

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:

*** THESE DOCUMENTS *MUST BE COMPLETED, SIGNED AND RETURNED TO CHARM MEDICAL SUPPLY:***

Patient's Rights and Responsibilities *

Patient Agreement *

Delivery Authorization *

Patient Information Release *

Patient Acknowledgement of Receipt *

PLEASE RETAIN THESE DOCUMENTS FOR YOUR RECORDS:

DMEPOS Medicare Supplier Standards

Notice of Privacy Practices

Patient Complaint/Grievances Policy

Billing and Reimbursement Practices

Emergency Policies & Procedures for Patients

Community Resource List

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 to see our full product offerings.

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

Sincerely,
Charm Medical Supply