Lone Star Prosthetics
2201 Brookhollow Plaza Dr.
Suite 350
Arlington, TX 76006
Phone: (817) 649-8144
Fax: (844) 859-1443

Patient Brochure

Patient Bill of Rights

It is the policy of Lone Star Prosthetics to recognize that individuals seeking services have the same rights as other individuals in our society. Among these are:

1. The right to secure appropriate prosthetic and orthotic services regardless of race, religion, color, ethnicity, sex, age, handicap, marital status or sexual preference.

2. The right to a humane service environment which affords appropriate privacy.

3. The right to receive adequate and appropriate services in a safe and clean environment, from the appropriate individual within the facility, information about his/her prosthetic and orthotic care, in terms the patient can understand.

4. The right to participate fully in all decisions concerning their health, well being, and rehabilitation.

5. The right to refuse services to the extent provided by law and to be informed of the consequences of the refusal. When a refusal of services prevents the facility or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.

6. The right to exercise his/her rights as a patient and as a citizen, and to this end present grievances or recommend changes to policies and services on behalf of himself/herself or others to the facility staff, to governmental officials or to another person of his/her choice within or outside the facility, free from restraint, interference, coercion, discrimination, or reprisal. A patient is entitled to information about the facility's policies and procedures regarding the initiation, review, and resolution of patient complaints.

7. Examine and receive a full explanation of the facility bill regardless of the source of payment. Every patient is informed of the mechanism within the facility to resolve billing questions or problems.

8. Be informed of facility rules and regulations applicable to a patient's conduct. Every patient is informed of the mechanisms within the facility available to resolve problems or conflicts.

Patient Responsibilities

Keep all appointments when possible.
Inform Lone Star Prosthetics of any change in your overall health which may affect the wearing or functioning of the orthosis or prosthesis.
Within thirty (30) days after the item is delivered, inform Lone Star Prosthetics if any adjustments are necessary. Failure to do so will constitute a waiver by the patient of any claim regarding said item. Patients will not perform adjustments themselves but will contact us.

Patient Financial Responsibilities

Lone Star Prosthetics agrees to bill most insurance carriers if all necessary information is provided.
Patient or legal representative agrees to be financially responsible for all charges whether or not paid by insurance.
Patient assigns permission to Lone Star Prosthetics to bill his/her insurance company and release information pertaining to claim submittal.

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Quality Care
It is important to us that you receive quality patient care at Lone Star Prosthetics. If you have any comments or concerns you would like to share with us please contact our Quality Assurance Officer:
Bryan Pettit 817.649.8144

Warranty
Your custom fabricated prosthetic/orthotic device is warranted for 90 days to provide proper alignment and proper fit, corresponding with your individual measurements and anatomical conditions at the time of measurement. Your custom fit prosthetic/orthotic device/item is warranted for 90 days to be of the appropriate size and fit at the time of delivery. Once a device is delivered, it is not eligible for a money-back warranty due to the health risks involved in the reuse of prosthetic/orthotic devices.

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

This warranty is immediately void if:

- The device has been adjusted, repaired or altered by anyone other than an active employee of Lone Star Prosthetics.
- The device or any of its parts have been subjected to misuse, negligence, or accident
- The patient fails to fulfill “Patient Responsibilities” as outlined below.

This warranty does not cover prosthetic skin coverings, 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 or orthotic device covered under this warranty shall be limited to the amount received by Lone Star Prosthetics from the patient for the subject device. Any claim whatsoever made by a reimbursing source/payor in connection with a prosthetic or orthotics device covered under this warranty shall be limited to the amount received by Lone Star Prosthetics from such reimbursing source/payor for the subject device.

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Medicare DMEPOS Supplier Standards

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 contractor 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.

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Medicare DMEPOS Supplier Standards (Continued)

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.

Note: This is an abbreviated version of the Medicare DMEPOS supplier standards. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).