



*Dear New Patient,*

**Welcome** and thank you for choosing Charm Medical Supply for your home healthcare needs. Enclosed in this packet you will find the following documents:

DMEPOS Medicare Supplier Standards

Patient's Rights and Responsibilities \*

Patient Complaint/Grievances Policy

Patient Agreement \*

Billing and Reimbursement Practices/ Patient Responsibility Agreement

Notice of Privacy Practices

Patient Information Release \*

Delivery Authorization \*

Emergency Policies & Procedures for Patients

Community Resource List

Patient Acknowledgement of Receipt \*

**\* These documents *must* be completed and/or signed and *returned* to Charm Medical Supply.**

Please complete and sign the Patient's Rights and Responsibilities, Patient Agreement, Patient Information Release, Delivery Authorization, and Patient Acknowledgement of Receipt documents at your earliest convenience and return them to us in the enclosed self-addressed, stamped envelope.

***Please note that these forms need to be on file with our office before we can deliver your supplies.***

In the future, if there are any changes to your contact information, address, insurance or doctors, please update Charm *immediately*.

We pride ourselves on our outstanding customer service, products and deliveries. Please contact us with any questions or comments about your supply needs or service. Take a moment to browse our website: [www.charmmedical.com](http://www.charmmedical.com) to see our full product offerings.

Thank you for choosing Charm Medical Supply. We look forward to working with you.

***Sincerely,***  
**Charm Medical Supply**

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