



CPAP Packet

Sleep Wellness Center

get your zzzzzzzzz

Sleep Wellness Center

get your zzzzzzzzz

SleepWellnessND.com



We can help you get your zzzzz.

Sleep Wellness Center is a regional, privately owned sleep diagnostic center. We were pioneers in the sleep diagnostic services industry and offer extensive clinical expertise to individuals, hospitals, clinics and other healthcare facilities. Our sleep specialists, who are registered or certified in sleep technologies, will work side-by-side with you from diagnosing your specific sleep issues to finding innovative therapies and solutions.

You'll appreciate our follow-up care.

We'll keep in touch with you to make sure your personal sleep therapy continues to work for you and, you'll be happy to know, there are no charges for follow-up office visits or equipment checks at Sleep Wellness Center. We just want to make sure you're doing well.

Don't suffer through another sleepless night.

Insurance requires you to have a physician's referral to receive sleep diagnostic care and equipment, just like you would for any other type of testing. However, you do not need to see a special sleep doctor to get your referral. If you'd like to consult a sleep specialist, all you need to do is ask your primary care physician, general practitioner or physician's assistant to phone our office regarding a referral. We accept all insurances, including Medicare and when you're referred to Sleep Wellness Center, we'll do all the insurance paperwork for you.



Sleep Wellness Center Patients have the right to:

- To be fully informed in advance about care/services to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- To participate in the development or revision of any plan of service or care and be informed of any care/service limitations.
- To consent to, or refuse (along with consequences if treatment is refused), to any care or treatment.
- To be informed both orally and in writing, in advance of any care/service, of payments that will be the responsibility of the patient.
- To have one's property and person be treated with respect, consideration, and recognition of patient dignity and individuality.
- To identify visiting staff members through proper identification.
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- To voice grievances/complaints regarding treatment or care, lack of respect to property or recommend changes in policy or staff, without restraint, interference, coercion, discrimination, or reprisal.
- To have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- To select and/or change their health care provider.
- To confidentiality and privacy for all information in the patient record and of Protected Health information.
- To be advised on policies and procedures regarding the disclosure of clinical records.
- To be informed of any financial benefits when referred to an organization.
- To receive appropriate care/service without discrimination in accordance with physician orders.
- To be fully informed of one's responsibilities.

Sleep Wellness Center Patients have the responsibility to:

- To inform the supplier or physician of any complications or side effects from the treatment prescribed.
- To be honest about their medical history.
- To ask about anything they do not understand.
- To follow health advice and medical instructions.
- To report any significant changes in symptoms or failure to improve.
- To provide useful feedback about services and policies.
- To communicate with the company about a complaint or grievance.
- To assume responsibility of any co-pays or deductibles that will not be covered by the insurance company.
- To respect the suppliers medical equipment and protect it from, fire, theft, or damage.
- To notify the supplier immediately of any of the following:
 - a) Any failure, damage, or theft of the supplier's equipment.
 - b) Any supplies needed to use the equipment.
 - c) Changes in prescription from physician.
 - d) Change in insurance or physician
 - e) Change of address or phone number

Notice of Privacy Practices | Personal Health Information

This notice describes how medical information about you may be used and disclosed for treatment, payment, or healthcare operations, and how you can get access to this information.

According to the Health Insurance Portability Accountability Act of 1996 ("HIPAA"), Sleep Wellness Center is required to notify all patients of how Sleep Wellness Center will use the personal health information we obtain. Sleep Wellness Center is permitted to use and disclose personal health information as follows:

1. To provide Treatment as ordered by your physician. Treatment is defined, in relation to Sleep Wellness Center, as providing durable medical equipment or services as ordered by your physician. Sleep Wellness Center may communicate with your ordering physician regarding your medical condition, payment, and healthcare operations for the services provided. (e.g., relaying that your condition has changed, indicating improvement, or worsened).
2. For Payment activities undertaken to obtain reimbursement from your insurance carrier for the provision of health care services to include, but not limited to, eligibility determination; pre-certification; billing and collection activities; utilization review to obtain physician orders; medical chart notes; medical tests that pertain to your services (e.g., ABG, saturation, sleep study); documentation regarding a change in your condition; and disclosure of limited information to consumer reporting agencies, when applicable.
3. To perform standard Healthcare Operations to include, but not limited to, quality assessment and improvement and related functions; qualifications and performance of health care professionals; conducting or arranging medical review, legal services, and auditing functions; compliance programs and auditing functions; business planning and development; business management; and general administrative activities. (e.g., medical review to ensure compliance with the order, billing criteria, federal and state regulations, data entry, claims processing, follow-up visits).
4. To notify local agencies (e.g., power, gas, and phone companies, and emergency medical services) in the event of an Emergency (e.g., natural disaster) of your limited health information and need for life sustaining equipment or assistance in evacuating due to medical condition, if applicable.
5. Consent is not required for personal health information: 1) When obtained during the course of treating inmates; 2) When required by law to treat an individual and victims of abuse; 3) When unable to obtain consent due to substantial barriers to communication and the consent to receive the treatment is clearly inferred from the circumstances (e.g., accepting the treatment); or 4) If the treatment relationship is "indirect." An indirect relationship is one in which Sleep Wellness Center provides the services based on an order from another provider and the results of the service are transferred back to that provider to communicate with the patient; 5) Uses and disclosures for health oversight activities; 6) Public health activities; 7) Efforts to prevent serious threat to health safety; 8) PHI of decedents and disclosure to personal representatives; and 9) De-identified information.
6. Consent only gives permission to the provider receiving the consent. The consent cannot be shared with any other provider. A provider may require a signed consent as part of the provision of treatment.
7. You have the right to revoke the consent, if the request is provided in writing to the Sleep Wellness Center servicing location, except for treatment/payment/operations for dates of service prior to the date revoked.
8. You may request restrictions on use or disclosure of personal health information; however, Sleep Wellness Center is not required to agree to the request for restrictions.
9. If you suspect misuse of your personal health information, you may report the suspected violations to the Customer Service Department at **800-962-8145** or in writing to: Sleep Wellness Center, 2700 12th Avenue South, Suite B, Fargo, ND 58103-8723.
10. By signing the acknowledgement provided, you are acknowledging you have received, read, and understand the information outlined on this "Notice of Privacy Practices." The attached acknowledgement form is required by Health Insurance Portability and Accountability Act of 1996.

Thank you for your attention to this notice. For more information, visit our website at SleepWellnessND.com

Safety in the Home

Sleep Wellness Center strives to help prevent patients from having accidents in the home. Listed below are some guidelines that can be used to make your home a safe environment.

Stairways

1. Clear objects from stairs
2. Cover stairs with rubber tread or skid-resistant paint
3. Handrails should follow the stairs all the way to the end
4. Lights should be at top and the bottom of the stairs

Bathroom

1. Install slip resistant shower and bath mats
2. Dispose of out of date medicines
3. Use a bath bench or tub rail to help transfer into the tub

Living Area

1. Keep traffic areas free from cords and potential tripping hazards
2. Keep medical equipment away from stoves and fireplaces

Kitchen

1. Keep curtains and towels away from stove
2. Keep stove burners and oven grease-free
3. Install locks on cabinets with cleaners or other chemicals
4. Keep throw rugs to a minimum to prevent falls

Bedroom

1. Never leave medication in the reach of children
2. Provide an escape ladder if room is upstairs
3. Install smoke detectors and change batteries at least 2 times per year

Emergency Preparedness

Be prepared and ready before a disaster/emergency strikes. Everyone should have some basic plans in place and supplies on hand to survive for at least 3 days if an emergency occurs.

Some things to consider-

1. Evacuation plan if it becomes necessary to leave your home due to an emergency- where to go, how to get there, who to notify
2. Important family documents- copies of insurance policies, identification, bank account records, medication prescriptions, cash or traveler's checks
3. Water-one gallon per person per day, for drinking and sanitation
4. Non-perishable food-at least a three day supply
5. Medications-enough on hand to last an extended time
6. Battery operated radio and extra batteries
7. Flashlight and extra batteries
8. First aid kit
9. Whistle to signal for help
10. Moist towelettes, garbage bags and plastic ties for personal sanitation
11. Wrench or pliers to turn off utilities
12. Manual can opener
13. Care for pets-if applicable
14. Warm clothing, extra blankets

As you prepare, tailor your plans and supplies to your specific daily living needs and responsibilities. For more detailed information please visit FEMA's Ready Campaign website at www.ready.gov

Medicare's Revised Guidelines for CPAP Therapy in the home.

Effective 11/01/2008, Medicare has imposed new guidelines for CPAP therapy. Medicare requires that you, the patient, be seen (in a face to face clinical exam) by your treating physician between the 31st day and the 91st day after initiating your CPAP therapy to document if there is improvement of your symptoms and check compliance of your therapy.

Your face to face clinical exam with your treating physician should be scheduled between _____ and _____.

This is strictly a Medicare requirement. We will work closely with you and your physician, to attain these necessary requirements. If for any reason, these requirements are not attained, Medicare will deny coverage.

Notice of Medicare Rent to Purchase of Rental Equipment

Medicare requires Sleep Wellness Center, as your supplier, to notify you that your rental equipment will be purchased after the 13th month's rental payment. Medicare has limited the rental payments to a total of 13 months of continuous use. This means that you will own the medical equipment at the end of the 13-month period.

Once you assume ownership, if your equipment is currently under warranty, Sleep Wellness Center will continue to provide warranty-covered service or repair for the remaining warranty period.

If your equipment is no longer under warranty, let us know, we can perform service and/or repair to the equipment. We will bill Medicare for the parts and labor. You may be responsible for any coinsurance or deductible amounts that apply.

If you have any questions, please contact us toll-free at: 800-962-8145.

Thank you for your attention to this important notice.

Sleep Wellness Center

The products and/or services provided to you by Sleep Wellness Center are subject to the supplier standards contained in the Federal Regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

Sleep Wellness Center Mission Statement

Sleep Wellness Center strives to be the market leader in the treatment of sleep disorders. We will be partners to our customers, meeting their needs with high quality products and services. Our highly trained and committed employees, who are responsive to our customers needs, will be the cornerstones of our success.

- 1) Patient-Focused Service
- 2) Positive Patient Outcomes
- 3) Patient Education
- 4) Dedicated, Highly Skilled, Professional Staff

Patient Communication and Complaints Protocol

We at Sleep Wellness Center want to provide the greatest level of care and service to help make your life easier, with better quality and independence. We are here for you 24 hours a day, 365 days a year if a problem or situation arises that may require you to contact us. We value your thoughts and opinions; always feel free to pass them along to us so we can continually improve our services.

We believe your concerns are our concerns. Every patient has the right to freely voice complaints or grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. To ensure that our services meet your total satisfaction, we ask you to describe any complaint, problem, concern, or compliment that you may have.

As our patient, you are very important to us. So that we can resolve any problems that arise in a rapid and effective manner, we want to make you aware of our Patient Communication and Complaints Protocol. Patient complaints are investigated within two days from notification and within 14 days, you will have written notification of the results of the investigation.

1. You may call our office at 800-962-8145 and speak with a customer service representative.
2. If your issue cannot be resolved satisfactorily, you may request to speak with a supervisor.
3. If you wish to contact us in writing, send a letter to Sleep Wellness Center, 2700 12th Ave. South, Suite B, Fargo, ND 58103, to the attention of: Patient Communications

All concerns are taken very seriously. Our complaint resolution protocol ensures that each concern is researched in order to resolve all complaints and/or problems.

Community Resources - Fargo

RESOURCE	PHONE NUMBER
ABUSE	
Child Protective Services	701-241-5765
Adult Protective Services	701-241-5747
CONSUMER PROTECTION	
Consumer Protection	800-721-7233
Better Business Bureau	800-456-3907
Department of Consumer Affairs	800-721-7233
COUNSELING	
Mental Health Services	800-472-2911
Division of Aging & Adult Services & People with Disabilities	701-298-4500
DISABILITY SERVICES	
Disable Elder Adult Protective Services	701-298-4500
MN Elder Abuse Helpline	800-333-2433
FOOD	
Care & Shelter/Food Pantry	218-236-0372
Meals-on-Wheels	701-293-1440
HEALTH CARE	
Medicaid	800-755-2604
Medicare	800-Medicare
SENIOR SERVICES	
Social Security and Medicare Eligibility Information	800-772-1213
Senior Citizens Center	701-293-1440
LANGUAGE ASSISTANCE	
Translator Services	701-365-0022
OTHER	
Accreditation Commission for Healthcare (ACHC)	919-785-1214

Community Resources - Grand Forks

RESOURCE	PHONE NUMBER
ABUSE	
Child Protective Services	701-787-8540
Adult Protective Services	701-787-8540
MN Elder Abuse Helpline	800-333-2433
ND Elder Abuse Helpline	800-451-8693
CONSUMER PROTECTION	
Consumer Protection	800-721-7233
Better Business Bureau	800-456-3907
Department of Consumer Affairs	800-721-7233
COUNSELING	
Mental Health Services	800-472-2911
Division of Aging & Adult Services & People with Disabilities	701-298-4500
DISABILITY SERVICES	
Disable Elder Adult Protective Services (NE Human Service Center)	701-795-3000
FOOD	
Care & Shelter/Food Pantry	701-722-6609
Meals-on-Wheels	701-780-5169
HEALTH CARE	
Medicaid	800-755-2604
Medicare	800-Medicare
SENIOR SERVICES	
Social Security and Medicare Eligibility Information	800-772-1213
Senior Citizens Center	701-772-7245
LANGUAGE ASSISTANCE	
Translator Services	218-727-2572
OTHER	
Accreditation Commission for Healthcare (ACHC)	919-785-1214

Sleep Wellness Center

get your ZZZZZZZZ

SleepWellnessND.com

Hours: Monday-Friday 8 am to 5 pm

2700 12th Ave. S. Suite B | Fargo, ND 58103 | 701-235-7424 **Toll Free** 800-962-8145 **Fax** 701-239-4792

Turning Point Health and Wellness Center | 2424 32nd Ave. S. Suite 101A | Grand Forks, ND 58201

701-746-7378 **Toll Free** 800-962-8145 **Fax** 701-746-7388