

CLIENT/PATIENT DOCUMENT ACKNOWLEDGEMENT

Name: _____

Street Address: _____

City, State, Zip: _____

I acknowledge receipt of the following patient documents, which are available to me via the Kohll's Rx website at: www.kohllsrx.com. Navigate to the bottom of our home page to Quick links, select the link to Patient Information Packet and Compliance Documents. If internet access is not available, I may request a hard copy of this information by using the Contact Us link and select the appropriate department.

Our website is also a great resource for products we have available.

- ✓ Medicare DMEPOS Supplier Standards – English/Spanish
- ✓ Patient Bill of Rights and Responsibilities
- ✓ Customer Satisfaction Survey
- ✓ Plan of Care/description of services
- ✓ Capped Rental contract agreement
- ✓ Billing, Payment and Collection Policies
- ✓ Warranty Information
- ✓ Grievance/complaint procedure
- ✓ Instruction on basic home safety and infection control
- ✓ Return Policy
- ✓ Service Calls/After hours
- ✓ Emergency Preparedness
- ✓ HIPAA Privacy Notice
- ✓ Nondiscrimination Statement and Affordable Care Act Info
- ✓ Complaint form
- ✓ 2013 Omnibus HIPAA HITECH Rules

Signature Required: _____

Date: _____