

# Assignment of Benefits

Thank you for choosing Cochlear and for using Cochlear Americas' Reimbursement and Insurance Services teams.

Cochlear needs the following information and permissions. Your authorization on these forms enables Cochlear to bill your insurance company on your behalf and helps ensure that your orders are processed accurately and as quickly as possible.

## Complete

The forms that need returning are yellow and have a check mark in the corner.

- ✓ **01** Insurance Payment Authorization, Insurance Release and Assignment of Benefits
- ✓ **02** Authorization for Use or Disclosure of Protected Health Information
- ✓ A copy of your insurance card (front and back side)

You may also complete the forms online at [www.cochlear.com/us/aob](http://www.cochlear.com/us/aob)

## Return

Choose one option for returning the forms.

- **DocuSign email completion** (preferred method)
- **Email:** orders@cochlear.com
- **Fax:** 866 706 8875
- **Mail** (may cause delays) using the postage paid envelope to:  
Reimbursement and Insurance Services  
Cochlear Americas  
10350 Park Meadows Drive  
Lone Tree, CO 80124

## Read

We have provided information in this packet to notify you of certain regulations, policies, and general precautions. These topics are required by the Centers for Medicare and Medicaid Services (CMS). These are for your information only.

- 03** Cochlear Americas' Notice of Privacy Practices
- 04** Your Health Information Rights
- 05** Cochlear Americas' Reimbursement and Insurance Services
- 06** Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies Standards (DMEPOS)
- 07** Cochlear Americas' Reimbursement and Insurance Services Recipient Rights and Responsibilities
- 08** How to Make Your Home Safe for Medical Care (Important Helpful Information)
- 09** Emergency Planning for the Home Care Recipient





✓ Please fill out and return this page

# 01

## Insurance Payment Authorization, Insurance Release and Assignment of Benefits

**Insurance payment authorization:** I request that my insurance provider, Medicare, Medicaid, and/or any other insurance provider that I have, make payments for authorized benefits directly to Cochlear Americas for equipment and supplies Cochlear furnishes to me.

**Release of insurance information:** I request that my medical insurance plan(s) release to Cochlear Americas, any and all information which will assist in processing my claims for medical supplies and/or equipment that I am receiving from Cochlear Americas even after service to me is discontinued.

I also authorize any holder of my personal hospital or medical information about me to release to the Health Care Financing Administration (HFCA administers Medicare and works with state governments to administer Medicaid), its agents, my insurance company, or Cochlear Americas any information required to determine eligible and reimbursable benefits for related services.

**Insurance, coinsurance and deductible payments:** I agree that if or when my insurance plan(s) makes payment(s) to me for services and supplies that I have received, rather than directly to Cochlear Americas, I will endorse these checks and send them immediately to Cochlear Americas. I also understand that I am responsible for the payment of any deductible, coinsurance or other portion of my charges not paid or covered by my insurance plan(s), in accordance with applicable law.

**Contact and insurance information:** I hereby agree that Cochlear Americas or any of its affiliates may contact me, or my authorized caregiver.

I am responsible for notifying Cochlear Americas of any changes in my address and in my health care coverage, and failure to do so may result in delays in processing my order or inability to process my order. Failure to notify Cochlear Americas of changes to my health coverage may result in additional charges not covered by my insurance plan(s).

**Health outcomes:** I understand that Cochlear Americas is a supplier of medical devices and I should rely on my own health-care provider for medical advice, diagnosis, and the expected outcome of the Cochlear Americas implantable device.

I have reviewed and understand the information above. I have been instructed on and understand the use of the products provided. I have received/reviewed a copy of my recipient rights and responsibilities, Medicare Supplier Standards, privacy notice, emergency preparedness and

home safety documents and I have received the product manual/instructions, warranty information, and instructions to follow up with Cochlear Americas as needed.

I acknowledge that I have received training, including infection control measures, on the products provided. The expected outcome of service is that I will receive the products that comply with what my physician ordered and will use the products prescribed by my physician as expected. I understand how to contact Cochlear Americas and will seek follow-up services if needed.

I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. I understand the service hours of operation are 6:00 AM to 6:00 PM Mountain Time (MT). If I experience an emergency, I should contact my own health-care provider.

By signing below, I hereby certify that the information I have provided in this form is truthful, correct, and complete. I understand and agree to the terms of this authorization and assignment of benefits. I acknowledge that any inaccurate information provided in this form or omission of accurate information may delay the processing of my claim and/or my order(s), and/or shall be grounds for Cochlear Americas to cease providing parts, repairs, or service to me.

### Patient Information

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
(not living at primary address)

Emergency Contact Phone: \_\_\_\_\_

### Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Reason Patient is Unable to Sign: \_\_\_\_\_

\_\_\_\_\_



✓ Please fill out and return this page

## 02

# Authorization for Use or Disclosure of Protected Health Information

Your signature authorizes Cochlear to use your health care information in the following ways.

**Protected Health Information:** This authorization relates to my name, contact information, and information pertaining to or related to my hearing condition and use of Cochlear-branded implantable hearing solutions (“protected health information”) created or obtained by Cochlear Americas.

**Use and disclosure of protected health information:** Cochlear Americas may use or disclose my protected health information as explained in this authorization form.

- I agree that references in this authorization to Cochlear Americas include the employees, agents, and contractors of Cochlear Americas.
- I agree that Cochlear Americas may use my protected health information to provide me with marketing related information about Cochlear Americas and its products and services, and/or information about clinics or hospitals that could provide me with further evaluation or treatment alternatives. This information may be mailed or emailed to me or may be provided by invitation to various seminars or by requesting my participation in various surveys.
- I will always have the right to “opt out” of receiving future communications.
- The use or disclosure of my protected health information for these marketing purposes will not result in any direct payment to Cochlear Americas by any third parties.
- If I decide to receive additional treatment based upon the information provided to me as a result of this authorization, I understand that Cochlear Americas may receive payment related to the products used for that treatment.

**Duration of authorization and the right to revoke authorization:** This authorization shall be in force and effect until I revoke it, at which time this authorization to use or disclose this protected health information expires.

- I understand that I have the right to revoke or amend this authorization at any time. I may only do so by sending my written notification of revocation to the Privacy Officer at Cochlear Americas, 10350 Park Meadows Drive, Lone Tree, Colorado 80124.
- I understand that a revocation is not effective to the extent that Cochlear Americas, or its employees, agents, and/or contractors have already relied upon my authorization for the use or disclosure of my protected health information.

- I understand that information used or disclosed pursuant to this authorization may be redisclosed by the recipient and may no longer be protected by federal or state law.

**Recipient rights:** I understand that I have the right to (1) Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights); and (2) Refuse to sign this authorization. Cochlear Americas and its employees, agents and/or contractors may NOT condition any treatment I might elect to receive from others on whether I provide authorization for the requested use or disclosure of my information.

*Uses and disclosures of your health information, other than those described above, will be made only with your written authorization. You may revoke that authorization in writing at any time, but we cannot revoke any disclosures we made in reliance on your previous authorization.*

***I have been provided with a copy of the notice of privacy practices and that I consent to the enclosed Authorization for Use or Disclosure of Protected Health Information.***

### Patient Information

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

### Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Reason Patient is Unable to Sign: \_\_\_\_\_

\_\_\_\_\_

# Cochlear Americas' Notice of Privacy Practices

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is a summarized version of Cochlear's Privacy Practices. To view the full notice please visit <https://www.cochlear.com/corporate/privacy/en>.*

Throughout this Notice, the words "we," and "us," mean Cochlear Americas, and any other entity which we may include from time to time as a member of our organized health care arrangement. "You" refers to anyone who receives health care services or products from us. "Health information" means any oral, written, or recorded information, that we create or receive relating to your past, present or future health or health care payment.

## How we may use and disclose your health information.

*We are required by law to give you this Notice explaining that we use and disclose your health information for the following purposes:*

- **Treatment.** We will use your health information to provide you with health care services and products. We may share your health information with health care professionals who are involved in your care and who are part of the entity providing your care.
  - **Treatment Alternatives.** We will use your information to provide you with health care treatment alternatives.
  - **Payment.** We may use and disclose health information about you so that we can bill any applicable payors or programs for your health care services or products. If your insurer or health plan requires prior approval or other notice in order to determine whether they will pay for those services or products, we may disclose your health information to them—unless you have asked that we not bill your insurer or plan.
  - **Health Care Operations.** We may use and disclose information about you within Cochlear Americas to manage and improve our business. This includes quality assessment activities, licensing, and accreditation activities, obtaining legal and accounting services, and business planning and management. Other people and companies who are not employees or affiliates of Cochlear Americas may help us run our business. These people and/or companies are our "business associates." We may give them limited access to your health information to do what we have hired them to do and they agree to safeguard your information.
- **Individuals Involved in Your Care.** If you agree, we may give certain health information about you to a friend or family member involved in your care or obtaining payment related to your care. If you cannot agree because of incapacity or emergency circumstances, we may disclose your health information as necessary if we determine that it is in your best interest, based on our professional judgment.
  - **Research.** We will not use or disclose health information that identifies you for research purposes unless you agree in writing or the use or disclosure complies with applicable law and a privacy board or institutional review board approves the arrangement.

*Additionally, Cochlear Americas may use or disclose your health information, without your authorization, for the following purposes:*

- As authorized by and to the extent necessary to comply with workers' compensation or similar laws;
- For public health activities, as permitted or required by law, such as preventing or controlling disease and reporting suspected abuse or neglect;
- To a health oversight agency for audits, investigations, inspections, and licensure activities;
- To a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, witness, or missing person or as required by law;
- To a court or party in litigation in response to a valid court or administrative order;
- To a coroner or funeral director as permitted or required by law to identify a deceased person or otherwise as necessary to carry out their duties;
- If you are an inmate of a correctional institution, to the institution as necessary for your health and the health and safety of other individuals;
- For military, national security or lawful intelligence activities; or
- As otherwise as permitted or required by law.

## If you have any questions, please contact our Privacy Officer by writing to:

Cochlear Privacy Officer  
10350 Park Meadows Drive, Lone Tree, CO 80124

# 04

## Your Health Information Rights

These are your rights regarding the health information Cochlear maintains about you.

- **Rights to Inspect and Copy.** With some exceptions, you have the right to inspect and request a copy of your records if we have or use those records and they include health information about you.
- **Right to Amend.** If you feel that a record containing your health information is incorrect or incomplete, you may ask us to amend the information. You must tell us why you think the information is wrong or incomplete. We may deny your request if (among other reasons) the information was not created by us; is not included in your medical, billing, or other records used to make decisions about your care; or is otherwise accurate and complete.
- **Right to an Accounting of Disclosures.** With limited exceptions, you have the right to request a written accounting of every disclosure of your health information we have made for up to six years prior to your request, other than disclosures to you, disclosures authorized by you in writing, and disclosures for treatment, payment and health care operations as described in this Notice. Your request must state a time period, which may not be longer than six years.
- **Right to Receive a Breach Notification.** If a breach involving your health information occurs, you have the right to be notified of the circumstances.
- **Right to Authorize Marketing Communications or Sale of Health Information.** In instances where we may receive financial remuneration in exchange for making a communication about a health-related product or sale of your health information, you have the right to be notified and specifically provide or deny authorization of this use or disclosure.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, health care operations, or to assist others' involvement in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In your request, you must tell us (1) what information you want to limit; (2) whether and how you want to limit our use, disclosure or both; and (3) to whom

you want the limits to apply (for example, disclosures to your spouse). You have the right to restrict disclosures of your protected health information to a health plan if you pay out of pocket in full for the item or service.

- **Right to Request Confidential Communications.** You have the right to request that we communicate health information about you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

*To pursue any of the above listed rights, you must submit your request in writing to our Privacy Officer, at the address listed at the end of this Notice. Your request should indicate in what form you want the reply (for example, on paper or by e-mail). We reserve the right to charge you for copying and providing further information in response to your request. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.*

**Our legal duties and rights.** We are required by law to protect the privacy of your health information and to provide this Notice about our legal duties and health information practices. We will comply with this Notice. We reserve the right to change our health information practices and the terms of this Notice. We reserve the right to make the changed Notice effective for health information we already have about you as well as any information we receive after the change. We will post a copy of the current Notice on our website, [www.cochlear.com/us](http://www.cochlear.com/us).

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at the address listed immediately below. You may also file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights, HIPAA Complaint Division, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244. For information on how to file, call 800 368 1019. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Recipients may also submit a complaint about Cochlear complaint handling policy and procedures with the Accreditation Commission for Health Care, Inc 919.785.1214 or the state health-care agency in their respective state.

**If you have any questions, please contact our Privacy Officer by writing to:**

Cochlear Privacy Officer  
10350 Park Meadows Drive, Lone Tree, CO 80124

# 05

## Cochlear Americas' Reimbursement and Insurance Services

### Who we are

Cochlear Americas' Reimbursement and Insurance Services teams process orders and facilitates delivery of products, external parts and accessories and manages limited repair services for the recipients of Cochlear-branded implantable and non-surgical hearing devices. These teams also support reimbursement billing services to help recipients work with their insurance plan benefits.

### How we can help

When a processor, part, accessory, or service is needed, the recipient, or his/her clinician on the recipient's behalf, may contact the Insurance Services teams by phone, e-mail, fax or online store. Contact information is available at the end of this section.

A member of the Reimbursement and Insurance Services teams will obtain information from the recipient needed to process the order and will verify the recipient's eligibility for coverage and benefits.

Upon receipt and administration of all necessary information, validation and authorization, Cochlear Americas' services employee will ship the product to the recipient or clinic. Once the product has been shipped, our Billing Services will submit a claim to the recipient's insurance payor or program, in accordance with all Medicare, Medicaid and any applicable state laws or commercial contracts.

### Who is eligible

Cochlear Reimbursement and Insurance Services Teams work on behalf of recipients to help navigate the complexities of the U.S. insurance market, Medicare and Medicaid coverage. To use Cochlear Americas' Reimbursement and Insurance Services, an individual must:

1. Have been implanted with a Cochlear branded or Cochlear compatible implantable hearing device, or be a non-surgical Cochlear device recipient,
2. Be covered by private insurance, Medicare and/or Medicaid, and
3. Be a resident of the United States or U.S Territories, treating with a registered U.S. clinician

*Please note: Cochlear can work with your insurance company when not contracted directly to obtain authorizations and pricing exceptions.*

### Cochlear Americas' Reimbursement and Insurance Services responsibilities

Cochlear complies with all private insurance, Medicare and Medicaid coverage and billing guidelines, and will submit claims in a timely fashion for the systems, parts, accessories and services that the recipient orders. We will also work with the recipient and clinician, as needed, and any applicable health plans to facilitate coordination of benefits.

*In order to work with your private insurance plan, Medicaid or Medicare plans, the Reimbursement Insurance Services teams require cooperation with the recipient and treating clinicians.*

### Recipient responsibilities

- It is the responsibility of recipients to understand their private insurance plan, Medicare and/or Medicaid benefits.
- Reimbursement and Insurance Services will help recipients utilize their benefits and understand plan limitations. However, recipients should be familiar with the fundamental concepts of their insurance coverage of external parts and repairs associated with their implantable hearing devices.
- Recipients covered by traditional Medicare should be prepared to pay Cochlear for items and services at time of purchase. (Typically, 20 percent of the Medicare Part B fee schedule.)
- Medicare will not separately reimburse for cochlear parts, accessories or repairs for a recipient in a skilled nursing facility (SNF). Recipients in SNF are responsible for all payments, in the absence of agreement with the facility.
- It is the recipient's responsibility to notify Cochlear Americas of a change in residence or insurance payor.
- Additionally, Cochlear Americas is not contracted with some state Medicaid programs; or in some instances, the state Medicaid program may not cover cochlear parts, accessories and services. Recipients will be directed to their clinic or a provider who may be contracted with the Medicaid program, where possible.

### Clinician responsibilities

- The treating clinician will provide documentation supporting the medical necessity of the systems, parts, accessories and services ordered.

## **Connect with Reimbursement and Insurance Services:**

877 279 5372

Cochlear is currently enrolled with Medicaid programs in the following states: AL, AZ, CA, CO, CT, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY.

Information provided by Cochlear Americas regarding insurance coverage or reimbursement is provided as guidance only and is not intended as reimbursement or legal advice. Cochlear Americas makes no representation or warranty regarding such information or its completeness, accuracy, fitness for a particular purpose, or that following such guidance will result in any form of coverage or reimbursement from any insurer. Information presented is subject to change at any time. To be sure that you have the most current and applicable information available for your unique circumstances, please consult your own experts and seek your own legal advice regarding your reimbursement needs. In all cases, products or services billed must be medically necessary, actually performed and appropriately documented in the medical record. You will be responsible for paying any applicable coinsurance, deductible, or amounts not covered by your insurance to Cochlear. Coverage determinations and out-of-pocket costs may vary for individuals with private insurance.

## 06

# Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplier Standards (DMEPOS)

*This is an abbreviated version of the supplier standards every Medicare supplier of durable medical equipment, prosthetics, orthotics and supplies must meet in order to obtain and retain their billing privileges. The complete version of this standard is listed in 42 C.F.R. 424.57(c).*

1. A supplier must be in compliance with all applicable Federal and State licenser and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (*whose signature is binding*) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (*less than full quality for the particular item*) or unsuitable items (*inappropriate for the beneficiary at the time it was fitted and rented or sold*) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.



21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (*except for certain exempt pharmaceuticals*).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

### **Medicare DMEPOS Supplier Standards**

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by **Cochlear Americas** 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.

## 07

# Cochlear Americas' Reimbursement and Insurance Services Recipient Rights and Responsibilities

Cochlear Americas is committed to treating our recipients in a dignified and responsive manner, establishing a strong relationship with our recipients, and demonstrating our promise to meeting their ongoing needs associated with Cochlear products.

As part of Cochlear Americas' commitment to its recipients, Cochlear Americas currently sells parts, accessories and services to recipients of its products and also offers assistance by working with recipients' private insurance, or Medicare/Medicaid billing. To make this service work effectively, Cochlear Americas and recipients have certain responsibilities.

There are certain conditions over which Cochlear Americas has no control, such as the laws that govern the provision of this service. The following provides information about recipient rights and recipient's responsibilities. Cochlear trains all employees involved in Billing Services to respect recipient rights.

### Recipient rights

1. The recipient has the right to choose his/her own health care provider. Cochlear Americas provides access to parts, accessories, and services required to maintain function of the recipients' Cochlear implantable hearing device.
2. The recipient has the right to refuse service after informed consent and the consequences of refusing service are fully presented.
3. The recipient has the right to receive service, parts, accessories and repairs without discrimination as to race, ethnicity, national origin, religion, sex, age, disability or sexual orientation.
4. The recipient has the right to receive a copy of Cochlear Americas Notice of Privacy Practices describing ways in which Cochlear may use and disclose their Protected Health Information and be advised on Cochlear's policies and procedures regarding disclosure of clinical records.
5. The recipient has the right to be fully informed in advance about the part, accessory or service to be provided and any modifications that may occur.
6. The recipient has the right to be represented by a parent, guardian, family member or other conservator if the recipient is unable to fully participate in his or her decisions.
7. The recipient has the right to participate in the development of their care plan and any periodic revisions.
8. The recipient has the right to be informed, both orally and in writing, of charges, including payment expected by third parties and any charges for which the recipient will be responsible.
9. The recipient has the right to have their property and person treated with respect, consideration, dignity and in recognition of their individuality.
10. The recipient has the right to be informed of his or her responsibilities as they relate to the services provided to them by Cochlear Americas.
11. The recipient has the right to voice grievances or complaints regarding products, services, personnel or policies and to have the complaints investigated and resolved in a timely manner.
12. The recipient has the right to be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of recipient property.
13. The recipient has the right to be informed of any financial benefits Cochlear is receiving when referred to another company.

## **Recipient responsibilities**

*Recipients of Cochlear Americas' products who order external parts, accessories and services are responsible for the following:*

1. To have necessary Medicare, Medicaid or private health plan insurance billing information at the time of order.
2. To provide additional documentation, if necessary to complete an order, in a timely manner.
3. To discuss their concerns with the Cochlear Americas representative when they lack a clear understanding of Medicare, Medicaid or private health plan benefits covering parts and repairs of Cochlear Americas' external products and what may be expected of them.
4. To pay their financial obligations associated with the purchase of parts and repairs, including out-of-pocket cost share and fees for non-covered services, in a timely manner.
5. To use their health plan benefits in an honest and ethical manner.
6. To work with their professional caregiver to facilitate adherence with federal, state and Cochlear Americas' referral procedures and to provide proper and necessary authorization for parts and repairs needed.
7. To respect loaned sound processors and other equipment, and return the loaned equipment in good working condition and in a timely manner.
8. To inform Cochlear Americas in the event of changes to name, address or health insurance status.

## 08

# How to Make Your Home Safe for Medical Care (Important Helpful Information)

At Cochlear Americas, we want to make sure that your home medical treatment is done conveniently and safely.

Some of our recipients are limited in strength, or unsteady on their feet. Some are wheelchair- or bed-bound. These pages are written to give our recipients some easy and helpful tips on how to make the home safe for home care.

### Fire safety and prevention

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions.
- If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment.
- Read the section on electrical safety.

### Electrical safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

### Safety in the bathroom

*Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.*

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

### Safety in the bedroom

*It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.*

- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

## Safety in the kitchen

*Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:*

- Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well.
- Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
  - Basic electric can openers
  - Bottle and jar openers
  - Large-handled utensils
- When working at your stove, be very careful that intravenous, oxygen, or feeding tubing do not hang over the heat. They can be flammable.

## What to do if you get hurt

***In case of emergency, contact Fire, Police, Ambulance: 911***

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Care Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## For more information

If you have any questions about the information in this packet or about safety related to your hearing implant technology/ Cochlear equipment that aren't addressed in the training materials you received with your equipment, please call us and we will be happy to give you recommendations for your individual needs.

## Getting around safely

*If you are now using assistant devices for ambulating (walking), here are some key points:*

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

# Emergency Planning for the Home Care Recipient

This information has been provided by Cochlear Americas to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every recipient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

## Know what to expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

- Find out what, if any, time of year these emergencies are more prevalent.
- Find out when you should evacuate, and when you shouldn't.
- Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

## Know where to go

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are opened to the public during voluntary and mandatory evacuation times. They are usually the safest place for you to go, other than a friend or relatives' home in an unaffected area.

## Know what to take with you

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.

During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

## Reaching us if there are no phones

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. *(Cellular phones frequently work even when the regular land phone lines do not).*

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. *(Many times, cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us).*

If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

## An ounce of prevention

***We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.***

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

## Helpful tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from a local store. It comes in very handy if you don't have running water.
- If you are going to a friend or relatives' home during evacuation, leave their phone number and address with Cochlear Americas and your home nursing agency.
- When you return to your home, contact your home nursing agency and Cochlear Americas so we can visit and see what supplies you need.

## For more information

There is much more to know about planning for and surviving during a natural emergency or disaster. To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency.

## An important reminder

During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment, or supplies, you must go to the nearest emergency room or other treatment facility for treatment.

Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

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