

CLIENT/PATIENT PACKET 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.

Patient Handout which includes:

- ✓ Patient Bill of Rights and Responsibilities
- ✓ Patient Responsibilities
- ✓ DMEPOS Supplier Standards
- ✓ HIPPA Privacy Notice
- ✓ Emergency Planning
- ✓ Home Safety
- ✓ Infection Control
- ✓ Advance Directives
- ✓ Grievance/Complaint Reporting

Patient Service Agreement which includes:

- ✓ Authorization for Care/Service
- ✓ Assignment of Benefits
- ✓ Release of Information statement
- ✓ Financial Responsibility
- ✓ Return Policy

Customer Satisfaction Survey

Warranty Information for Equipment

Service Call/After hours

Signature Required: _____

Date: _____