Nu-Life Medical Equipment and Supplies, Inc.
Client Services Agreement

7300 Pittsford Palmyra Road,
Fairport, NY 14450
PH: 585.672.5105

Client Name:______________________________ Medical/insurance ID:______________________________

Authorization/Consent for Service: I have been informed of the home health equipment options available to me and the selection of providers from which I may choose. I authorize Nu-Life Medical Equipment and Supplies, Inc. under the direction of the prescribing physician, to provide medical equipment, supplies or services as prescribed by my physician.
Assignment of benefits/authorization for payment: I hereby assign all benefits and payments made directly to Nu-Life Medical Equipment and Supplies, Inc for any home medical, supplies, and services furnished to me in conjunction with my home care. It is understood that, as a courtesy, Nu-Life Medical Equipment and Supplies, Inc. Will bill Medicare/Medicaid or other federally funded sources and other payers and insurers providing coverage with a copy to Nu-Life Medical Equipment and Supplies, Inc .,I understand that I am responsible for providing, all necessary information and for making sure all certification and enrollment requirement are full-filled. Any changes in the insurance policy must be reported to Nu-Life Medical Equipment and Supplies, Inc., within 30 days of the event. I have been informed by Nu-Life Medical Equipment and Supplies, Inc .,... of the medical necessity for the services prescribed by my physician. ***I understand that in the event services are deemed not reasonable and necessary, payment may be denied and that I will be fully responsible for the payment.***
Release of information: I hereby request and authorize Nu-Life Medical Equipment and Supplies, Inc., the prescribing physician, hospital, and other holder of information relevant to service, to release information upon request, to Nu-Life Medical Equipment and Supplies, Inc., **any payer source, physician, or any other medical personnel or agency involved with service. I also authorize** Nu-Life Medical Equipment and Supplies, Inc., to review medical history and payer information for the purposes of providing home healthcare.
Financial responsibility: I understand and agree that I am responsible for the payment of any and all sums that may become due for the services provided. These sums include, but not limited to< all deductibles, co-payments, out-of-pocket requirements, and non-covered services. If for any reason and to any extent, Nu-Life Medical Equipment and Supplies, Inc. , does not receive payment from any payer source, I hereby agree to pay Nu-Life Medical Equipment and Supplies, Inc., for the balance in full, within 30 days of receipt of invoice. All charges not paid within 45 days of billing date shall be assed late charges. I am liable for all charges, including collection costs and all attorney costs. I am responsible for all charges regardless of my payer unless my agreement with my health plan holds me harmless.
Returned goods: I understand that due to Federal and State pharmacy Regulations ancillary items prescribed for home health care cannot be re-dispensed. There, ancillary items cannot be returned for credit. Sales items cannot be returned. Nu-Life Medical Equipment and Supplies, Inc., must be notified within 24 hours of the purchase if any equipment is defective. In case of defective equipment, an exchange will be made for the defective item. We honor all warranties offered by our suppliers under the law. Medicare covered equipment that is under warranty will be repaired or replaced free of charge.

Client Handout: I acknowledge that I can request a copy of the client rights and responsibilities, home safety information, patients' privacy information including HIPPA Privacy standards. I acknowledge that the information in the client handout has been explained to me and that I understand the information. I understand my right to formulate and to issue Advance Directives to be followed should I become incapacitated. I will furnish Nu-Life Medical Equipment and Supplies, Inc., with a copy of such document. I have been given written information and instruction on how to use Medicare covered items safely and effectively.

Complaint/Grievance Reporting: I acknowledge that I can call 585.672.5105 and ask for the manager to report a grievance or complaint should I become dissatisfied with any product or service received. I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. I understand the manager will do everything possible to resolve my complaint. If not resolved to my satisfaction within 5 working days, the concern will be forwarded to President /owner. I can expect a response within 3 working days after receipt of additional data as required for resolution of complaint. I understand that if not satisfied, I may call Medicare at 1-800.633.4027, NY State office of consumer Affairs at 1-800-697-1220 or Board of The Board of Certification/Accreditation, International at 410.581.6222. You may also make inquiries or complaints about this company by calling your local Social service Department.
The products and or services provided to you by Nu-Life Medical Equipment and Supplies, Inc., are subject to the supplier standards contained in the Federal Regulations shown at 42 Code of Federal Regulations section 424.57 ©. These standards concern business professional and operational matters (e.g. honoring warranties and hours of operations). The full text of these standards can be obtained at http://ecfr.ggpoaccess.gov. Upon request, we will furnish you a written copy of the standards.

Client/Representative: ______________________________ Date: ____________ Witness: ______________________________

A signed copy of the Client services Agreement form has been provided to me.

CSA doc 9.30.15