

PELICAN ORTHOTIC AND PROSTHETICS PATIENT BILL OF RIGHTS

It is the policy of **PELICAN ORTHOTICS AND PROSTHETICS** to recognize that individuals seeking services have the same rights as other individuals in our society. Among these are:

1. The right to secure appropriate prosthetic and orthotic services regardless of race, religion, color, ethnicity, sex, age, handicap, marital status or sexual preference.
2. The right to a compassionate service environment which affords appropriate privacy.
3. The right to receive adequate and appropriate services in a safe and clean environment, from the appropriate individual within the facility, information about his/her prosthetic and orthotic care, in terms the patient can understand.
4. The right to participate fully in all decisions concerning their health, well-being, and rehabilitation.
5. The right to refuse services to the extent provided by law and to be informed of the consequences of the refusal. When a refusal of services prevents the facility or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.
6. The right to exercise his/her rights as a patient and as a citizen, and to this end present grievances or recommend changes to policies and services on behalf of himself/herself or others to the facility staff, to governmental officials or to another person of his/her choice within or outside the facility, free from restraint, interference, coercion, discrimination or reprisal. A patient is entitled to information about the facility's policies and procedures regarding the initiation, review and resolution of patient complaints.
7. Examine and receive a full explanation of the facility bill regardless of the source of payment. Every patient is informed of the mechanism within the facility to resolve billing questions or problems.
8. Be informed of facility rules and regulations applicable to a patient's conduct. Every patient is informed of the mechanisms within the facility available to resolve problems or conflicts.

Warranty

Your custom fabricated prosthetic/orthotic device is warranted for 90 days to provide proper alignment and proper fit, corresponding with your individual measurements and anatomical conditions at the time of measurement. Your custom fit prosthetic/orthotic device/item is warranted for 90 days to be of the appropriate size and fit at the time of delivery. Once a device is delivered, it is not eligible for a money-back warranty due to the health risks involved in the reuse of prosthetic/orthotic devices.

This warranty does not apply to items or parts that are not manufactured by PELICAN ORTHOTICS AND PROSTHETICS. Items and parts that are manufactured by outside companies or vendors are warranted for the length of the warranty determined by that manufacturer. These include but are not limited to components or parts not

manufactured by PELICAN ORTHOTICS AND PROSTHETICS that are used in the assembly of a device custom made by PELICAN ORTHOTICS AND PROSTHETICS; items that are custom made by other companies but supplied to the patient by PELICAN ORTHOTICS AND PROSTHETICS, or items that are manufactured by other companies, but are fit or custom fit to the patient by COMPANY NAME.

This warranty is immediately void if:

The device has been adjusted, repaired or altered by anyone other than an active employee of

The device or any of its parts have been subjected to misuse, negligence, or accident

The patient fails to fulfill "Patient Responsibilities" as outlined below.

This warranty does not cover prosthetic skin coverings, adjustments needed due to anatomical or other medical changes, nor does it cover accessories, such as prosthetic socks, straps, etc.

Any claim whatsoever made by a recipient patient in connection with a prosthetic or orthotic device covered under this warranty shall be limited to the amount received by PELICAN ORTHOTICS AND PROSTHETICS from the patient for the subject device. Any claim whatsoever made by a reimbursing source/payor in connection with a prosthetic or orthotics device covered under this warranty shall be limited to the amount received by PELICAN ORTHOTICS AND PROSTHETICS from such reimbursing source/payor for the subject device.

Quality Care

It is important to us that you receive quality patient care at PELICAN ORTHOTICS AND PROSTHETICS. If you have any comments or concerns that you would like to share with us, please contact our Quality Assurance Officer: Jenny Capritto (985)276-4560.

Patient Responsibilities

Keep all appointments when possible

Inform of any change to PELICAN ORTHOTICS AND PROSTHETICS your overall health which may affect the wearing or functioning of the orthosis or prosthesis.

Within thirty (30) days after the item is delivered, inform PELICAN ORTHOTICS AND PROSTHETICS if any adjustments are necessary. Failure to do so will constitute a waiver by the patient of any claim regarding said item. Patient will not perform adjustments themselves but will contact us.

Patient Financial Responsibilities

PELICAN ORTHOTICS AND PROSTHETICS agrees to bill most insurance carriers if all necessary information is provided.

Patient or legal representative agrees to be financially responsible for all charges whether paid by insurance or not.

Patient assigns to PELICAN ORTHOTICS AND PROSTHETICS permission to bill his/her insurance company and release information pertaining to claim submittal.