Central Kansas Podiatry Associates
2081 N. Webb Rd
Wichita, KS 67206
316-269-3338
316-264-5516

(Proof of Delivery (Receipt of DME Goods)

Patient:_____Chart#:_____ Date:_____

I certify that I have received the item(s) marked below in good condition. *This equipment is medically necessary and not substandard. This device was sized and fitted and the device fits well. I have received verbal and written instructions for use of the equipment, the warranty, complaint resolution information and the Durable Medical Equipment Supplier Guidelines (except for dressings). I acknowledge that all warranties expressed and implied under applicable State law are honored.*

_____Arizona AFO R L _____

_____Multiligamentous AFO R L (L1906)
Brand:_____ Model: _____

_____Velocity Brace R L (L1971)

_____Carbon Graphite Composition Brace R L
(L1932)

_____Spiral Carbon Graphite Composition Brace R L
(L1951)

_____Prefab AFO Night Splint (L4397) R L
Brand:_____ Model:_____

_____Ankle Gauntlet (L1902) R L
Brand:_____ Model:_____

_____OTC Orthotics (L3040)

_____Custom Molded Orthotics (L3000)

_____Four Lead TENS Unit (E0730)

_____TENS Accessories (A4595)

_____Diabetic Shoes (A5500)
Three pairs of inserts (A5512, A5513)
_____Orthosis with Amputation Filler R L (L5000)

_____Conformer Boot System R L
Size:_____

_____BK Walking Splint R L non pneumatic
(L4386) XL L M S XS

_____BK Walking Splint R L pneumatic
(L4361) XL L M S XS

_____Post Op Shoe (L3260) R L MN WN
XL L M S XS

_____Crutches (E0114) Alum Pair

_____Silver Alginate 2x2 (A6196)

_____Foam Dressing (A6212) _____

_____Hydrogel Pads 2x2 (A6231)

_____Collagen Dressing 2x2 (A6021)

_____Gauze (A6443) _____

_____Coban (A6454) _____

_____Other Item:_____

Patient/Guardian/Nurse _____ Date _____ Witness _____

Durable Medical Equipment Supplier Guidelines
Provided by Central Kansas Podiatry Associates

Note: This list is an abbreviated version of the application certification standards that every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57.

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must 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 nonprocurement 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.
8. A supplier must 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. 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, or cell phone 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. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed.
11. A supplier must 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. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items, and maintain proof of delivery.
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 directly, or through a service contract with another company, 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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government 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 Supplier Billing Number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers of DMEPOS and other items and services 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.
23. All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the supplier location for three months after it is operational without requiring a new site visit.
24. All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill the Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
25. All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.
26. All DMEPOS suppliers must obtain a surety bond in order to receive and retain a supplier billing number.

Complaint Protocol Policy
Central Kansas Podiatry Associates

Each patient has the right to freely voice grievances and recommend changes in care or services without fear or reprisal or unreasonable interruption of services. Services, equipment and billing complaints will be communicated to the office manager and/or the doctor. These complaints will be documented in the Medicare Beneficiaries Complaint log, and the completed forms will include the patients name, address, telephone number, and health insurance claim number, a summary of their complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled courteously and professionally. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone, by the office manager within a reasonable time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the doctor will be notified.

Your Warranty Covers

Any breakage of the plastic portion of a device for up to ninety (90) days from the date the device was shipped or dispensed.
Any defect in the workmanship or durability of the consumable portion of the device, (straps, Velcro, laces, leather) for up to thirty (30) days from the date the device was shipped or dispensed.
If the brace is found to be defective, in material or workmanship, we will replace or repair (at our option) during the 90 day warranty period, the defective portion. The item will be returned to you free of Ground shipping charges.

What Your Warranty Does Not Cover:

Damage caused by accident, misuse or abuse.
Custom Braces that have been altered or repaired by someone other than Arizona Brace, Inc, or Pedalign. Prefabricated device that have been altered or repaired by someone other Central Kansas Podiatry Associates,
Warranty coverage to anyone other than the original patient, effective from the date of purchase or dispensment.
Any repairs or replacements that would exceed the original cost of the brace, including, but not limited to, any special or consequential damage caused by the use or inability to use this product. This holds true, regardless of the legal theory on which the claim is based. Any other warranties other than those described or listed above or from any person or entity other than Arizona brace, Inc., whether implied or otherwise, shall not be binding on Arizona brace, Inc.