

Long Term Medical Supply

Your local medical equipment choice.

(866)203-9605

*All after hours calls are forwarded to an answering service and
dispersed to the on call representative.*

Corporate Headquarters

115 2nd Avenue NW
Hampton, IA 50441
Phone: (866) 203-9605
Fax: (641) 456-4482

Iowa Falls, IA

610 South Oak Street
Iowa Falls, IA 50126
Phone: (866) 574-4100
Fax: (641) 648-4114

Hampton, IA

115 2nd Avenue NW
Hampton, IA 50441
Phone: (866) 456-3192
Fax: (641) 456-2889

Manchester, IA

107 East Main Street
Manchester, IA 52057
Phone: (888) 927-3836
Fax: (563) 927-3839

Customer Information



**Long Term
Medical Supply**
Your local medical equipment choice.

Our Mission

At Long Term Medical Supply (LTMS), we are committed to providing our clients with quality products and the superior service they expect in order for them to continue to live to their fullest capacity. We strive to do the best we can, because our clients deserve nothing less. Each employee will strive to always remember who we serve and how we can make a difference.

- Work closely with our patients, their physicians and other care providers.
- 24-hours, 7 days-a-week Emergency Service for our Respiratory Patients.
- Keep up on Medicare and other government laws and regulations.
- Free equipment pick up, delivery and instruction within our service area.
- Quarterly visits to Patients who use Oxygen Equipment.
- Complimentary billing to your insurance carrier.
- Providing our employees with up-to-date instructions and a working atmosphere of trust and respect.

Location and Hours

The LTMS Corporate office is located at 115 2nd Ave NW, Hampton, IA 50441. You can contact us from 8am-4pm, Monday through Friday, at 1-866-203-9605. Please look on the back of this booklet for information on the location and phone number of the store closest to you.

Rental Equipment

Rental equipment remains the property of LTMS, who will be responsible for all equipment repairs (except in the case of misuse or abuse). The customer is responsible for all routine maintenance as outlined during equipment set up and instruction. It is the customer’s responsibility to notify LTMS right away if any equipment needs repair or is no longer being used. Rental charges will continue on all rental equipment not returned before a new billing cycle begins. LTMS agrees to repair or replace defective equipment in a timely manner.

Purchase Equipment

New equipment is subject to the manufacturer’s warranty, which will be provided with the product information. We will gladly help you fill out your warranty information at the time of purchase at your request. Used equipment purchase from LTMS has a 90 day warranty on parts and labor.

Nondiscrimination Statement: Discrimination is Against the Law

Long Term Medical Supply (LTMS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LTMS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. LTMS provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters, Written information in other formats (large print, audio, accessible electronic formats, other formats) and provides free language services to people whose primary language is not English, such as: Qualified interpreters & Information written in other languages.

If you need these services, contact the LTMS Compliance Coordinator at the contact information below.
If you believe that LTMS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

LTMS Compliance Coordinator
115 2nd Ave NW
Hampton, IA 50441
Fax (641) 456-4482
compliance@ltms.com

YOU HAVE A RIGHT TO:

- Inspect and copy your health information, by submitting a request in writing to the Compliance Officer of LTMS.
- Request an amendment if you feel that the information we have about you is incorrect. Your request must be in writing to the Compliance Officer of LTMS who will investigate the request and determine what changes can appropriately be made. Information not generated in this office may not be appropriate for us to amend. No information can be falsely amended.
- An accounting of disclosures that we have made regarding your health information. A request must be made in writing to the Compliance Officer of LTMS and list a time period which may be no longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003.
- Request restrictions or limitations on the health care information we use or disclose to someone, such as a particular friend or family member. We are not required to agree to your request if we feel it would create a dangerous situation for you. Requests for restrictions or limitations must be made in writing to the Compliance Officer of LTMS listing the specific information involved in the request. *(What information, limit to use or disclosure, or both, to whom you want the limits to apply.)*
- Request confidential communications. *(Example: Contact me only by email.)* This request must be made in writing to the Compliance Officer of LTMS. We will accommodate all reasonable requests.
- A detailed copy of this policy. A detailed, paper copy of this notice will be supplied upon request from any of our LTMS offices. You may also obtain a copy from our website at www.ltms.com

Notice of Privacy Information Practices

Medical information is taken, and received by Long Term Medical Supply Corporation (LTMS) in order to ensure that our customers receive the appropriate equipment to meet their medical needs and to aid in the reimbursement of equipment or supply costs for the customer. To accomplish this task it is necessary to share this information with insurance carriers, other providers of care and sometimes with family member of the customers we serve.

This notice describes how your medical information may be used and disclosed and how you can get access to this information.

Your health information may be shared or used to:

- Assure that the equipment or supplies fit the intended use prescribed by your physician.
- Gain reimbursement on the customers behalf from insurance carriers, governmental and private.
- Assure that individuals involved in your care understand the proper use of your equipment.
- Alert organizations in disaster relief of your equipment use and special needs.
- Disclose information under State and Federal Law and regulations to meet Public Health reporting obligations. *Example: Recall notices on product, cases of suspected abuse or neglect, evidence of disease exposure that could result in a Public Health and Safety issue.*
- Conduct Health Oversight activities. These may include audits, investigations or licensure surveys all geared to make sure that Health Care Providers are in compliance with rules and regulations.
- Satisfy Judicial or Administrative proceedings, pursuant to a subpoena or court order, summons, warrant or similar lawful process.
- Aid in the investigation of a criminal act or to report a crime or other emergency situations.
- Report to Coroners, Medical Examiners or funeral directors information needed to perform their duties.
- Comply with Military command authorities, and National Security and Intelligence Activities, as authorized by law.
- Assure that inmates under custody of law enforcement receive appropriate equipment and supplies.

You can file a grievance in person or by mail or fax or email. If you need help filing a grievance, the LTMS Compliance Coordinator is available to help you.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Responsibilities of the Patient

You and LTMS are partners in your health care plan. To insure the finest care possible, you must understand your role in your health care program. As a patient of our organization, you are responsible for the following:

1. To provide complete and accurate information necessary to obtain payment for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account.
2. To inform a staff member, as appropriate, of your health history, and to contact us if you acquire an infectious disease during the time we provide services to you.
3. To involve yourself, as needed and as able to protect, properly clean and store your equipment and supplies and to follow instructions regarding proper use of the equipment.
4. To notify LTMS immediately of:
 - Equipment failure, damage, need of supplies or other related problems
 - Any change in your prescription, need for services or physician
 - Any loss or change of your insurance coverage
 - Any change of billing information whether temporary or permanent including change of address or admission to a hospital, long term care facility or hospice
 - Discontinued use of equipment, hospitalizations or breaks in service

Patient Bill of Rights

As an individual receiving home medical equipment/supplies from our organization, let it be known and understood that you have the following rights:

1. To choose or refuse the medical equipment supplier of your choice and to receive timely response to your request for service and information to help you make informed decisions regarding your care.
2. To expect considerate and respectful service without regard to race, color, national original, age, disability, or sex.
3. To an explanation of charges and payment policy.
4. To call the store manager in your area or the Medicare Hotline at (800)633-4227 to voice a complaint.

In An Emergency

- Dial 911
- Give the full address and explanation of the emergency
- Don't hang up
- Keep emergency contact numbers by your phone
- Have a first aid kit available in a known location
- Have a fire extinguisher

General Safety

- Make sure that all electrical outlets are grounded and that all outlets receive only the recommended electrical load. Never remove or bypass the ground prong on a plug.
- Keep emergency phone numbers near the phone.
- Use smoke detectors on every level, maintain them and have a fire extinguisher handy.
- **Do not use oxygen near heat sources or open flames.**
- **Plan where you will go during an electrical outage and share it with all care givers and service providers.**
- Your oxygen tank will not explode or burn. Oxygen does not burn but it does help other things burn faster. To prevent fire: there should be no smoking in the room where oxygen is being used. Keep the tank or concentrator at least 10 feet from an open flame, gas stoves, pilot lights in water heaters and furnaces and wood burning stoves. Keep the tank at least 10 feet from electrical equipment that may spark.

Billing Information

LTMS strives to help its customers with obtaining account payments through their insurance carrier. A list of all 3rd party payers is available to customers upon request. Insurance claims are submitted for our customers without charge as a courtesy. In all cases the customer is responsible for providing the necessary information to make claim submittal possible. All accounts billed are due within 30 days of invoice. Private insurance and non-assigned Medicare items, like private pay situations may require payment at the time of purchase, with the customer receiving reimbursement from the insurance carrier. LTMS will access a \$30.00 fee on all returned checks.

Medicaid

Long Term Medical Supply may provide equipment or supplies to Medicaid recipients if there is medical justification, the item is approved for payment, the customers provides a valid State Beneficiaries Identification Card, a personal ID and coverage is verified. Co-pay is required by Medicaid and will be collected.

Managed Care/Workman’s Comp

Payment arrangements will be made on a case-by-case basis for all customers covered under Managed Care, or Workman’s Comp insurance. All customer and medical information must be provided before a decision can be made.

Private Insurance

Customers are responsible for payment in full on their accounts regardless of claim submittal. Special circumstances apply for claims sent to Medicare primary and private insurance secondary. *(See Medicare section on next page)*

Medicare

Long Term Medical Supply may or may not accept Medicare Assignment at their discretion on a per item basis. If Medicare Assignment is elected, then the customer will be responsible for their coinsurance and deductible. When an item is billed non-assignment, the customer will be responsible for payment in full. A Medicare claim will be sent to Medicare on behalf of the customer provided that the item is a Medicare covered item. Medicare will send any payments directly to the customer. Items not covered by Medicare will be submitted upon customer request. Any claims must first have all information from the customer and their physician supplied to LTMS before claims can be filed.

Many common Medicare covered items can only be billed to Medicare on a rental basis, and may cause the customer’s responsibility for payment to go into a new deductible period for both their Medicare and Private insurance coverage arrangements.

Other than the manufacturer’s warranty, all express or implied conditions, representations, and warranties including, without limitation, any implied warranty of merchantability or fitness for a particular purpose, are excluded to the extent allowed by applicable law.

FOR CAPPED RENTAL ITEMS:

Medicare and some other insurances will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the beneficiary. Ownership does not transfer to you until your financial responsibility has been met. After ownership of the equipment is transferred to you, it is the beneficiary’s responsibility to arrange for any required equipment service or repair. During the rental period, you will be responsible for the monthly rental until your deductible is met. You will also be responsible for any co-insurance.

FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

Equipment in this category can be purchased or rented; however, the total amount paid for monthly rental cannot exceed the fee schedule purchase amount.

CMS Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Suppliers (DMEPOS) Supplier Standards

The products and/or services provided to you by Long Term Medical Supply are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.