted with your definitive prosthesis or orthosis. Answering the questions on this form will help to pinpoint your complaint. It will also serve to alert facility management that you are dissatisfied.

If, for some reason, you cannot resolve the problem with your practitioner, ask to talk with the facility manager. If the manager is the same person as your practitioner, please contact Or-Pro's Customer Service Representative. He will discuss your complaint with you and resolve the matter fairly.

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## **Patient Rights**

We are committed to upholding your rights as an orthotic or prosthetic patient. These rights entitle you to:

- Receive appropriate care, treatment and consideration.
- Be treated with dignity and respect.
- Participate actively in decisions regarding your prosthetic and orthotic care.
- Receive full consideration of privacy during care and treatment.
- Be informed about the identity and qualifications of staff members handling your care.
- Receive complete information about your health condition, proposed treatment, and available treatment alternatives.
- Know the cost of prosthetic and orthotic services and products.
- Be educated in the safe and effective use of your orthotic or prosthetic device.

## **Patient Responsibilities**

As an orthotic or prosthetic patient, you're responsibilities include the following:

- Keep all appointments. If you are unable to keep an appointment, you must contact us within 24 hours to reschedule an appointment at the earliest possible time.
  - Inform OrPro of any change in overall health which may affect the wearing of the prosthesis or orthosis.
  - Inform OrPro within thirty (30) days after delivery of the prosthesis or orthosis, if any adjustments are necessary.
  - Failure to fulfill these responsibilities will constitute a waiver by the patient of any claim with respect thereto.
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## **Service Policy & Warranty**

Our services are provided by qualified professionals dedicated to meeting your individual needs. Patient evaluation, consultation, design, fitting and follow-up adjustments are provided for ninety (90) days at no additional cost to you unless there is a change in your physical condition.

After ninety (90) days, you are responsible for any charges for adjustments or modifications made to your device. Such services may be necessary for reasons such as changes in your physical condition, functional capabilities, or wear and tear or damage to your device.

Your device is warranted to be made to your individual measurements, properly aligned and properly fit, corresponding to your anatomical condition at the time of measurement.

OrPro warrants each *custom device made by OrPro* to be free from defective workmanship and/or parts, under normal service and use, for ninety (90) days from delivery date. OrPro's obligations under this warranty are limited solely to the no-charge repair or replacement of the part or parts determined defective by OrPro. OrPro will accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the patient at the time it was fitted and sold).

This warranty *does not apply to items or parts that are not manufactured by OrPro*. Items and parts that are manufactured by outside companies or vendors are warranted for the length of the warranty supplied by that manufacturer. These include, but are not limited to: components or parts not manufactured by OrPro that are used in the assembly of a device custom made by OrPro; items that are custom made by other companies but supplied to the patient by OrPro; or items that are manufactured by other companies but are fit or custom fit to the patient by OrPro.

### **This warranty becomes void immediately, if:**

- The device has been adjusted, repaired or altered by anyone other than an active employee of OrPro.
- The device or any of its parts have been subjected to misuse, negligence or accident.
- Patient fails to fulfill "Patient Responsibilities," as outlined above.

*This warranty does not cover prosthetic skin coverings or adjustments needed due to anatomical or other medical changes, nor does it cover accessories, such as prosthetic socks, straps, etc.*

Any claim whatsoever made by a recipient patient in connection with a prosthetic and/or orthotic device covered under this warranty shall be limited to the amount received by OrPro from the patient for the subject device. Any claim whatsoever made by a reimbursing source/payer in connection with an orthotic device covered under this warranty shall be limited to the amount received by OrPro from such reimbursing source/payer for the subject device.

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# Glossary of Terms

Here are some common terms you might hear when you visit your prosthetist or orthotist. These are simple definitions and not the complete ones used in medical dictionaries.

**AE or Trans-Humeral**

Above the elbow.

**AFO**

Ankle-foot orthosis. A device that encompasses the lower leg and foot.

**AK or Trans-Femoral**

Above the knee.

**Alignment**

The positioning of each section of a device in relationship to other sections and to the body.

**Anterior**

The front of a device or the body.

**Atrophy**

A decrease in the size of a muscle or tissue area, generally as a result of pressure.

**BE or Trans-Radial**

Below the elbow.

**Bilateral**

Both sides are affected, as in both legs or both arms.

**BK or Trans-Tibial**

Below the knee.

**Body Changes**

Changes which affect the fit or alignment of the prosthesis or orthosis, generally due to weight and body fluid fluctuations, as well as atrophy and shrinkage.

**Check Socket/Test Socket**

A trial socket, often transparent, made to evaluate comfort and fit prior to final prosthesis design.

**Cosmesis**

The exterior shape and finish of the device.

**Cosmetic Cover**

A plastic foam or rubber material, laminate, or stocking that gives a prosthesis a more natural appearance.

**Distal**

Farther away from a point of reference. The point in a device toward the end or lower portion.

**Edema**

Swelling of the tissues.

**Fit**

The way a device contacts your skin and supports the nearby bones and muscles.

**Function**

How well your body can perform human movements, such as sitting, walking, or grasping. Function also refers to how well an assistive device works and the capabilities it offers the wearer.

**HKAFO**

Hip-knee-ankle-foot orthosis. A device that encompasses the entire leg, including the hip.

**Hypertrophy**

Increase in the size of a muscle, generally as a result of excessive exercise of the muscle.

**KAFO**

Knee-ankle-foot orthosis. A device that encompasses the leg.

**Lateral**

Away from the center or mid-line of the body.

**LSO**

Lumbosacral orthosis. A plastic brace that supports the torso from the lower rib cage to the pelvic region. A body jacket that prevents the torso from bending, used commonly after surgery and trauma, or for severe spinal disorders such as scoliosis.

**Medial**

Toward the center or mid-line of the body.

**Occupational Therapy (OT)**

Creative activity prescribed for its effect in promoting physical recovery or rehabilitation, especially to maximize independence and function in daily living.

**Orthosis**

A plastic or metal brace used to straighten and/or support a body part, improve function, or aid recovery.

**Orthotist**

A practitioner who designs, fabricates, and fits orthoses to straighten or support the body or the limbs.

**Physical Therapy (PT)**

The evaluation and treatment of disease, injury, or disability through the use of therapeutic exercises to strengthen muscles, improve range of motion, and decrease pain.

**Prosthesis**

An artificial replacement for a body part.

**Prosthetist**

A practitioner who designs, fabricates, and fits artificial limbs.

**Proximal**

Upper or nearer or closer to a reference point. The point of a device closer to the body.

**Residual Limb**

The portion of the limb remaining after amputation. The stump.

**RGO**

Reciprocating gait orthosis. A special HKAFO that allows paralyzed persons to walk step over step. It is generally used with crutches for balance.

**Shrinkage**

Decrease in the size of an area of the body directly related to the fit of the prosthesis or orthosis.

**Socket**

The portion of a prosthesis that fits around the residual limb and to which prosthetic components are attached.

**Suspension**

Refers to how the orthosis or prosthesis is held on or maintained in position while worn. May include suction, a strap or belt, a wedge, a neoprene sleeve, or other method.

**Terminal Devices**

Devices attached to the wrist unit of an upper extremity prosthesis that provide grasp, release, cosmesis, attachment to tools or sporting equipment, etc.

**TLSO**

Thoracolumbar-sacral orthosis. A molded plastic brace that supports the torso from the upper back to the pelvic region. A body jacket that prevents the torso from bending, used commonly after surgery and trauma, or for severe spinal disorders such as scoliosis.

# Your OrPro Facility

OrPro is a multi-state provider of prosthetic, orthotic and rehabilitation services.

As a locally managed practice, your OrPro facility is a member of your community. Many of our practitioners grew up in the same area where they now practice. They're familiar with local doctors, rehabilitation specialists, and health care facilities. Especially if you're a new wearer of an orthotic or prosthetic device, you'll find that our familiarity with local health care resources smooths the way during your rehabilitation. It's also comforting to know you're among friends.

As a partner in a multi-state company, your OrPro facility is a seasoned health care provider. Our facilities share expert management, systems, and administrative services, which keeps them on the cutting edge business-wise, but holds the line on expenses. These efficiencies are important to you, the consumer. But, as an OrPro patient, you'll see that we don't stint on customer service. You are our top priority.

OrPro practitioners have extensive training in their areas of expertise, beginning with their formal education and certification, and continuing with specialized coursework and conferences. Many are involved in clinical research. All are truly enthusiastic about helping their patients.

As our patient, your opinions about our clinical care and customer service really matter to us. That's why we ask you to fill out a patient satisfaction survey after you've received your device. We want to be your orthotist or prosthetist for as long as you need us. So, please let us know how we can best serve and care for you.

# Financial Policy

We are committed to the success of your care. Please understand that payment of your bill is part of this treatment and care. Our office administrators are on staff and available to answer any specific billing questions. The following information is provided as a courtesy to clarify your financial responsibility related to professional services provided by OrPro. This document does not cover all situations and should not be construed to be an all-inclusive listing of all possible situations. If a specific payer contract (including Medicaid, VA and Workers' Compensation) is in conflict with any of the policies below, then the payer contract will supercede the conflicting policies. As part of our commitment of service to you, we will make every attempt to verify your insurance benefits at the time your services are rendered. **However, insurance verification or authorization is not a guarantee of insurance payment.** This only allows our office to provide you with a preliminary estimate of any monies due by the insured at the time of delivery of the device. **Your patient portion is subject to change based on final claim determination by your insurance carrier.**

Your financial responsibility depends on a variety of factors, explained below.

IF YOU HAVE...	YOU ARE RESPONSIBLE FOR ...	OUR STAFF WILL...
<b>Insurance Plan with whom we have a contract (including VA)</b>	<p><u>If the services you receive are covered by the plan:</u> Patient portion (co-pays, deductibles, co-insurance, etc.) on or before date of delivery.</p> <hr/> <p><u>If the services you receive are not covered by the plan:</u> Payment in full on or before date of delivery.</p>	<p>Contact your insurance plan to obtain your eligibility, benefit information and patient portion (co-pays, deductibles, co-insurance, etc.)</p> <p>Submit your insurance claim.</p>
<b>Insurance Plan with whom we are Not Contracted or we are NOT an "In-Network" Provider</b>	Payment in full on or before date of delivery, unless your plan agrees to pay us directly.	<p>Contact your insurance plan to obtain your eligibility and Out-of-Network benefit information.</p> <p>Submit your insurance claim to Medicare, as well as any claims to your secondary insurance.</p>
<b>Medicare Part B</b>	<p><u>If you have Medicare Part B,</u> and have not met your deductible, we ask that it be paid on or before date of delivery.</p> <p><u>If you do not have secondary insurance:</u> Medicare co-insurance amount on or before date of delivery.</p> <p><u>Payment for any services not covered by Medicare</u> on or before date of delivery.</p>	<p>Contact Medicare and secondary insurance plan (if applicable) to obtain your eligibility and benefit information.</p> <p>Submit your insurance claim to Medicare, as well as any claims to your secondary insurance.</p>
<b>Medicaid</b>	<p><u>Depending on each State's Medicaid Program, if the services you receive are covered by Medicaid:</u> patient portion (if applicable) on or before date of delivery.</p> <p>Payment for any services not covered by Medicaid on or before date of delivery.</p>	Contact local Medicaid office to obtain your eligibility, benefit information and patient portion (if applicable) as well as obtain prior authorization (if applicable).
<b>Workers' Comp</b>	<p><u>If the services you receive are covered by the Workers' Comp:</u> patient portion (if applicable) on or before date of delivery.</p> <p>Payment for any services not authorized by Workers' Comp on or before date of delivery.</p>	Call your Workers' Comp plan to obtain your eligibility, benefit information and patient portion (if applicable) as well as obtain prior authorization (if applicable).
<b>No Insurance</b>	Payment in full due on or before date of delivery.	Advise you regarding charges for services provided.

## Summary of NOTICE OF PRIVACY PRACTICES - ORPRO, INC.

This summary briefly describes important information contained in our Notice of Privacy Practices. We encourage you to take the time to read the complete Notice, which is attached to this summary.

Our Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Your "protected health information" means any of your written and oral health information, including your demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

This Notice will let you know about the various ways we use and disclose your medical information, describe your rights and our obligations with respect to the use or disclosure of your medical information. We will also ask that you acknowledge receipt of this Notice the first time you come to or use any of our facilities, because the law requires us to make a good faith effort to obtain your acknowledgment.

We are required by law to: Make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with our Notice of Privacy Practices and applicable law; Give you the complete Notice of our legal duties and our privacy practices; and Abide by the terms of the Notice of Privacy Practices that is in effect from time to time.

### NOTICE OF PRIVACY PRACTICES - ORPRO, INC.

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

If you have any questions about this Notice please contact:  
Privacy Contact, OrPro, Inc, 18022 Cowan, Suite 285, Irvine, CA 92614 (949) 863-1951

### OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Your "protected health information" means any of your written and oral health information, including your demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

We are strongly committed to protecting your medical information. We create a medical record about your care because we need the record to provide you with appropriate treatment and to comply with various legal requirements. We transmit some medical information about your care in order to obtain payment for the services you receive, and we use certain information in our day to day operations. This Notice will let you know about the various ways we use and disclose your medical information, describe your rights and our obligations with respect to the use or disclosure of your medical information. We will also ask that you acknowledge receipt of this Notice the first time you come to or use any of our facilities, because the law requires us to make a good faith effort to obtain your acknowledgment.

We are required by law to: Make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with this Notice of Privacy Practices and applicable law; Give you this Notice of our legal duties and our privacy practices; and Abide by the terms of the Notice of Privacy Practices that is in effect from time to time.

### 1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

#### A. Uses and Disclosures of Protected Health Information for Treatment, Payment and Healthcare Operations

Your protected health information may be used and disclosed to others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of this facility.

Following are examples of the types of uses and disclosures of your protected health care information that this facility is permitted to make. We have provided some examples of the types of each use or disclosure we may make, but not every use or disclosure in any of the following categories will be listed.

**For Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to the physician that referred you to us. We will also disclose protected health information to other health care providers who may be treating you when we have the necessary permission from you to disclose your protected health information.

**For Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include

certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may also tell your health plan about an orthotic or prosthetic device you are going to receive to obtain prior approval or to determine whether your plan will cover the device.

**For Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of this facility. These activities include, but are not limited to, quality assessment activities, employee review activities, legal services, licensing, and conducting or arranging for other business activities. We may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for this facility. Whenever an arrangement between our facility and our business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Treatment Alternatives:** We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Appointment Reminders:** We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

**Sign In Sheets:** We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room.

**Marketing and Health Related Benefits and Services:** We may also use and disclose your protected health information for other marketing activities. For example, we may send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

**Sale of the Practice:** If we decide to sell this practice or merge or combine with another practice, we may share your protected health information with the new owners.

**B. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing. You understand that we can not take back any use or disclosure we may have made under the authorization before we received your written revocation, and that we are required to maintain a record of the medical care that has been provided to you. The authorization is a separate document, and you will have the opportunity to review any authorization before you sign it. We will not condition your treatment in any way on whether or not you sign any authorization.

**C. Other Permitted and Required Uses and Disclosures That May Be Made Either With Your Agreement or the Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

**D. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to object.

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. A disclosure under this exception would only be made to somebody in a position to help prevent the threat to public health

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports

of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. We will only make this disclosure if you agree or when required or authorized by law. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Military and Veterans:** If you are a member of the military, we may release protected health information about you as required by military command authorities.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes might include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the facility's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** Under certain circumstances, we may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related illnesses and injuries.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and we created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

## **2. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of your protected health information contained in your medical and billing records and any other records that we use for making decisions about you, for as long as we maintain the protected health information.

To inspect and copy your medical information, you must submit a written request to the Privacy Contact listed on the first and last pages of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

We may deny your request in limited situations specified in the law. For example, you may not inspect or copy psychotherapy notes; or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and certain other specified protected health

information defined by law. In some circumstances, you may have a right to have this decision reviewed. The person conducting the review will not be the person who initially denied your request. We will comply with the decision in any review. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by submitting your request in writing to our Privacy Contact.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your protected health information amended. This means you may request an amendment of your protected health information contained in your medical and billing records and any other records that your we use for making decisions about you, for as long as we maintain the protected health information. You must make your request for amendment in writing to our Privacy Contact, and provide the reason or reasons that support your request.

We may deny any request that is not in writing or does not state a reason supporting the request. We may deny your request for an amendment of any information that:

1. Was not created by us, unless the person that created the information is no longer available to amend the information;
2. Is not part of the protected health information kept by or for us;
3. Is not part of the information you would be permitted to inspect or copy; or
4. Is accurate and complete.

If we deny your request for amendment, we will do so in writing and explain the basis for the denial. You have the right to file a written statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right only applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It also excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must submit a written request for disclosures in writing to the Privacy Contact. You must specify a time period, which may not be longer than six years and cannot include any date before April 14, 2003. You may request a shorter timeframe. Your request should indicate the form in which you want the list (i.e., on paper, etc). You have the right to one free request within any 12 month period, but we may charge you for any additional requests in the same 12 month period. We will notify you about the charges you will be required to pay, and you are free to withdraw or modify your request in writing before any charges are incurred.

You have the right to obtain a paper copy of this notice from us, upon request to our Privacy Contact, or in person at our office, at any time, even if you have agreed to accept this notice electronically. You may obtain a copy of this notice at our website, [www.orpro.com](http://www.orpro.com).

### **3. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary. You may contact our Privacy Contact at (949) 863-1951 or [privacycontact@orpro.com](mailto:privacycontact@orpro.com) for further information about the complaint process.

### **4. CHANGES TO THIS NOTICE**

We reserve the right to change the privacy practices that are described in this Notice of Privacy Practices. We also reserve the right to apply these changes retroactively to Protected Health Information received before the change in privacy practices. You may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of your next appointment, or accessing our website

This notice was published and becomes effective on April 14, 2003.

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## CMS MEDICARE DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS) SUPPLIER STANDARDS

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**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.

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.

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## **CMS MEDICARE DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS) SUPPLIER STANDARDS (CONTINUED)**

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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 of DMEPOS and other items and services 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 for those specific products and services.
23. All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the supplier location for three months after it is operational without requiring a new site visit.
24. All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill the Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
25. All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.
26. All DMEPOS suppliers must obtain a surety bond in order to receive and retain a supplier billing number.