

Satisfaction Guaranteed

If for any reason you are not satisfied with the products that you have received, please call us to make arrangements to exchange or return the unopened item for a different one. We can help you find one that best suits your needs.

EHCS Return Policy

The EHCS return policy is (30) days after the receipt of your package for a replacement or a refund. Please contact customer service via phone at 888-344-3434 or via email at contactus@myehcs.com to obtain a return authorization and a Proof of Humidity and Temperature Control form, which is required to complete the return. After 30 days, a return will need the approval of management before the return process is started.

NO RETURNS ON:

Eversense CGM systems, Special Order Items, and Breast Pumps

How to Reorder Your Supplies

Thank you for ordering from EHCS. We will email you and call you to remind you to place your reorder. For your convenience, EHCS has three options to choose from when it's time to replenish or refill your supply orders. Our goal is to make sure you don't run out of supplies!

- **Website:** <https://myehcs.com/refill>
Complete all of the required fields on the Order Refill page and Submit.
- **Phone: 877-476-6060 (toll-free)**
Please call EHCS to request your refill via our interactive phone system. If you need to speak with a representative regarding the status of your account or need an order sooner than when it was originally scheduled, call EHCS Customer Service at 888-344-3434 for assistance.
- **Mailed refill letter**
If you haven't already ordered another way, EHCS will mail to you a "refill" letter. Just fill out the refill letter with what you need and return it by mail to EHCS – no need to add postage as it is included.

If at any time you would like to adjust the quantity of supplies, add additional products, or have changed your address, physician, or insurance coverage, please call us at 1-888-344-3434 or email contactus@myehcs.com.

Client/Patient Bill of Rights and Responsibilities

(Standard Drx 2-2a)

As an Edwards Health Care Services, Inc. (EHCS) client/patient, you have the right to:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Choose a health care provider, including choosing an attending physician
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Receive appropriate care without discrimination in accordance with physician orders
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable

As an EHCS client/patient, you have the responsibility to:

- Provide EHCS with the information needed to supply you with the appropriate supplies and submit claims to your insurance and collect payment
- Sign and return any requested paperwork that allows EHCS to provide you with your medical supplies and bill your insurance, which may include obtaining protected health information (PHI) from your physician or insurance company
- Cooperate with EHCS representatives to ensure prompt delivery of your medical supplies
- Promptly pay any deductibles, copays or charges owed by you
- Inform EHCS of any change in your:
 - Place of residence
 - Medical condition, including any stays in a skilled facility, nursing home, or hospital
 - Insurance or financial status
 - Physician
 - Brand of supplies

Important Phone Numbers

- Medicare: 1-800-MEDICARE
- Office of the Inspector General: 1-800-424-5197
- Ohio Attorney General: 1-614-466-4320
- Ohio Jobs & Family Services: 1-614-466-6282
- Accreditation Commission for Health Care: 1-919-785-1214 (contact for any complaints about EHCS)

Protections Against Surprise Medical Bills

You may have medical-related billing protections applicable to providers *other than EHCS* under federal balanced billing. For such protections, please see www.cms.gov/nosurprises/consumers or call a federal helpdesk at 1-800-985-3059.

This does not apply between you and EHCS. You may have additional protections under applicable state law, and if so, information about them might be accessed through your state's Department of Insurance or equivalent agency.

FLORIDA RESIDENTS ONLY

If you are a resident of Florida, please make note of the following contact numbers:

- To report a complaint regarding the services provided, please call the AHCA Complaint Line at 1-888-419-3456
- To report abuse, neglect, or exploitation, please call 1-800-96-ABUSE
- To report suspected Medicaid fraud, please call 1-866-762-2237

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EHCS Rental Agreement for an Insulin Pump

(if applicable)

If I am receiving an insulin pump that is a rental pump per my insurance policy, I understand that the rental agreement will be for 10-13 months and that the pump is the property of EHCS until the conclusion of the rental period. I understand that if I stop using the pump during the rental period or if there are any changes with my insurance, I will contact EHCS immediately. I understand that the insulin pump includes a 4-year warranty provided by the manufacturer.

By accepting this rental agreement, the customer acknowledges that the insulin pump provided is a rental and remains the property of EHCS until the rental period ends.

- I understand that my insurance policy will rent the insulin pump for a total of 10-13 months.
- I understand that if I stop using the insulin pump during the rental period, I am required to contact EHCS to arrange to return the pump.
- I will not own the insulin pump until we bill for all of the rental months and all of the applied deductibles and co-pays are paid in full.
- I understand my insurance benefits that have been explained to me and I will be responsible for any coinsurance unless I have other insurance that may be billed.
- If I no longer have insurance prior to the pump being paid in full, I am responsible for notifying EHCS and returning the insulin pump.
- If I change insurance during the rental period – even if it is to a Medicare Advantage (replacement) plan – I will notify EHCS immediately.
- The insulin pump can be returned to EHCS and is the property of EHCS during the rental period, but I will still be responsible for any and all balances generated prior to the date of return.
- I understand that the insulin pump includes a 4-year warranty provided by the manufacturer. This warranty will include repairs to the pump or possible replacement if it is determined that the pump cannot be repaired. I can call EHCS to obtain the appropriate manufacturer contact information should I misplace my copy. The insulin pump may not be covered by the warranty if it is damaged due to negligence or abuse.
- I agree to monitor my blood glucose and follow a meal plan as prescribed by my healthcare team. I agree to use the insulin pump as prescribed and will contact EHCS should I stop using or no longer need insulin pump therapy.
- I understand the insulin pump I am renting has been recertified.*

**Recertified insulin pumps have been previously owned and fully restored by the manufacturer to their original working condition. The manufacturer inspects and tests each pump to ensure functionality before sending it to the customer. Each recertified pump comes with a 4-year manufacturer's warranty.*

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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 it carefully.

Edwards Health Care Services, Inc. (EHCS) is a health care product provider subject to the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). We have always been committed to protecting the information you share with us and are required by law to:

- Maintain the privacy of your protected health information
- Provide this Notice of our legal duties and privacy practices with respect to protected health information to any customer who requests it
- Notify you of any breach of your unsecured patient health information
- Abide by the terms of this Notice until adoption of a new one
- To post this notice on our website: www.myehcs.com

Uses and Disclosures for Payment, Treatment or Healthcare Operations

Under HIPAA, we may use, receive or disclose your protected health information for payment, treatment or healthcare operations without obtaining a written authorization from you. Examples of this use include but are not limited to:

- **Payment:** We may use and disclose your protected health information to receive payment for the products and services we provide. Payment activities may include sending claims to your health insurance carrier or medical plan, reviewing the medical necessity of the services rendered with your physician, and coordinating the payment of benefits between medical plans.
- **Treatment:** We may disclose protected health information to your medical care providers for management or coordination of that care. For example, your medical records or progress notes may be required by your insurance to make a claim payment.
- We may provide you information regarding treatment alternatives or other health-related benefits and services. We always recommend that you contact your physician before making any changes to your treatment.
- **Healthcare Operations:** We may use and disclose your protected health information for our business planning and operational purposes. For example, we may use or disclose your protected health information for activities such as verification of eligibility for benefits with your health insurance carrier or for training and quality control purposes within our organization.

- **Business Associates:** We may contract with other businesses for certain services. These businesses may require access to your personal health information in order to perform a payment or healthcare operations for us. These Business Associates must agree in writing that they will follow these privacy practices and will protect the privacy of your health information. Unless you authorize us otherwise, your protected health information will be available only to the individuals who need the information to conduct payment, treatment or healthcare operations activities.

Other Uses and Disclosures

Other disclosures EHCS may make:

- To comply with legal proceedings, court or administrative order or subpoena
- To law enforcement officials for limited law enforcement purposes
- To public Health Authorities for certain required public health activities
- To avert a serious threat to the health or safety of you or any other person
- To comply with laws and regulations related to workers' compensation or similar programs
- To a coroner, medical examiner or funeral director for purposes of carrying out his or her duties
- To federal officials for lawful intelligence activities or if you are imprisoned
- To your personal representative appointed by you or designated by law
- When otherwise required by law
- To inform you of other products and services that may be of interest to you

These uses and disclosures may be subject to special rules under HIPAA or other laws.

Limitations on Use and Disclosure: If a use or disclosure of your protected health information identified in this Notice is subject to a law more stringent than HIPAA, the more stringent law will apply. If you have a question about your rights under any federal or state law, please write to the Edwards Health Care Services, Inc. Privacy Contact.

Authorizations Required for all Other Uses and Disclosures: Any other use or disclosure of your protected health information not identified within this Notice will be made only with your written authorization. You have the right to limit the type of information and the persons to whom it should be disclosed. You may revoke your written authorization at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken.

Edwards Health Care Services, Inc.
PO Box 309
Hudson, OH 44236
Attention: Privacy Contact

Your Rights

Below are your privacy and confidentiality rights as a customer of Edwards Health Care Services, Inc. Please note that all requests must be made in writing.

You may request that EHCS places a restriction on certain uses and disclosures of your protected health information. We will do our best to accommodate your request, as long as we are not required by law to make a disclosure. To request a restriction, please write to our Privacy Contact and provide specific information as to the information to be restricted, the type of restriction being requested (i.e. on the use of information, the disclosure of information, or both), and to whom the limits should apply. We will respond in writing.

You may request that our confidential communications of your protected health information be sent to alternative locations or by alternative communicative means. For example, you may ask that we send information or products to your office rather than your home address. We are not required to accommodate your request unless the request is reasonable.

You may make a written request to inspect and obtain a copy of the protected health information that may be used by EHCS to make decisions about your care or treatment. Be specific as to the information requested. A reasonable fee may be imposed for copying and mailing the requested information.

- You may request that Edwards Health Care Services, Inc. amend your protected health information or record if you believe that information is incorrect or incomplete. Edwards Health Care Services, Inc. cannot amend information it did not create and will refer you to the provider of service if you are requesting amendment to diagnosis or treatment information.
- Any uses or disclosures of your protected health information for marketing purposes outside of Edwards Health Care Services, Inc. will be made only with your authorization.
- Any disclosures of your protected health information that would be considered as selling your protected health information requires your authorization.

- You may receive an accounting of certain disclosures of your protected health information made by Edwards Health Care Services, Inc. for purposes other than treatment, payment or healthcare operations in the six years prior to the date of the request; but not for disclosures made prior to April 14, 2003.
- Request and obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

To exercise any of these rights, please write to the address listed at the end of this Notice. There are circumstances where EHCS is allowed to deny or limit your request, unless you have paid for services out-of-pocket, in full, and you are requesting that EHCS not disclose your protected health information related solely to those services to a health plan. In such a denied or limited event, you may have the right to object and obtain a review of our decision. We will provide you with further information about those rights at that time. If you would like more specific information about these matters, contact the EHCS Privacy Contact.

Changes to this Notice: EHCS reserves the right to change the terms of this Notice and its privacy practices and to make the new provisions effective for all protected health information it maintains. Any amended Notice will be made available to you in the same way that this Notice is available to you.

Complaints and Privacy Contact: You may file a complaint with our Privacy Contact and with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. Their addresses are available under contact information below. All complaints must be filed in writing. Federal law prohibits retaliation against you for filing a complaint.

Privacy Contact Information

If you have any questions about this Notice write to:

Edwards Health Care Services, Inc.
PO Box 309
Hudson, OH 44236
Attention: Privacy Contact

To contact the Secretary of Health and Human Services, write to:

U.S. Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201



**Supplies You Need,
Support You Can Count On.**

Effective Date of Notice: September 9, 2013. EHCS is required to follow the terms of this notice until it is replaced. EHCS reserves the right to change this Privacy Statement at any time as allowed by law and will notify you of any changes as required by law. EHCS reserves the right to make the changes apply to all information EHCS maintains.



Effective 09.2013

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards 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. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. 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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
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 cost either directly; or through a service contract with another company, any 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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose 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 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 for 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. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
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 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

MEDICARE DMEPOS SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (supplier legal business name or DBA) 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.