



BUSINESS PRACTICES

Dear Customer,

Thank you for enrolling with Bump Benefits for your healthcare needs. As per your request, please find information regarding the medical equipment and/or supplies you are receiving.

Bump Benefits partners with MedSource, LLC. They are an accredited Medicare provider of medical equipment supplies and services. Medicare and other private insurances carriers have approved our company to provide the following supplies and equipment to our patients:

- Orthotics - Back Braces, Knee Braces, Ankle Braces
- Transcutaneous Electrical Nerve Stimulators (TENS)
- Canes, Crutches, and Walkers
- Solutions for Impotence and Erectile Dysfunction - Vacuum Therapy System
- Breast Pumps and Supplies

Our goal as your healthcare provider is to deliver the very best in high quality medical equipment and supplies. As always, there is no enrollment fee or charge to participate in any of our home delivery programs. Our services are typically provided via United Parcel Service or UPS.

MedSource, LLC and their subsidiaries will bill Medicare or your Private Insurance carrier and any Supplemental Insurance company you may have. There is no need for you to submit any insurance forms to Medicare or your insurance company. We will accept payment from Medicare and your supplemental carrier or Private insurance carrier. Any costs incurred for co-pays and/or deductibles will be based solely on your individual insurance policy.

Please remember that in order for us to bill your insurance company or Medicare you MUST sign and complete the Assignment of Benefits form.

Should you require any financial assistance or have questions regarding alternative payment options for products and services not fully covered by your insurance, please contact us.

We hope the above information answers any questions you may have regarding the products and services you have requested.

If you are calling after hours or on the weekend, please leave a message with your full name and telephone number and we will respond the next business day.

We are pleased that you have chosen us. You can be assured that through caring, concern, and dedication, we strive to achieve a higher quality of life for our customers.

Sincerely,
Bump Benefits
303 East Wacker Dr. Suite 1030
Chicago, IL 60601

WARRANTY

MedSource, LLC will honor all applicable factory warranties for Home Medical Equipment purchases and will repair or replace, free-of-charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available. If you feel the product is deficient or unsuitable, please return it to us for exchange or refund.

(Due to sanitary restrictions, bath items such as shower chairs, raised toilet seats, and commodes cannot be returned unless proven defective and will be exchanged for like item only.)

RETURNS

Bump Benefits wants you to be totally satisfied. If you are not pleased with an item you purchased you may return it under the following conditions:

- The product must be unused, unopened, and in the original packing with all the materials.
- The product must be returned within 90 days of receipt.
- Customized or special orders are non-returnable.
- Customers are responsible for the shipping cost of return unless the product was damaged or different from what was ordered.
- Shipping costs are non-refundable.

*Note: This return policy also applies to orders canceled after shipment.

RIGHT TO RENT OR PURCHASE FOR MEDICARE BENEFICIARIES

I understand that I have the right to rent or purchase items that Medicare considers inexpensive or routinely purchased durable medical equipment. I have been notified that it is the policy of Bump Benefits to offer inexpensive durable medical equipment for sale only. I understand that if I am interested in renting durable medical equipment that is considered inexpensive, Bump Benefits will provide contact information for an alternate supplier.

CUSTOMER COMPLAINTS

PROTOCOL - The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Complaint Log, and will include the patient's name, address, telephone number, health insurance claim number, summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by the compliance officer within 24-48 hours after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the owner of the company. The patient will be informed of this complaint resolution protocol at the time of set-up of service.

To report a complaint regarding the Home Medical Equipment services you have received, you can also call the Agency for Health Care Administration's Information Center toll free at (888) 419-3456. You may also contact Joint Commission at 1-800-994-6610 for further assistance.

TO REPORT ABUSE, NEGLECT OR EXPLOITATION

According to State law, the customer or a family member has the right to report abuse, neglect, or exploitation to their state agency. To report abuse, neglect, or exploitation in Florida, please call toll-free (800) 962-2873. In Tennessee, please call, 1-888-277-8366.

TO REPORT MEDICAID FRAUD

To report suspected Medicaid fraud please call toll-free (866) 966-7226.

Medicaid Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. The office of the Inspector General at the Agency for Health Care Administration accepts complaints regarding suspected fraud and abuse.