VITAL DOCTORS
MEDICAL EQUIPMENT

(833) 432-4247 | 9523 I-35 Frontage Rd, Suite #2, San Antonio, TX 78233 | (833) 542-2009

MEDICARE SUPPLIER STANDARDS NOTICE

Medicare requires that we meet specific standards of quality and service.
As a Medicare beneficiary, you have the right to expect the following from us.

OUR STANDARDS

1 FREE DELIVERY
We will deliver Medicare-covered equipment and supplies to you at no charge, anywhere in the continental United States.

2 PROPER SET-UP AND INSTRUCTION
We will set up the equipment and instruct you in its use.

3 INSTRUCTIONS FOR USE
We will provide instructions on the use of the equipment and any safety precautions.

4 BILLING AND ASSIGNMENT
We will accept assignment of the Medicare benefit and bill Medicare on your behalf. You are responsible only for the deductible and coinsurance.

5 ACCESSORIES AND SUPPLIES
We will provide accessories and supplies that are covered by Medicare and necessary for the use of the equipment.

6 REPAIRS AND REPLACEMENTS
We will repair or replace the equipment if it malfunctions, and we will do so within a reasonable time.

7 MAINTENANCE
We will provide maintenance and inspection of the equipment as needed.

8 24-HOUR CONTACT
You can reach us 24 hours a day, 7 days a week for assistance.

9 INFORM YOU OF YOUR RIGHTS
We will inform you of your rights and responsibilities as a Medicare beneficiary.

10 DISCARD OLD EQUIPMENT
We will accept returns of rental equipment and assist in the proper disposal of it.

11 QUALITY STANDARDS
We will maintain quality standards consistent with all applicable Federal and State laws.

12 RECORDS RETENTION
We will maintain a record of your order, including your name, address, items supplied, dates of service, and charges for at least 7 years.

13 REPORT FRAUD AND ABUSE
We will report any suspected fraud, waste, or abuse to the appropriate authorities.

PATIENT ACKNOWLEDGEMENT

I have received a copy of this notice of Medicare Supplier Standards.
I understand these standards and that I can contact the supplier at any time with questions or concerns.

Patient Name (Print): _____ Medicare Number: _____

Signature of Patient or Authorized Representative: _____ Date: _____

Relationship to Patient (if not patient): _____

SUPPLIER INFORMATION

Vital Doctors Medical Equipment
9523 I-35 Frontage Rd, Suite #2
San Antonio, TX 78233
Phone: (833) 432-4247 | Fax: (833) 542-2009

FOR OFFICE USE ONLY

NPI Number: _____

Supplier Authorized Signature: _____

Date: _____

Thank you for choosing Vital Doctors Medical Equipment.
We are committed to providing quality equipment and exceptional service.

Questions? We're here to help.
(833) 432-4247