

1025 W.H. Smith Blvd., Suite 108  
Greenville, NC 27834  
Phone (252) 215-2215  
Fax (252) 215-2216

## Welcome to Orthotics and Prosthetics East, Inc.

Dear Valued Customer:

I would like to take this opportunity to welcome you and to thank you for using our services. Since 2006, **Orthotics & Prosthetics East Inc.** is a company committed to customer service, friendly atmosphere and quality care. We continue to strive, everyday to meet your needs.

**Orthotics & Prosthetics East, Inc.** offers a variety of products which can assist in making your life easier. We are one of Eastern North Carolina's leading companies, for specialized care in Orthotics and Prosthetics. Since we are a dedicated quality care facility; we put your needs first, which is why we are one of the primary Orthotics and Prosthetics providers in the surrounding area.

Due to the use and knowledge of state of the art technology, including micro-processor controlled prostheses, comfortable interface material and 3-D digital laser imaging; we are confident that we will lead you to the "***Direction of Your Independence.***"

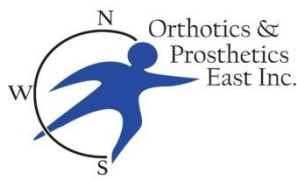
If you have any concerns or suggestions regarding your equipment, or if you are interested in receiving information about our entire product line, please call us toll free at **866-596-2215**

We're here to help make your life easier. Thank you for allowing **Orthotics & Prosthetics East Inc.** to be the first to serve your health care needs.

Sincerely,  
R Shane Coltrain, CPO

### PATIENT BILL OF RIGHTS

1. Every patient shall have the right to considerate and respectful care.
2. Every patient can reasonably expect complete and current information concerning his/her diagnosis, treatment and prognosis in terms he/she can understand. When it is not medically advisable to give the information to the patient, it may be made available to the appropriate person on his/her behalf.
3. Every patient shall have the right to know by name and specialty, if any, the practitioner responsible for coordination of his/her care.
4. Every patient shall have the right to every consideration of his/her privacy and individuality as it relates to his/her social, religious and psychological well being.
5. Every patient shall have the right to respectfulness and privacy as it relates to his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly.
6. Every patient shall have the right to expect **Orthotics & Prosthetics East Inc.** to make reasonable response to his/her requests.
7. Every patient shall have the right to obtain information on the relationship of **Orthotics & Prosthetics East Inc.** to other health care and related institutions insofar as his/her care is concerned.
8. Every patient shall have the right to expect reasonable continuity of care. This shall include but not be limited to what appointment times and practitioners are available.
9. Every patient shall be fully informed prior to treatment of the services available in **Orthotics & Prosthetics East Inc.** and of related charges, including any charges for services not covered under Medicare or Medicaid.
10. Every patient shall have the opportunity to participate in the planning of his/her medical treatment and to refuse to participate in experimental research.
11. Every patient shall be assured confidential treatment of his/her personal records, and may approve or refuse their release to any individual outside **Orthotics & Prosthetics East Inc.**, except as otherwise provided by law or as stated in **Orthotics & Prosthetics East Inc.** Notice of Privacy Practices.
12. Every patient shall be fully informed, prior to treatment of the rights and responsibilities set forth in this section and of all rules governing patient conduct and responsibilities.



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## STATEMENT OF QUALITY OF CARE

**Orthotics & Prosthetics East Inc.** has been furnishing quality prosthetic and orthotic care to patients in **Greenville NC** since **June 2006**.

Our specialists provide artificial limbs, braces, foot and shoe orthoses, by doctor's prescription, ensuring the most qualified and comprehensive services in the area.

**Orthotics & Prosthetics East Inc.** office location at 2485-A Hemby Ln, Greenville NC is open daily from 8 a.m. – 5 p.m. Monday through Friday. A professional is on call 24 hours a day, 7 days a week.

### In order to uphold our high standards, we:

- Accept patients by referral or in consultation with a licensed physician;
- Fabricate and fit all prostheses and orthoses in-house on a prescription basis;
- Are staffed with VA approved and professionals certified through the American Board for Certification in Orthotics and Prosthetics. Inc. (ABC)
- Offer in-house tours, demonstrations and lectures;
- Attend clinics in consultation with physician and other health care professionals;
- Work closely with physical and occupational therapists to monitor the patient's progress.

**Orthotics & Prosthetics East Inc.** is contracted with Medicare, Medicaid, Workers' Compensation and most insurance companies, including managed care organizations.

All our facilities are credentialed through ABC and continuing education of our practitioners is required.

## WARRANTY POLICY

The warranty period for custom orthoses and prostheses is three months for workmanship and materials. Although **Orthotics & Prosthetics Inc.** cannot be responsible for physiological or anatomical changes in a patient's medical condition, we will attempt to maintain proper fit during this period. Normal adjustments to enhance fit will be made at the discretion of the practitioner at no charge for a period of up to one year. Additions of components, straps, lifts, etc. prescribed by a physician will incur a charge.

**There will be a separate charge for adjustments or repairs that are made as a result of abuse or tough wear, as may occur from sporting, vocational, or unusual activities.**

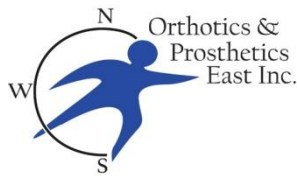
Since orthoses and prostheses are prescribed at the direction of a physician, and are custom fabricated for the anatomy and medical condition of each individual, they cannot be returned for credit or refund. Prescribed "off the shelf" items cannot be returned for hygienic reasons.

Please communicate any problems or discomfort you are experiencing to your practitioner immediately to allow us to resolve these problems as efficiently and quickly as possible. We will make every attempt to meet your needs. Please contact the Clinical Manager if there is a question or concern that your practitioner cannot resolve for you. Thank you.

### **The warranty periods for given procedures are as follows:**

- **Orthotics** - 3 months for workmanship and adjustments
- **Lower Extremity Prosthetics** - 3 months for workmanship and adjustments
- **Upper Extremity Prosthetics** - 3 months for workmanship and adjustments

There will be a separate charge for adjustments or repairs that are made after a lapsed time of the initial fitting.



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## PAYMENT AND POLICY AGREEMENT

To prevent any misunderstanding about medical insurance, we wish to point out that:

1. Payment for all medical services furnished are the responsibility of the patient;
2. Deductibles and/or co-payments are due at the time services are rendered;
3. Fifty percent (50%) of the balance for non-covered custom-made devices is due at the time of cast and measure, with the balance due at the time of delivery; **Orthotics & Prosthetics Inc.** will bill your insurance company as a courtesy to you, however, **Orthotics & Prosthetics Inc.** is not responsible for non-payment from the insurance company;
4. If, due to unforeseen circumstances, additional procedures and/or treatments are necessary beyond what has been previously approved, patients must make arrangements for payment;
5. Patients are expected to keep their accounts current while waiting for their insurance company to remit payment.

Your insurance coverage is a contract between you and your insurance company to help you meet medical expenses. Because benefits can vary greatly, it is not possible for **Orthotics & Prosthetics Inc.** to provide services on the basis that your insurance company will pay all charges.

**Orthotics & Prosthetics Inc.** can in no way guarantee coverage. Benefits are determined by your insurance at the time your claim is processed. All benefit calculations are only an estimate, based on information obtained from your insurance company. The final amount of patient financial responsibility may be different than what was previously calculated by **Orthotics & Prosthetics Inc.**

Payments may be made by cash, personal check, money order, Visa, MasterCard, or Discover. A \$30.00 fee will be assessed for any check returned for any reason.

**Fee Explanation:** The fees that we charge include all materials used and all time necessary for measuring, fabricating, and the initial fitting for a particular item or procedure. Needed adjustments or repairs that are done within the warranty period of the initial fitting or are a part of the initial fitting will be done at no additional charge. However, there will be a separate charge for adjustments or repairs that are made after a lapsed time of the initial fitting.

**Payment At The Time Of Service:** For charges of less than \$200.00 we require full payment at the time services are provided. For valid insurance claims of \$200.00 or more we require only a percentage of payment at the time services are provided. For all other claims we require full payment at the time services are provided.

We accept cash, personal checks, Visa, MasterCard and Discover.

**Insurance Billing:** Please advise us immediately if you are insured. As a courtesy, we will bill your primary insurance carrier for you after verification of covered services. We will withhold action for 45 days, but if your insurance company has failed to pay within the 45-day period, we will expect you to pay the balance of your bill forthwith. You may then seek reimbursement from your insurance company.

**Managed Care:** Our office has agreements with many managed care organizations. We will coordinate our services with your specific plan.

**Medicare Billing:** We will bill your Medicare carrier for covered services. At the time services are provided, we require a payment for your portion of the charges plus any deductible that remains.

**Medicaid Billing:** Medicaid claims may require a prior authorization before any services can be provided.

**Auto Insurance:** For all auto insurance claims we require payment at the time services are provided.

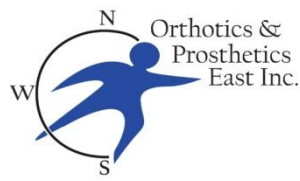
**Billing Procedure:** We mail monthly statements at the end of each month. Payment is due upon receipt.

**Finance Charges:** A finance charge of 18.00 percent will be applied to any unpaid balance that exists for more than 60 days.

**Special Needs:** We understand that it may be necessary to set up a payment plan. If this is needed for you, please let us know as soon as possible. With prior arrangements we can set up a reasonable payment plan.

**Patient Evaluation:** We do not submit any fees for price quotes or prior authorizations of our services without first seeing the patient who needs our services. This process is necessary to insure the accuracy of procedures and to maintain proper, professional patient care.

**Warranty Period:** Needed adjustments or repairs that are done within the warranty period of the initial fitting will be done at no charge.



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## URGENT CARE

**Orthotics & Prosthetics Inc.** is aware of the importance of our patient's wearing of the orthosis or prosthesis that has been provided. In the event that an orthosis or prosthesis is in the need of immediate repair, it will receive the highest priority and every effort will be made to repair or replace the device as soon as possible. In the event that an urgent need arises concerning your orthosis or prosthesis, please call the office that provided you the device. An **Orthotics & Prosthetics Inc.** representative will return your call as soon as possible, during normal business hours.

## PATIENT COMPLAINT PROCESS

We are committed to ensuring you are completely satisfied with the services and care you receive at **Orthotics & Prosthetics Inc.** However, if for any reason you wish to file a complaint, any staff member can assist you in this confidential matter. You will be asked to complete a "Patient Complaint Form" to assist us in understanding your complaint or concern fully. Once the form is received, a company representative will investigate the complaint thoroughly and take the necessary actions to satisfy your complaint. *(You will be notified of the receipt and actions taken, as appropriate, within 3 business days of receipt of your Patient Complaint Form.)*