

Knight Medical Supply L.L.C.

802 SOUTH LEWIS ST
STILLWATER, OK 74074-4621
PHONE: (405) 743-1646 FAX: (405) 743-8202
Toll Free: (800) 267-6531

Patient Rights & Responsibilities

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify the equipment supplier of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify the equipment supplier in such instances.
3. The patient should promptly notify the equipment supplier of any changes to their address, telephone or insurance carrier.
4. The patient should promptly notify the equipment supplier of any changes concerning their physician.
5. The patient should notify the equipment supplier of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

Medicare Notice for Capped Rental and Routine Purchase items

Medicare requires the provider notify the beneficiary of capped rental and inexpensive or routinely purchased items for services on or after January 1, 2006

CAPPED RENTAL ITEMS:

Medicare will pay a monthly rental fee for a period not to exceed 13 months after which ownership of the equipment is transferred to the Medicare Beneficiary if all payments, co-payments and deductibles have been paid. After ownership, the equipment is transferred to the Medicare beneficiary, it is the Beneficiary's responsibility to arrange for any required equipment service or repair.

Examples of this type of equipment include:

Hospital Beds, Wheelchairs, Alternating Pressure Pads, Air-fluidized Beds, Nebulizers, Suction Pumps, Continuous Airway Pressure (CPAP) devices, Patient Lifts, and Trapeze Bars.

INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.

Examples of this type of equipment include:

Canes, Walkers, Crutches, Commode Chairs, Pressure and Positioning Pads, Home Blood Glucose Monitors, Seat Lift Mechanisms, and Traction Equipment.