

**MOTHER'S INFORMATION (MUST BE COMPLETELY FILLED OUT):**

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
 Baby Due Date: \_\_\_\_\_ OR Date of Birth: \_\_\_\_\_ Child's Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Mother's Insurance: \_\_\_\_\_  
 Mother's Insurance ID: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_  
 Insurance Customer Service # (found on back of card): \_\_\_\_\_ Policy Holders Name: \_\_\_\_\_

**Please Read and Sign**

- I understand that Kern Medical Supply, Inc or its assignee ("Provider") is independently owned and operated and is not in any way associated with a hospital, medical practice or any other clinic.
- I certify that the information provided by me and applying for payment under title XVIII (Medicare) of the Social Security Act of any other insurance benefits is true and correct.
- I understand that if my insurance coverage is denied, I am responsible to pay Provider the usual and customary amount/ price for this equipment.
- I authorize release of all medical records needed in relation to the above referenced equipment.
- I request that a payment be made to Provider by my insurance company, Medicaid, Medicare or government benefits.
- I certify that I have read the terms and conditions of this agreement, any attachments and agree to its content.

**Por favor, lea y firme**

- Yo entiendo que los productos medicos Kern Medical Supply, Inc. o su concesionario (Proveedor) son duenos independientes y no estan de ninguna manera, asociado con un hospital o practica medica.
- Yo certifico que la informacion proporcionada por mi, para solicitar pago bajo el Titulo XVIII (Medicare) de la Ley del Seguro Social o de cualquier otro beneficio es verdadera y correcta.
- Yo entiendo que si se me niega la cobertura de mi seguro, yo soy responsable de pagar la cantidad usual y habitual de costumbre para este equipo.
- Yo autorizo dar a conocer todo mi Historial Medico necesario en relacion con el equipo mencionado.
- Yo solicito que el pago (s) se haga (n) at Proveedor de mi compania de seguros, Medicaid, Medicare, o cualquier programa gubernamental.
- Yo certifico que he leido los terminus.

**Mother's Signature (Required):** \_\_\_\_\_ **Date (Required):** \_\_\_\_\_

**Breast Pump Prescription/Physician Authorization**

(Must be completed by prescribing physician or nurse practitioner)

Date: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Clinic Fax#: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Clinic Phone#: \_\_\_\_\_  
 Clinic Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**RX EQUIPMENT ORDER:**

**Electric Breast Pump (E0603)**

**DIAGNOSIS**

**Breastfeeding/Lactating Mother (Z39.1)** Unspecified disorder of lactation (676.90) \*\*Due to the Affordable Care Act, there is no longer a medical necessity needed to obtain a breast pump covered by insurance. As a result, some insurers are instructing us to bill under the Z code and or the unspecified code.

I certify that this order is reasonable and medically necessary or now approved under the Affordable Care Act and not merely a convenience item. This document will serve as a confirmation of a verbal order and is also written in the patient's record. The forgoing information is true, accurate and complete. I understand that any falsification, omission or concealment of material fact may subject me to civil or criminal liability.

**MD or NP Signature (Required):** \_\_\_\_\_ **NPI # (Required):** \_\_\_\_\_

**Thank You for Contacting Us! Please follow these simple steps to obtain your Breast Pump:**

1. **Fill out the Breast Pump Order Form on the previous page.** The form must be completely filled out, printed and signed by you and prescribing physician/nurse practitioner.
2. Completed form can either be **faxed** to 661-393-7339 or **you can call us at 661-393-4877 and we will pick it up when we deliver your breast pump.**
3. Upgrading your breast pump to a more deluxe model is also available. When we contact you, please ask the Kern Medical Supply Associate for details on upgrading your breast pump.

**Hours of Availability**

Kern Medical Supply is available to serve our clients Monday through Friday from 9:00 am to 5:00 pm. To contact us, please call 661-393-4877.

**Instructions for Set-Up of Durable Medical Equipment**

Properly trained staff is available during business hours at 661-393-4877 to answer client questions and to provide our clients with any assistance they may need. Please also refer to the manufacturer's product manuals and guidelines.

**Client Suggestions or Complaints**

We value your suggestions and we will work hard to resolve any complaints. If you have a suggestion or a complaint, please call Kern Medical Supply, Inc. at 661-393-4877 during our business hours and your call will be handled in a professional and confidential manner. You will be asked to provide your name, address, telephone number, health insurance number, if applicable, and a summary of the complaint. All logged complaints are received by management within 1 business day and the client will be contacted by management within 2 business days.

**Client Bill of Rights and Responsibilities**

Kern Medical Supply, Inc. recognizes you have rights as a client receiving medical products or services. In return, there are responsibilities for certain behavior on the part of the client. We believe that all clients receiving products or services from Kern Medical Supply, Inc. should be informed of their rights and responsibilities. The full text of Client Rights and Responsibilities can be found at <http://www.kernmedicalsupply.com>. Upon request we will furnish you a written copy of this document.

**HIPAA Notice of Information/Privacy Practices**

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time. The purpose of this notice is to inform you, the client, how your personal health information is used and/or disclosed by Kern Medical Supply, Inc. as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We want you to be fully aware of what we do with your information so that you can provide us with your consent in order for us to treat your health care needs, receive payment for services rendered, and allow administrative and other types of health care operations to happen, which are part of normal business activities of Kern Medical Supply, Inc.. The full text of the HIPAA/Privacy Notice can be found at <http://www.kernmedicalsupply.com>. Upon request we will furnish you a written copy of this document.

**DME Supplier Standards**

The products and/or services provided to you by Kern Medical Supply, Inc. 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 found at <http://www.kernmedicalsupply.com>. Upon request we will furnish you a written copy of this document.

**Las Horas de Disponibilidad**

Kern Medical Supply, Inc. está disponible para servir a nuestros clientes de lunes a viernes de 9:00 am a 5:00 pm. Para comunicarse con nosotros, por favor llame al 661-393-4877.

**Instrucciones para la Puesta en Marcha de Equipos Médicos**

Duraderos Personal debidamente capacitado está disponible en horario de oficina al 661-393-4877 para responder a preguntas de los clientes y proporcionar a nuestros clientes toda la asistencia que puedan necesitar. Por favor, consulte también los manuales y guías de productos del fabricante.

**Sugerencias o Quejas de Clientes**

Valoramos sus sugerencias y vamos a trabajar duro para resolver las quejas. Si tiene una sugerencia o una queja, por favor llame al 661-393-4877 Kern Medical Supply, Inc. durante nuestras horas de oficina y su llamada será manejada de una manera profesional y confidencial. Se le pedirá que proporcione su nombre, dirección, número de teléfono, número de seguro de salud, en su caso, y un resumen de la queja. Todas las quejas registradas son recibidas por la gestión dentro de 1 día laboral y el cliente será contactado por la administración dentro de los 2 días hábiles.

**Bill de Derechos del Cliente y Responsabilidades**

Kern Medical Supply, Inc. reconoce que tiene derechos como cliente de recibir productos o servicios médicos. A cambio, hay responsabilidades para cierto comportamiento por parte del cliente. Creemos que todos los clientes que reciben productos o servicios de Kern Medical Supply, Inc. deben ser informados de sus derechos y responsabilidades. El texto íntegro de los Derechos y Responsabilidades del Cliente se puede encontrar en <http://www.kernmedicalsupply.com>. Si lo solicita, le proporcionaremos una copia escrita de este documento.

**HIPAA Notificación de Prácticas de Información / Privacidad**

Nuestra organización está dedicada a mantener la privacidad de su información de salud identificable. Al llevar a cabo nuestro negocio, crearemos archivos sobre usted y el tratamiento y los servicios que proporcionamos. Estamos obligados por ley a mantener la confidencialidad de la información médica que lo identifique. También estamos obligados por ley a proporcionarle este aviso de nuestras obligaciones legales y prácticas de privacidad con respecto a su información de salud identificable. Por ley, debemos seguir los términos del aviso de prácticas de privacidad que tenemos en vigor en el momento. El propósito de este aviso es para informarle a usted, el cliente, cómo se utiliza su información personal de salud y / o divulgada por Kern Medical Supply, Inc. como lo exige la Portabilidad y Responsabilidad de 1996 (HIPAA). Queremos que usted sea consciente de lo que hacemos con su información para que nos puede proporcionar su consentimiento para que podamos tratar a sus necesidades de salud, recibir el pago por los servicios prestados, y permitirle los tipos administrativos y de otra índole de las operaciones de atención de salud a suceder, que forman parte del tráfico habitual de Kern Medical Supply, Inc. El texto íntegro de la convocatoria HIPAA / privacidad se puede encontrar en <http://www.kernmedicalsupply.com>. Si lo solicita, le proporcionaremos una copia escrita de este documento.

**Normas Proveedor DME**

Los productos y / o servicios proporcionados a usted por Kern Medical Supply, Inc. están sujetos a las normas de los proveedores que figuran en las normas federales que se muestran a 42 del Código de Regulaciones Federales Sección 424.57 (c). Estos se refieren a asuntos de negocios profesionales y operativos estándares (por ejemplo, en honor a las garantías y horas de funcionamiento). El texto completo de estas normas se puede encontrar en <http://www.kernmedicalsupply.com>. Si lo solicita, le proporcionaremos una copia escrita de este documento.