

**KIDS KORNERMEDICAL SUPPLY (KKMS)
CLIENT/PATIENT SERVICE AGREEMENT**

Client/Patient Name: _____ Client # _____

Authorization/Consent for Care/Service: I have been informed of the other incontinence suppliers available to me and of the selection of providers from which I may choose. I authorize Kids Korner Medical Supply (KKMS) under the direction of the prescribing physician, to provide incontinence supplies to me as prescribed by my physician.

Assignment of Benefits/Authorization for Payment: I hereby assign all benefits and payments to be made directly Kids Korner Medical Supply (KKMS) for any incontinence supplies furnished to me in conjunction with my home care. I authorize Kids Korner Medical Supply (KKMS) to seek such benefits and payments on my behalf. It is understood that, as a courtesy, Kids Korner Medical Supply (KKMS) will bill Medi-Cal or other payers and insurer(s) providing coverage. I understand that I am responsible for providing all necessary information and for making sure all certification and enrollment requirements are fulfilled. Any changes in the policy must be reported to Kids Korner Medical Supply (KKMS) within 30 days of the event. I have been informed by Kids Korner Medical Supply (KKMS) of the medical necessity for the services prescribed by my physician.

Release of Information: I hereby request and authorize Kids Korner Medical Supply (KKMS), the prescribing physician, hospital, and any other holder of information relevant to service, to release information upon request, to Kids Korner Medical Supply (KKMS), any payor source, physician, or any other medical personnel or agency involved with service. I also authorize Kids Korner Medical Supply (KKMS) to review medical history and payor information for the purpose of providing incontinence supplies to me.

Returned Goods: I understand that, due to Federal and State Regulations opened and/or used packages/bottles prescribed for home health care cannot be re-dispensed due to infection control reasons. Therefore, opened and/or used packages cannot be returned for credit. Exchanges of unopened product due to size changes will be made on a case-by-case basis and require supervisor approval. Kids Korner Medical Supply (KKMS) must be notified within 24 hours of delivery if the incontinence supplies received are defective. In the case of defective supplies, a replacement will be made for the defective item.

Client/Patient Handouts: I acknowledge that I have received a copy of the Client/Patient Handouts that contain Client/Patient Rights and Responsibilities and HIPPA Privacy Standards, and "How To Make Your Home Safe for Medical Care" and "Emergency Planning for the Home Care Client/ Patient". Advance directive information is available upon request only. I acknowledge that the information in the Client/Patient Handouts has been explained to me and that I understand the information provided.

Grievance Reporting: I acknowledge that I have been informed of the procedure to report a grievance should I become dissatisfied with the incontinence supply service. I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 1-800-971-1034 and speak to the Customer Services Supervisor. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing, and forward it to the Governing Body. You can expect a written response within 7 working days of receipt.

Home Health Hotline: You may also make inquiries or complaints about this company by calling your local Social Services Department and/or ACHC at 919-785-1214.

Porch Delivery: If you are not at home at the time of the delivery to sign the delivery receipt, we will leave the deliveries on your porch if the driver feels the area is safe. By signing the authorization below, you are giving us permission to leave the incontinence supplies on your porch or any other safe area that you indicate to us.

No Inside Delivery: Due to insurance guidelines, our drivers are not allowed to enter into the home. Please make arrangements to have someone bring the supplies inside your home if you are not able to do so on your own.

Delivery Procedure: If you request delivery, you are assigned to a delivery group based on the area where you live. KKMS delivers these areas in the same order each month. To find out the approximate date we will deliver your supplies, you may contact the office at 1-800-971-1034. Alternatively, you may pick up your supplies monthly at 165 Lewis Rd, Suite 10, San Jose, CA 95111. Hours are M-Th 7-3:30 pm and Friday 8-3:30 pm.

Changes to Existing Orders: At KKMS, we pull your orders in advance of the delivery date. If you must make a change to the delivery that you receive, please call at a minimum of 1 full week before your regularly scheduled delivery date to allow us to make the change before the order is pulled.

Print Name: _____

Date: _____

Signature: _____