

Rehab Medical



Patient Handbook

rehabmedical.com

Thank you for choosing Rehab Medical

We consider ourselves a member of a partnership with you and your physician in implementing your home health care plans. Due to this fact, Rehab Medical was established with the highest standards of patient care.

Rehab Medical Team

Important Phone Numbers

- Medical Emergencies.....911
- Mobility Service/Repair866-424-4500
- Billing / Collections.....877-940-4598
- New Sales.....855-437-7915
- Main Office Line877-813-0205

Table of Contents

Rehab Medical Policies

Emergency Plan.....	4
HIPAA Policy.....	5
CMS Supplier Standards	9
Client's Responsibilities	10
Client's Rights	11
Returns / Service / Warranty	12
Purchase Options /Complex Rehab and Capped Rentals	13
Home Safety.....	14
Complaint Resolution	16
Protected Health Information Release	16
Collection Policy	19
Assignment of Benefits.....	20

Product Instruction

Complex Rehab Technology	21
Power Mobility.....	23
Manual Wheelchairs.....	25
Walkers, Canes, Crutches	27
Hospital Beds.....	28
Back Braces	30
Knee Braces.....	30

Forms / Tear Offs

Satisfaction Survey	32
Complaint Form	33
Protected Health Information Consent	34

Emergency Plan

In Case of Emergency!

- DIAL 911 (if your community does not have a designated number, call fire, police, or emergency medical services, or dial “0” for operator)
- STAY CALM (listen to the dispatcher).
- DO NOT HANG UP (answer all questions clearly).

Emergency Evacuation

- Be prepared to evacuate quickly on a moment's notice.
- Use designated escape routes from your residence. Never use elevators in case of fire. Take your emergency supply kit with you:
- Lock your house and take your keys.

In Case of Fire

- Evacuate immediately! Use your escape routes.
- Do not try to fight the fire. Do not take possessions.
- Call the fire department AFTER you are outside via cell phone.

In Case of Tornado Warning

- Go to designated safe area in the building: basement, center hallway, bathroom, or closet on first floor. Do not go outside.
- Listen to your local radio station for instructions.
- Follow instructions given to you by emergency management. Stay in your safe area until an all clear is announced.

In Case of Flooding/Hurricane

- Be prepared to evacuate immediately.
- Listen to your local radio station for instructions
- Follow instructions given to you by emergency management.
- If evacuation starts, and time allows, gather emergency supply kit.

In Case of Blizzard/Ice Storm or Any Other Cause of Power Outage

- Listen to your local radio station for Instructions.
- Follow instructions given to you by emergency management. Call the local Power Company for instructions.

If situation precludes staff from providing service or contacting you during the emergency please make arrangements to move to a shelter that has electricity, call 911 or your local fire department or transport patient to the nearest emergency room.

HIPAA / Privacy Policy

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us how to correct your medical record	<ul style="list-style-type: none">• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.• We may say “no” to your request, but we’ll tell you why in writing.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will say “yes” to all reasonable requests.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we share it with, and why.• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we taken any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting us using our Confidential Disclosure Line: www.rehabmedical.com/ContactUs/ComplianceInquiry• You can file a complaint with the U.S. Department of Health and Human Services Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.• We will not retaliate against you for filing a complaint.

Your Choices

For certain health information you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none">• Share information with your family, close friends, or others involved in your care• Share information in a disaster relief situation• Include your information in a hospital director <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>

In these cases we never share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
-

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: *A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health to run our practice, improve your care, and contact you when necessary.

Example: *We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: *We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/index.html>.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
-

Do research	<ul style="list-style-type: none"> • We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/index.html>.

CMS Supplier Standards. *A supplier must...*

1. Be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. 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. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. Fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. 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. 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. Maintain a physical facility of an appropriate site.
8. Permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. 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 or cell phone is prohibited.
10. 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. Failure to maintain required insurance at all times will result in revocation of supplier's billing privileges retroactive to the date the insurance lapsed.
11. Agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. Be responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. Answer questions and respond to complaints of beneficiaries, maintain documentation of such contacts.
14. Maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. 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. Disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.

17. Disclose to the government any person having ownership, financial, or control interest in the supplier.
18. 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. 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. Agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. 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.
23. 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. Must meet the surety bond requirements specific in 42 C.F.R. 424.57c
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 C.F.R. 424.516f
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week.

Client Responsibilities

As a client, you should be aware of your following responsibilities:

1. Client/patient agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition.
2. Client/patient agrees to promptly report to Rehab Medical, Inc. any malfunctions or defects in rental equipment so that repair/ replacement can be arranged.
3. Client/patient agrees to provide Rehab Medical, Inc. access to all rental equipment for repair/replacement, maintenance, and/or pick-up of the equipment.
4. Client/patient agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
5. Client/patient agrees to keep the equipment in their possession and at the address to

which it was delivered, unless otherwise authorized by Rehab Medical, Inc.

6. Client/patient agrees to notify Rehab Medical, Inc. of any hospitalization, change in customer insurance, address, telephone number or physician, and when the medical need for the rental equipment no longer exists.
7. Client/patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits to be paid directly to Rehab Medical, Inc. for any services furnished by Rehab Medical, Inc.
8. Client/patient agrees to accept all financial responsibility for home medical equipment furnished by Rehab Medical, Inc. Including damage from fire or floods.
9. Client/patient agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
10. Client/patient agrees not to modify the rental equipment without the prior consent of Rehab Medical, Inc...
11. Client/patient agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
12. Client/patient agrees that title to the rental equipment and all parts shall remain with Rehab Medical, Inc. at all times unless equipment is purchased and paid for in full.
13. Client/patient agrees that Rehab Medical, Inc. shall not insure or be responsible to the client/ patient for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God.
14. Client/patient understands that Rehab Medical, Inc. retains the right to refuse delivery of service to any client/patient at any time.

Client Rights

As a client, you should be informed of your following rights:

1. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services
2. Receive a timely response from Rehab Medical, Inc. when homecare services or care are needed or requested
3. Be fully informed in advance about service or care to be provided, and any modifications to the Plan of Service or the Plan of Care
4. Participate in the development and periodic revision of the Plan of Service or the Plan of Care
5. Informed consent and refusal of services, care or treatment after the consequences of refusing services, care or treatment are fully presented
6. Be informed in advance of the charges, including payment for service or care expected from third parties and any charges for which the client/patient will be responsible
7. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
8. Be able to identify visiting staff members through proper identification

9. Voice grievances or complaints or recommend changes in policy, staff or service or care without restraint, interference, coercion, discrimination or reprisal
10. Choose a health care provider
11. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
12. Receive appropriate service or care without discrimination in accordance with physician orders
13. Be informed of any financial benefits when referred to an organization
14. Be fully informed of one's responsibilities
15. Be informed of provider service or care limitations
16. Be informed of client/patient rights under state law to formulate advance care directives
17. Be informed of anticipated outcomes of service or care and of any barriers in outcome achievement

Returns / Service / Warranty

Return Policy

You may return rental equipment to Rehab Medical for any these reasons:

- Your physician discontinues treatment.
- You sign an AMA (Against Medical Advice)
- You move outside Rehab Medical's serviceable area.
- You wish to use a different provider for services.

You may return purchased items for any reason within 5 days of delivery. Rehab Medical must receive either written or verbal request within 5 days of delivery. The verbal request must be received by the proper customer service line. You may be charged a delivery or restocking fee up to \$100.00. You may be responsible for repair charges if the equipment returned is not in like-new condition.

After the initial 5 day policy, you may return purchased equipment only if at time of delivery, equipment is substandard or unfit for use in the home. You may be responsible for repair charges if the equipment returned is not in like-new condition.

Service Policy

Service should not be considered for medical emergencies, you should dial 911 for all medical emergencies.

For Rental Items:

Rehab Medical will provide standard preventative maintenance at the manufacture's recommended interval. All maintenance and repairs will be provided at no cost to you, unless equipment has been damaged while under your care.

For Purchase Items:

Rehab Medical will either offer to service purchased equipment directly, arrange a contracted professional, or refer you to a contracted professional for service.

Charges for parts may be covered under warranty, billable to your insurance, or be your sole responsibility. Warranty or insurance coverage may not be possible to confirm at time of service.

Warranty Policy

Rehab Medical makes no warranties with respect to equipment other than the manufacturer's warranty and those warranties required by state law. No Rehab Medical employee or other person is authorized to make additional warranties or representations, orally or otherwise. As long as your item has a valid manufacturer's warranty, you will not be charged for repair or replacement.

The manufacturer may void a warranty claim due to misuse or abuse. Rehab Medical is not responsible for personal property affected by defective medical equipment. You are solely responsible for items damaged, lost, or stolen while in your possession.

Purchase Options/Complex Rehab and Capped Rentals

For clients with Medicare coverage, you should be aware you have a choice on some items to either rent or purchase. Other items cap at 13 months.

Purchase Options/Complex Rehab

Medicare requires that Rehab Medical give you the option of either renting or purchasing. You can purchase the equipment outright, or rent the equipment first and then purchase. If you decide that purchase is more economical, for example, because you will need the equipment for a long time (10 months or more), Medicare will pay 80 percent of the allowed purchase price in a lump sum amount. You are responsible for the 20 percent coinsurance amounts.

If you elect to rent the equipment, Medicare will pay a monthly rental fee for 13 months. Medicare will pay 80 percent of the allowed rental price. You are responsible for the 20 percent coinsurance amounts every month. After which, ownership of the equipment is transferred to you.

Capped Rental Items:**Motorized and Manual Wheelchairs, Hospital Beds, and others**

For certain items such as Hospital Beds, Motorized Wheelchairs, and Manual Wheelchairs, Medicare will pay a monthly rental fee for 13 months. During the rental period, Rehab Medical is required to provide routine maintenance, but damage for misuse, abuse, or theft will remain your responsibility. After which, ownership of the equipment is transferred to you. After the ownership is transferred to you, it is your responsibility to arrange for any required service or repair.

Inexpensive or Routinely purchased items:

Canes, Walkers, and others

For certain items such as canes, walkers, crutches, and commode chairs, you have the option of either renting or purchasing. However, the total amount paid for the monthly rentals cannot exceed the fee schedule purchase amount. You must elect either the purchase or rental option at the time of delivery.

Private or Commercial insurance providers will make individual decisions on whether your items will be rented or purchased. Please consult your insurance to determine their rental/purchase policy.

Home Safety

At Rehab Medical, we want to make sure that your home medical treatment is done conveniently and safely. Many of our clients/patients are limited in strength, or unsteady on their feet. Some are wheelchair- or bed-bound. These pages are written to give our clients/patients some easy and helpful tips on how to make the home safe for home care.

Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you change the batteries every six months.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety

Electrical Safety

- All equipment must be plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet “extenders” or “power strips” with internal Circuit breakers. Don’t use cheap extension cords.

Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.

- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

Safety in the Bedroom

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bath room to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.

Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak

- Have someone remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.

Getting Around Safely

If you are now using assistive devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are clear and arranged to give you enough room.
- If you are using a walker, or wheelchair, you may need a ramp for getting into or out of the house. ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

Infection Control

It's not just cold and flu season when we need to be concerned about germs. Bacteria and Viruses' can live year round. Practice the following precautions to prevent illness.

- Wash hands frequently, especially before preparing food, applying make up, putting in contacts, performing personal care
- Wash hands after using the restroom, cleaning up after animals
- Use a paper towel to open restroom doors in public places
- Cover your mouth when you cough or sneeze,
- Remain home if ill to prevent the spread of infection

Complaint Resolution

While we promise to do our best to provide you the service you need, we realize that you may desire to file a complaint. To file a complaint, please either call one of our service lines or write us at the address below:

3750 Priority Way S Drive
Indianapolis, IN 46240
(866) 424-4500

We will respond to any complaint within 5 business days and will work for a resolution within 14 business days. You have the right to lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. You may also file a complaint with:

Community Healthcare Accreditation Partner (CHAP) at (202) 862-3413. Medicare at 1-800-633-4227

The Disclosure Program is a way for individuals to disclose any issues or questions associated with Rehab Medical's business practices. By visiting www.rehabmedical.com and selecting the Contact tab, individuals can submit issues or questions directly to the Compliance Officer. The individual may select to include or exclude their personal information.

Protected Health Information Release

In order to assist Rehab Medical personnel to process your insurance claim, you must agree to this statement:

"I request and authorize Rehab Medical, the prescribing physician, hospital, and any other holder of information relevant to service, to release information upon request, to Rehab Medical, any payor source, physician, contracted billing companies or any other medical personnel or agency involved with service. I understand I have the right to revoke this authorization upon written notice."

If you have a relative, caregiver, or representative you would like to authorize to receive information about your care, you may complete the "Protected Information Consent Form" at the back of this handbook.

Advanced Directives

Advanced Directives are forms that say, in advance, what kind of treatment you want or don't want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most

What Kinds Of Advance Directives Are There?

There are two basic types of Advance Directives available. One is called a Living Will. The other is called a Medical Power of Attorney.

A Living Will gives information on the kind of medical care you want (or do not want) should you become terminally ill and unable to make your own decision.

- It is called a "Living" Will because it takes effect while you are living.
- Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library.
- In some states, you are allowed to simply write a letter describing what treatments you want or don't want.
- In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Medical Power of Attorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an agent or proxy. This person would then be able to make medical decisions for you if you should become unable to make them for yourself. A Medical Power of Attorney can also include instructions regarding specific treatments that you want or do not want in the event of serious illness.

What Type of Advance Directive is Best for Me?

This is not a simple question to answer. Each individual's situation and preferences are unique.

- For many persons, the answer depends on their specific situation, or personal desires for their health care.
- Sometimes the answer depends on the state in which you live.
- Many times you can have both, either as separate forms or as a single combined form.

What Do I Do If I Want An Advance Directive?

- First, consult with your physician's office or home care agency about where to get information specific for your state.
- Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your "agent" in the Medical Power of Attorney.
- Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.
- You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregiver(s). The original document should be filed in a secure location known to those to whom you give copies.
- Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

How Does My Health Care Team Know I Have an Advance Directive?

You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.

Many clients/patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney "agent," and how to contact them.

What If I Change My Mind?

You can change your mind about any part of your Advance Directive, or even about having an Advance Directive, at any time.

If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all health care providers, your caregiver(s), your family and friends have a revised copy.

What If I Don't Want An Advance Directive?

You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

For More Information...

This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons, or your home care agency, can best answer more detailed questions, and help guide you towards the best Advance Directive for you.

Collection Policy

Medicare, Medicaid, and Private Insurance

As a contracted provider for many insurance carriers, Rehab Medical can work with your insurance to provide benefit payments for items or services provided.

What Rehab Medical will do:

1. We will collect necessary documentation to successfully bill your insurance.
2. We will submit a claim on your behalf to your insurance company.
3. We will reprocess any claims that are initially denied at no cost to you.
4. We will never charge you more than your responsible portion after insurance coverage or your deductible.
5. Provide routine maintenance for rented equipment at no cost to you, unless you have neglected your part of equipment maintenance.

What you are responsible to do.

1. Notify Rehab Medical when your insurance coverage changes.
2. Forward any payments made to you from your insurance for our equipment or services to us in a timely manner.
3. Pay for repairs for rented items from damage caused by misuse or neglect.
4. Pay all deductibles and balances left after all applicable insurance coverage.
5. Notify Rehab Medical immediately of any change in residence.

As a provider of services billable under the Medicare and Medicaid program and in accordance with several state laws, Rehab Medical is required to collect all applicable deductibles and patient balances after insurance coverage. If this creates a financial hardship, you may apply for a financial hardship waiver. Rehab Medical will assess a \$15.00 late fee on unpaid invoices older than 60 days.

If your balance is turned over to a 3rd Party collection service, you will be responsible for applicable collection fees.

Unless your health plan holds you harmless, you are responsible for the full charges in the event that your insurance payor denies payment.

Cash Sales

All cash sales are final. If an item is refused at delivery, a restocking freight fee and freight charges will apply. Payment is due either prior to or upon delivery.

Rehab Medical will honor any applicable manufacturer's warranty. Please note that labor is not included under warranty provisions. Rehab Medical will assess a \$25.00 insufficient funds fee on written or electronic checks and for declined or reversed credit card charges.

Assignment of Benefits

In order to have payments for equipment and services be made directly to Rehab Medical, you must agree to the following statement:

"I hereby authorize payment of Medicare or other authorized medical benefits to be made directly to REHAB MEDICAL for the medical equipment and options/ accessories furnished to me. I further authorize the release of any medical information necessary for determining these benefits to the Centers for Medicare and Medicaid Services and its agents. I understand that I am responsible for any applicable co-payments or deductibles."

In some cases, we can bill your claim "unassigned". In these instances, we will collect payment from you and payment from you insurance would come directly to you.

Complex Rehab Technology

Rehab Medical specializes in providing complex rehab mobility products for clients who have specific seating and positioning needs. These products include but are not limited to complex power and manual wheelchairs. These products are high customized and require a careful evaluation process which includes participation from a physician, physical or occupational therapist, and an Assistive Technology Professional (ATP).

Who Qualifies for Complex Rehab?

Assistive Technology Professionals, or ATPs, are certified individuals who have proven a high level of knowledge with regards to complex conditions and technology. Most insurance require the participation of an ATP along with a physical or occupational therapist in order provide a customized power or manual wheelchair to their subscriber. Rehab Medical employs a number of qualified ATPs who will work directly with each complex client to identify their needs and help facilitate a successful outcome.

Complex Power Chairs

Complex power chairs are designed to accommodate a variety of seating components and electronics for those whose needs including but limited to the following:

Individualized seat sizes Specialty joysticks

Power Tilt, Recline, and Power Leg Rests Custom wheelchair cushions and backrests

Positioning items such as headrests, upper and lower body lateral supports Head array, sip and puff, and other alternative drive options

Many other items available

Complex Manual Chairs

Complex manual wheelchairs are available in all different types and sizes. Ultra lightweight manual wheelchairs are available for clients who are wheelchair bound, yet high active in their daily life. These chairs are made of light weight, high strength material and have adjustability designed to maximize performance and help preserve upper extremity life and function. The manual tilt in space is designed for the client who is at risk for skin breakdown and or needs gravity to assist with seating and positioning.

Complex Power Equipment Overview

The following setup items are to be demonstrated at the time of delivery:

- Proper joystick operations
- Proper power cycling
- Speed adjustment (if applicable)
- Armrests and Elevated Leg Rest operation
- Battery charging operation
- Overnight charging location
- Powered seating operation and powered leg rest operation (if applicable)
- Alternative drive control operation (if application)

The following items have been explained, reviewed or completed:

- Joystick positioned on proper side and swing away features (if applicable)
- Speed adjusted
- Tires checked for proper air (if applicable)
- Wheelchair tie downs (if applicable)
- User manual provided and reviewed
- Warranty shown in user manual
- Equipment weight capacity
- Seatbelt requirement at all times.
- Ensure equipment is off before entering or exiting.
- 5 Day Policy
- Service is non-emergency
- Proper wheelchair cushion inflation, operation, maintenance, and care (if applicable)
- Positioning components such as backrest, laterals, headrest, and hardware (if applicable)
- Patient and/or caregiver advised to consult medical team on frequency and duration regarding use of tilt/recline system (if applicable)

Charging Your Batteries:

With daily use, it is recommended to charge your batteries 8-10 hours daily. This is best done by simply placing your equipment in the charging location nightly, and leaving it plugged into power until morning. If your equipment is not used daily, charge your equipment overnight at least once a week.

Consult your owner's manual for care and maintenance. Please note that Rehab Medical does not provide an emergency repair service for motorized wheel- chairs.

Battery Replacement:

With normal use, your batteries should last at least 12 months.

Complex Manual Equipment Overview

The following setup items are to be demonstrated at the time of delivery:

- Proper wheel locking
- Folding and unfolding
- Breakdown and Re-assembly (if applicable)
- Leg rest adjustment
- Leg rest flip up footplates.
- Armrest adjustment (if applicable)
- Tilt and or recline operation (if applicable)
- Power assist wheels operations (if applicable)

The following items have been explained, reviewed or completed:

- Check locks for proper adjustment
- If pneumatic tires, adjusted for proper pressure.
- Adjusted to proper footrest length.
- User manual provided and reviewed
- Warranty shown in user manual
- Equipment weight capacity
- Wheelchair tie downs (if applicable)
- 5 Day Policy
- Service is non-emergency
- Proper wheelchair cushion inflation, operation, maintenance, and care (if applicable)
- Positioning components such as backrest, laterals, headrest, and hard- ware (if applicable)
- Patient and/or caregiver advised to consult medical team on frequency and duration regarding use of tilt/recline system (if applicable)

Maintenance:

If you have pneumatic tires, check the air pressure monthly.

Do not over inflate the tires. It is not recommended to inflate the tires with a high-pressure system like those found at gas stations.

Always replace worn or damaged tires.

Power Mobility Overview

Rehab Medical provides two types of Power Mobility devices. Scooters or POV's (Power Operated Vehicles) and Programmable Power Wheelchairs.

Both devices rely on batteries, electric motors, and an electronic control device.

Both Wheelchairs and POV's come in various shapes, sizes, and brands. Your Rehab Medical representative has worked with you physician in order to provide you with the equipment best suited for your specific needs, your height, and weight.

All devices have a maximum weight capacity they can safely support. It is important you understand the limits and capacities of your equipment.

Each device drives and operates differently, and each user is responsible for understanding the operation of the equipment provided. Always read and understand the manufacturer's Owner's Manual before operating the equipment.

When first learning, select a slow speed and try to drive as slowly as possible.

Ensure that driving surfaces, including ramps and lifts can support the combined weight of the user and equipment. Driving your equipment up and down inclines should always be performed slowly and with caution. Consult the owner's manual for slope grade limitations of your equipment.

Always wear the supplied safety lap belt when operating your equipment.

Do not operate the equipment on roads, streets, or highways and never carry passengers.

Do not attempt to stand on the frame of the chair, or the arm or footrests.

Consult the owner's manual for recommended use. Most equipment is not designed or recommended for outdoor use in rain or snow, extremely dusty or dirt roads, mud, extreme heat or cold.

Most devices are designed and intended for in-home use.

Power Mobility Instructions

The following setup items are to be demonstrated at the time of delivery:

- Proper joystick operation.
- Proper power cycling
- Speed adjustment (if applicable)
- Armrest and Elevated Leg Rest operation
- Battery charging operation
- Overnight charging location

The following items have been explained, reviewed or completed:

- Joystick positioned on proper side (if applicable)
- Speed adjusted
- Tires checked for proper air (if applicable)
- User manual provided and reviewed
- Warranty shown in user manual
- Equipment weight capacity
- Seatbelt requirement at all times.
- Ensure equipment is off before entering or exiting.
- 5 Day Policy
- Service is non-emergency

CHARGING YOUR BATTERIES:

With daily use, it is recommended to charge your batteries 8-10 hours daily. This is best done by simply placing your equipment in the charging location nightly, and leaving it plugged into power until morning. If your equipment is not used daily, charge your equipment overnight at least once a week.

BATTERY REPLACEMENT:

With normal use, your batteries should last at least 12 months. We recommend battery replacement after 12 months, and most insurances provide coverage. Please call 866-424-4500 if you would like your batteries replaced.

MAINTENANCE:

Consult your owner's manual for care and maintenance. Please note that Rehab Medical does not provide an emergency repair service for motorized wheel- chairs.

Manual Wheelchairs Overview

Rehab Medical provides several types of manual wheelchairs to suit your specific needs. They come in various shapes, sizes, and brands. Your Rehab Medical representative has worked with you physician in order to provide you with the equipment best suited for your specific needs, your height, and weight.

Each device drives and operates differently, and each user is responsible for understanding the operation of the equipment provided. Always read and understand the manufacturer's Owner's Manual before operating the equipment.

In order to make sure your wheelchair remains stable, do not lean forward out of the wheelchair any further than the length of the armrests.

Always engage the wheel locks or other brake device before transferring in or out of the wheelchair.

All devices have a maximum weight capacity they can safely support. It is important you understand the limits and capacities of your equipment.

Ensure that driving surfaces, including ramps and lifts can support the combined weight of the user and equipment. Driving your equipment up and down inclines should always be performed slowly and with caution.

Do not operate the equipment on roads, streets, or highways and never carry passengers.

Do not attempt to stand on the frame of the chair, or the arm or footrests.

Leg rests are add-on extensions that support the lower extremities; they are for support only and are not designed to support the weight of the user.

All leg rests have flip-up footplates. These footplates must always be flipped up and out of the way when transferring into and out of the wheelchair.

In order to collapse and fold-up your wheelchair, lift up on the center of the upholstery.

Cushions are designed for individuals who spend many hours in their wheel- chairs and need to prevent skin breakdown. Some cushions are covered by insurance.

Manual Wheelchairs Instructions

The following setup items are to be demonstrated at the time of delivery:

- Proper wheel locking
- Folding and unfolding
- Leg rest adjustment
- Leg rest flip up footplates.
- Armrest adjustment (if applicable)

The following items have been explained, reviewed or completed:

- Check locks for proper adjustment
- If pneumatic tires, adjusted for proper pressure.
- Adjusted to proper footrest length.
- User manual provided and reviewed
- Warranty shown in user manual
- Equipment weight capacity

MAINTENANCE:

If you have pneumatic tires, check the air pressure monthly.

Do not over inflate the tires. It is not recommended to inflate the tires with a high-pressure system like those found at gas stations.

Always replace worn or damaged tires.

Never leave your manual wheelchair outside in adverse weather conditions. Always store it in a dry place.

Consult your Owner's Manual for specific instructions for your equipment.

Walkers, Canes, Crutches Overview

Walkers

Fitting: A properly fitted walker is adjusted for height when wearing the shoes normally to be worn with the walker. The top of the hand grips should be approximately at the hip joint and the elbows will be slightly bent (20 -30 degree angle). Make sure all walker legs are adjusted to the same height.

Wheels & Brakes: Walkers have many styles of wheels. Walkers with two wheels are very common and wheels must be in the front position. Walkers with four wheels must have a braking mechanism due to the possibility of losing balance. Braking mechanisms vary in their performance and braking ability, the user must comply fully with manufacturers' operating procedures.

Use: Your wrists must be straight and firmly grasping the hand grips. Your first step should be even with the back two legs of the walker, followed by a second step into the middle of the walker. The walker is then moved forward, stepping through the walker last (exactly the same as a normal walk). The feet do not meet side by side unless stopping for a reason. If your walker has a seat, the brake must be fully engaged when utilizing the seat. If your walker is of the folding type, make sure the spring buttons are fully engaged.

Maintenance: The rubber tips and wheels on your walker are very important and you should inspect them regularly. Worn or damaged tips and wheels must be replaced immediately. The hand grips should be checked for movement or slippage, if applicable, on a regular basis and replaced if damaged. Braking mechanisms should be checked for braking ability at least monthly.

Canes

Fitting: A properly fitted cane or walking aid is adjusted to the height necessary when wearing the shoes you will be wearing while walking with the cane or other walking aid. The top curve or handle should be approximately at the hip joint and the elbow will be slightly bent (20 - 30 degree angle).

Use: The cane is held in the non-affected or good hand. Stand with your legs slightly apart and the non-affected leg slightly behind the affected leg. The cane should be placed approximately 12 inches in front and on the side of the non- affected leg. Your first step is with the non-affected leg. Then the weak or affected leg moves forward while the cane is firmly held to the floor. Your physician or therapist may specify changes to this basic technique. Never negotiate stairs without consulting your physician.

Walkers, Canes, Crutches Instructions

Maintenance: The rubber tips on your cane are very important and you should inspect them regularly. Worn or damaged tips must be replaced immediately. The hand grip should be checked for movement, if applicable, on a regular basis and replaced if damaged.

Crutches

Fitting: Crutches are very useful in assisting the user in walking, but they also can cause nerve or muscle damage if not used or fitted properly. Crutches must be adjusted to approximately 1-1/2 inches below the armpit when the user is standing up straight. The height of the hand grip should also be adjusted to allow a 20 - 30 degree bend in the elbow when the user is standing up straight.

Use: The method medical equipment suppliers teach is called the Three-Point- Gait. At all times your total weight should be placed on the hand grips, not your armpits. While standing up straight, shift your weight to the good leg and bend your injured leg. Move both crutches forward approximately 12 inches. Now shift your weight to the hand grips and swing through the crutches until you are even with the crutches. Continue performing this routine until you are comfortable with the procedure. Once you are comfortable, you can swing through the crutches to a point in front of the crutches.

Maintenance: The rubber tips provide traction on walking surfaces, but must always be in good working condition. The hand grips are there to provide better gripping of the crutch and to provide cushioning. These should also be changed immediately when they are cracked or become uncomfortable to grasp. The under-arm pads also are there to provide comfort and to help prevent any nerve damage.

The following setup items are to be demonstrated or completed at the time of delivery:

- Proper fitting
- Proper use
- Proper maintenance

Hospital Beds Overview

Adjustable beds are designed for individuals who need to change their position frequently. This includes the height of the bed and elevation of the head and/or foot of the bed. Being able to change the height of the bed, users can transfer in and out more easily. Adjustable beds assist in your treatment plan by allowing for changes in head and foot positioning. Adjustable beds provide an increased level of safety and independence for the user.

Fully-Electric Beds

Most insurances do not cover fully electric beds. You may, however, receive a fully adjustable bed, and pay Rehab Medical the increase in price over the less- expensive semi-electric bed.

Fully-Electric beds have electronic controls for bed height, as well as head and foot adjustment.

Semi-Electric Adjustable Bed

Semi-electric beds have one handle or crankshaft at the foot of the bed that controls the overall bed height. The head section and the foot section elevation are controlled by a hand control.

Adjustable beds are heavy and require specialized training to install or disassemble; at no time should any person other than an Rehab Medical representative assemble, disassemble, or repair your adjustable bed.

Side rails should never be used as a method of restraining a person. Side rails are not meant to support any weight; they are for basic protection for preventing inadvertent rolling out of bed. Never allow any liquid to spill on the bed. If liquid spills on the bed, immediately unplug the bed and clean up the liquid.

Adjustable beds, especially those that use side rails, have many places that can cause pinching or entrapment of parts of the body. Always observe people using adjustable beds to make sure they are safe from any pinching device.

When using the bed's hand control, allow a slight pause between adjustments to help prevent overheating. Do not press multiple buttons at the same time.

Adjustable beds have a maximum weight limit they can support. It is important to understand the limits and capacities of your adjustable bed.

Hospital Beds Instructions

The following setup items are to be demonstrated at the time of delivery:

- Hand crank elevation operation
- Head and Foot button control
- Side rail operation
- Crank and Tuck away
- Power-outage 9-Volt operation

The following items have been explained, reviewed or completed:

- Non-switched electrical outlet designated
- Bed wrapped with cover
- Always have mattress centered on frame
- Always engage wheel locks
- Keep bed at least 12 inches away from direct heat

MAINTENANCE:

Adjustable beds must be kept clean at all times. Use a damp rag to wipe down and keep the bed dust and dirt-free. Only qualified technicians should diagnosis or repair any part of the adjustable beds.

Back Braces

Back braces are designed for individuals who need support and or stabilization for conditions such as back pain relief to pre and post-operative stabilization.

TriMod System

The TriMod System back brace is lightweight and provides convenience for patients to make adjustments as needed. The rigid frame provides posterior and lateral support. Start the handle near the pulley unit and extend or pull out the brace before application.

The following fitting instructions are to be explained at the time of delivery:

- Fasten the handle near the pulley unit. The handle is always on the left
- Stand holding the soft side panel apart, centering the back panel on the spine
- Wrap the left side to the front positioning the front panel
- Wrap the right side on top of the left panel to close and attach in front. Adjust the front or back panels as needed
- Pull the handle out and away from the power unit to desired compression and support. Place the handle on the fabric fastener band securely

This particular brace comes in black color and is a purchase item. Tension can be adjusted for sitting or standing. Hand wash in warm water, rinse well, towel and air dry.

Comprehensive Lumbar Sacral Orthosis (LSO)

The Comprehensive LSO is designed to stabilize and manage acute pain often associated with anomalies of the spine. The anterior panel allows the patient to actively participate in their treatment.

This particular brace comes in black color and is a purchase item.

Therapeutic LSO

The Therapeutic LSO is designed to focus on specific needs for segmental spine stabilization and control. The brace features cold and heat therapy and Therapeutic Electrical Neuromuscular Stimulation.

This particular brace comes in black color and is a purchase item.

Knee Braces

OActive

Rehab Medical provides an off-the-shelf Osteoarthritis knee brace. The brace is light weight, has a low profile, and can be adjusted to optimize pain relief. This brace is perfect for bilateral braces users as well as those with limited room between thighs or knees during gait.

The following setup items are to be demonstrated at the time of delivery:

- Universal size for the ultimate in easy sizing
- Maximized 3 points of leverage for medial compartment
- Quick release buckles for easy removal
- Lateral application avoids tibial crest pressure issues
- Sili-grip liners and strap pads for optimal suspension

If you experience pain, swelling, sensation changes, or unusual reactions while using this product, please contact your physician.

Patient Lifts

Patient Lifts

Patient lifts are designed for individuals who need to safely raise or lower from a stationary position.

The operation of the patient lift is an easy and safe procedure. Do not attempt any transfer without approval of the patient's physician, nurse or medical attendant. Thoroughly read the instruction in the manufacturer owner's manual.

Only operate the lift with the legs in maximum open position and locked in place.

The base legs must be locked in the open position at all times for stability and patient safety when lifting and transferring a patient.

The shifter handle is used to open the legs of the base for stability when lifting a patient.

Grasp the shifter handle in one hand and place the opposite hand on the steering handle of the mast for balance.

Push the shifter handle to your right to release the lock pin from its mounting hole.

Turn the handle clockwise until you are able to secure the lock pin into the opposite mounting hole to fully open the legs of the base.

Note: The lock pin must insert into its mounting hole in the socket assembly to lock the legs in the full open position. The shifter handle will be in the vertical position; parallel with the mast assembly.

Raising the Lift:

The control valve must be in the closed position (control valve positioned to- wards pump handle) to move the pump handle up and down to elevate the boom and the patient.

Lowering the Lift:

The control handle must be in the open positions to lower the boom and the patient. The rate of descent can be controlled by varying the amount that the control valve is open.

Satisfaction Survey

Rehab Medical strives to provide each customer with exemplary service. It is our desire to ensure that each customer receives service that meets or exceeds expectations. By taking a few moments to complete the following survey you can help us determine what we can do to make your service better.

CLIENT: _____ PHONE: _____

Please check the box you feel best indicates your opinion of the service you received.

No.	Questions	YES	NO
1	The equipment I received was/were clean and in good operating order.		
2	My equipment arrived in a timely manner.		
3	The delivery staff was courteous and polite.		
4	The delivery staff was knowledgeable about the products received.		
5	Financial responsibilities were clearly explained.		
6	Instructions on how to use, clean, and maintain my equipment were clearly explained to me.		
7	I was informed about what number to call if I have any needs or problems with my equipment/services.		
8	Based on my contact with Rehab Medical I would refer them to another friend or family member.		

Comments:

Thank you for taking the time to fill out this survey. Please feel free to mail this back to us so we can better serve you:

Rehab Medical - Patient Survey
3750 Priority Way S Drive
Indianapolis, IN 46240

Official Written Complaint

CLIENT: _____ **DOB:** _____

PHONE: _____ **HICN:** _____

Please describe your complaint in as much detail as possible:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Signature: _____ **Date:** _____

Please Mail To:

Rehab Medical – Customer Service
3750 Priority Way S Drive
Indianapolis, IN 46240

Protected Health Information Consent

CLIENT: _____ **DOB:** _____

PHONE: _____ **HICN:** _____

You may designate a friend or family member who is authorized to receive information about your care. If you would like to do so, please complete and sign the following section.

I hereby authorize and request Rehab Medical and its employees and agents to release to _____ any protected health information that he/she may request regarding my health, my treatment, or payment for my treatment. I understand that Rehab Medical will not condition treatment or other benefits on my signing this authorization. I understand that once information is disclosed under this authorization to someone who is not a health care provider, the information may no longer be protected by federal privacy rules and could be disclosed to others by the recipient.

I also understand that I have the right to revoke this authorization at any time, except to the extent that Rehab Medical has taken action in reliance on the authorization, by delivering or sending written notice of revocation to at the address below. If I do not revoke this authorization, it will expire as of the date when I am no longer receiving services from Rehab Medical.

Signature: _____ **Date:** _____

Please Mail To:

Rehab Medical - PHI Consent
3750 Priority Way S Drive
Indianapolis, IN 46240
(877) 813-0205

Service Line

(866) 424-4500

Billing Line

(877) 940-4598

Sales Line

(855) 437-7915

Main Office Line

(877) 813-0205



877-813-0205 • 3750 Priority Way S Drive, Indianapolis, IN 46240

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