

Nextra Health, Inc.

Please sign and return only this page using one of the following methods:

- Use the Business Reply envelop enclosed to mail this page to, 10 Sunnen Drive, Suite 100 Maplewood, MO 63143
- Fax this page to us at **877-219-6077**, ATTN: Patient Package

If you have any questions regarding any of the information contained please call us at **800-950-6020** or email us at customercare@nextrahealth.com.

Name:	Date of Visit:
Address:	<input type="checkbox"/> Initial Delivery
Phone:	<input type="checkbox"/> Follow-up
Alternate Contact:	Phone:
HOME ENVIRONMENT/SAFETY ASSESSMENT <input type="checkbox"/> NA - NOT DELIVERED TO HOME	
Discuss all appropriate factors and √ if in order <input type="checkbox"/> SAFETY Uncluttered pathways Fire safety assessed Safe operating equip Cords & Adapters Safe environment Pt/CG understands safety issues Bathroom assessed Safe electrical outlet Area Rugs Getting in & out of device Other: _____	APPROPRIATE FOR HOME <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alert & Understands Instructions <input type="checkbox"/> Return Demonstration by Patient <input type="checkbox"/> Confused / caregiver instructed Personal / Physical limit _____ _____
OTHER HOME CARE SERVICES:	Phone:
EQUIPMENT	
Device/s:	Serial #
√ TYPE OF PRODUCT	
<input type="checkbox"/> Ambulatory products	<input type="checkbox"/> Patient Handling Products
<input type="checkbox"/> Bath & Safety Products	<input type="checkbox"/> Transfer Aids
<input type="checkbox"/> Seating Products	<input type="checkbox"/> Manual Wheelchair
<input type="checkbox"/> Other: _____	
ADDITIONAL INSTRUCTIONS	
The following has been given and discussed to the patient/caregiver:	
<input checked="" type="checkbox"/> Rights & Responsibilities	<input checked="" type="checkbox"/> Cleaning & Maintenance of equipment
<input checked="" type="checkbox"/> Service availability of company	<input type="checkbox"/> Capped Rental/Purchase Letter
<input checked="" type="checkbox"/> Privacy Notice	<input checked="" type="checkbox"/> Warranty Information
<input checked="" type="checkbox"/> 30 Medicare Supplier Standards	<input checked="" type="checkbox"/> Complaint process (how it is reviewed /resolved)
<input type="checkbox"/> AOB signature	
<input checked="" type="checkbox"/> Equipment Instructions	
<input checked="" type="checkbox"/> Return Demonstration	
FOLLOW UP/DISCHARGE	
FOLLOW-UP VISIT RECOMMENDED <input type="checkbox"/> FOLLOW-UP BY PHONE & AS NEEDED <input checked="" type="checkbox"/>	
You have been provided with a copy of Nextra Health, Inc. "Notice of Privacy Practices" that describes how we will use health information concerning our service to you. The notice details how we will use this information to provided treatment car for you, to gain reimbursement for our services and to improve our operations to better serve you and other patients. I have read, received and/or been instructed in detail on the items checked above. <i>(If Patient unable to sign; authorized person complete)</i>	
PATIENT SIGNATURE:	Print name/Relationship/WHY the patient can't sign:
EMPLOYEE'S SIGNATURE:	Signature:
<i>IF THE AUTHORIZED REP DOES NOT LIVE WITH THE PATIENT, LIST THEIR ADDRESS/PHONE NUMBER</i>	