

Welcome to RestorixHealth!

Our goal is to deliver quality wound care supplies that help maximize clinical outcomes for patients with wounds. This packet has valuable information for you, so please read it in its entirety.



Toll Free: 800.232.9266

Patient Instructions

Instructions on Use

When using these products, please carefully follow all instructions provided by your doctor or other healthcare providers from your wound care center. For additional instructions on product use, please speak with your doctor or other healthcare providers from your wound care center.

Product Warranty

Every product sold by RestorixHealth carries a manufacturer's warranty. We will honor all warranty coverage under applicable law. If you experience any defects in product workmanship, please promptly make us aware of any issues or problems. We will replace any defective product that is covered under this warranty.

Return Authorization: Returns, Exchanges and Claims

You have 14 days from the receipt of your package(s) to initiate a return, exchange, or to make a claim about any discrepancies. Except for product defects that are recognizable only after opening the product package, we will only accept unopened and resealable items for return or exchange. You must have a valid, company issued Return Authorization, and then must return the items within 7 days. Upon receipt and inspection of items by the company, an exchange or credit will be issued to your account. To request a Return Authorization, or to make a claim for discrepancies, please contact the Customer Service team by:

Phone: 800-232-9266 or

E-mail: Customer.Care@RestorixHealth.com

Refills and Required Communication

Before dispensing any refill orders, we must communicate with you or your caregiver. This communication must be documented by us and must demonstrate a continued need for additional wound care supplies. Please add us as a contact in your phone and be ready for our call should you need a refill order.

Notice of Privacy Practices

The Notice of Privacy Practices (NPP) describes the types of uses and disclosures of your protected health information that might occur in your treatment, payment of your bills, or in the performance of our operations. Additionally, the NPP describes your rights, and our duties with respect to your protected health information.

The full context of our NPP is available to you online at: <https://amtwoundcare.com/patient-notice.html>. If you have any questions or concerns or wish for us to mail you a paper copy of this NPP, in full, please reach out by email to: NoticePP@RestorixHealth.com.

Complaints

If you have a complaint about our products or services, please contact us at 800.232.9266 or by mail to 3445 N Causeway Blvd, Ste 600, Metairie, LA 70002. Additionally, you may contact the Centers for Medicare and Medicaid Services (CMS) at 1-800-MEDICARE, or our accrediting body, Accreditation Commission for Health Care, Inc. (ACHC), 4700 Falls of Neuse Rd, Ste 280, Raleigh, NC 27609 or by phone at (919) 785-1214.

Medicare DMEPOS Supplier Standards

The products and/or services provided to you by our company 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 by visiting us on the web: <https://amtwoundcare.com/patient-notice.html>. Upon request, we will furnish you with a written copy of these standards.

Customer's Financial Obligation

So that we can properly bill your insurance, it is critical that you provide us with complete and correct insurance information. Some primary insurance payers, such as Medicare, only pay for 80% of medical supplies. The remaining 20%, called a co-payment, is your responsibility. However, if you have additional, or secondary insurance, they usually pay for all or part of your co-payment (and deductible, if one applies.) If you do not have secondary insurance, or if they only pay a part of the amount owed, you are responsible for paying the balance.

Financial Hardship

If you are unable to pay your balance on time and in full, you may request a financial hardship waiver from our Billing Department by e-mailing: Billinfo@RestorixHealth.com, or online at <https://amtwoundcare.com/patient-notice.html>.

Patient Rights and Responsibilities

As our customer, you have the right to be notified, in writing, of your rights and responsibilities before treatment has begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. We fulfill our obligation to protect and promote the rights of our patients in accordance with the following:

As the patient or caregiver, you have the right to:

- Be treated with dignity and respect.
- Confidentiality of patient records and information pertaining to your care.
- Participate in and make decisions concerning the plan of care and treatment.
- Be provided equipment, supplies and service in a timely manner.
- Obtain an itemized explanation of charges.
- Express grievance without fear of reprisal or discrimination.
- Receive respect for the treatment of one's property.
- Be informed of potential reimbursement for services under Medicare, Medicaid or other third-party insurers based on the patient's condition and insurance eligibility (to the best of the company's knowledge).
- Be notified of potential financial responsibility for products or services not fully reimbursed by Medicare, Medicaid, or other third-party insurers (to the best of the company's knowledge).
- Be notified within 30 working days of any changes in charges for which you may be liable.
- Be admitted for service only if the company can provide the supplies needed; if we are unable to provide supplies then we will provide alternative resources.
- Purchase inexpensive or routinely purchased durable medical equipment.
- Expect that we will honor the manufacturer's warranty for equipment and supplies purchased from us.
- Receive essential information in a language or method of communication that you understand.
- Respect of your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences.
- Be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- Access, request an amendment to, and receive an accounting of disclosures regarding your health information as permitted under applicable law.

As the patient/caregiver, you are responsible for:

- Participating in the plan of care/treatment.
- Notifying the company of any change to your address, phone number, or insurance status.
- Meeting customer financial obligations.

Our rights

As your DME provider, we have the right to refuse the provision of products or services to anyone who knowingly furnishes incorrect information to our company to secure dressings, supplies or other durable medical equipment in an inappropriate manner. Additionally, we may refuse or terminate the provision of products or services to anyone who acts in a threatening, verbally abusive, or otherwise inappropriate manner to your staff.

CONTACT US

RestorixHealth

3445 N Causeway Blvd, Suite 600
Metairie, LA 70002

Monday - Friday | 7:00 am - 6:00 pm CST

Toll Free: **800.232.9266**

Email: **Customer.Care@RestorixHealth.com**