



**Welcome to Nextra Health formerly STL Medical Supply!**

We are pleased to be providing you with your medical supply needs. We will always do our best to provide you with quality products and extraordinary, professional customer service.

The information contained in the following pages have been designed to inform you of our policies and procedures.

Please promptly **sign and return the Receipt and Signature page** included in this correspondence. You may keep the remaining pages of this document for your reference. If you have any questions about our policies or about anything contained in these documents, please feel free to contact us.

Note: Even though you may have received a copy of this information in the past, the documents may have been updated and revised since the last time you viewed them. Please review the documents, sign and return the attached signature page.

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**In this packet you will find:**

- Our return & Exchange Policy
- Patient’s Rights & Responsibilities
- Medicare Supplier Standards
- Our HIPPA Privacy Notice
- DME Instruction Delivery Form
- Assignment of Benefits
- Non-Assigned Patient Agreement (if applicable)
- Medicare Capped Rental & Inexpensive or Routinely Purchased Items Notification
- Equipment Warranty Information
- Receipt of Packet Signature page

**Our Mailing Address and Hours of operation:**

Nextra Health, Inc  
10 Sunnen Dr, Ste 100  
Maplewood, MO 63143-3838  
  
Monday – Friday 8:30 am – 5:00 pm CT  
Customer Service Phone: 800-950-6020  
Customer Service Fax: 877-219-6077

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We provide supplies in the categories listed below. Please note: all supplies may not be covered by your Insurance Health Plan. Please inquiry with our Customer Service for coverage guidelines.

Bathy Aids & Safety	Exercise Therapy	Ostomy Supplies
Canes/Crutches/Walkers	Footcare	Patient Care
Compression Stockings	Impotence	Personal Care
Cushions/Covers/Backs	Incontinence	Skin Care
Daily Living Aids	Diagnostic Products	Urological
Diabetes Care	Orthopedics	Wound Care

Thank you for trusting in Nextra Health formerly STL Medical Supply,

Jeff Smith



**Patient Authorization of Information and Assignment of Benefits**

I request that payment of Medicare and Medicaid, Medicare Supplemental or other insurance benefits be made on my behalf to Nextra Health, Inc for any medical supplies furnished to me by Nextra Health, Inc. I authorize any holder of medical information about me to release to Nextra Health, Inc, my physician(s), caregiver, CMS, its agents and to my primary and /or other medical insurer any information needed to determine or secure eligibility information and/or reimbursement for covered services. I agree to pay all amounts that are not covered by my insurer(s) and for which I am responsible.

I \_\_\_\_\_ appoint \_\_\_\_\_ to act as my  
(Name of Beneficiary) (Name of Representative)

Personal representative with Medicare, Medicaid, or private insurance.

Their relationship to me is \_\_\_\_\_.

The reason I cannot sign is: \_\_\_\_\_.

My representative does or does not live with me.  
Check which one applies

If not, their address and phone number is:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature of Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

My Signature and date above authorizes the above-named person to sign on my behalf.

**Notifications received in this packet:**

- |  |                                       |
|--|---------------------------------------|
| Welcome Letter                         | Medicare Supplier Standards Statement |
| Company Information/Hours of Operation | Return and Exchange Policy            |
| Patient Rights & Responsibilities      | Complaint/Grievance Procedure         |
| HIPPA Privacy Notice                   | Assignment of Benefits                |
| Warranty Information                   |                                       |

By signing below, I acknowledge receipt of the notifications listed above. I am giving Nextra Health, Inc informed consent to provide my medical supplies. If I have any questions or concerns, I will contact Nextra Health, Inc.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Person Signing on Behalf \_\_\_\_\_ Relationship \_\_\_\_\_

**\*\*Please return this page via email, fax or mail, Thank you\*\***  
**Email: [customerforms@nextrahealth.com](mailto:customerforms@nextrahealth.com), Fax: 877-219-6077**



## **Patient Rights and Responsibilities**

### **Patient Rights:**

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care, may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

### **Patient Responsibilities:**

1. The patient should promptly notify the supply company of any equipment/supply failure or damage.
2. The patient is responsible for any equipment/supplies that are lost or stolen while in their possession and should promptly notify the supply company in such instances.
3. The patient should promptly notify the supply company of any changes to their address or telephone.
4. The patient should promptly notify the supply company of any changes concerning their physician.
5. The patient should notify the medical supply company of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

## **Medicare Supplier Standards Statement**

The products and/or services provided to you by supplier, Nextra Health Inc formerly STL Medical Supply 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 operation matters (e.g., honoring warranties and hours of operations). Upon request we will furnish you a written copy of the standards.

## **Return & Exchange Policy**

- Returns must be made within 30 days
- Personal care products must be returned within 5 business days and are subject to a manager's approval.
- All returns must be accompanied with a copy of the original invoice.
- Items must be returned in new, unused and resalable condition, and in their original packaging.
- All products covered under manufacturer's warranty must be returned directly to the manufacturer.
- Special ordered products will not be accepted for return.
- Returns will NOT be accepted after 30 days
- Items billed to insurance can only be exchanged for another product in the same category, of equal or lesser value.

## **Complaint/Grievance Procedure**

If you are unhappy with the services provided by Nextra Health, Inc, formerly STL Medical Supply please call 800-950-6020. We will respond within 5 calendar days. In the event your complaint is not resolved to your satisfaction you can contact our accrediting organization, The Compliance Team, at [www.thecomplianceteam.org](http://www.thecomplianceteam.org) or by calling 888-291-5353.

## **Inexpensive and Routinely Purchased Items Policy**

Medicare requires that we inform you that some of the supplies Nextra Health provides may be purchased or rented. Our company does not rent any of our equipment therefore do not offer a rental option. The supplies we provide that fall under this option include canes, walkers, crutches and commode chairs.

## **Equipment Warranty Information**

Every product sold by our company carries a 1-year manufacturer's warranty. Nextra Health, Inc will notify all Medicare beneficiaries of the warranty coverage and will honor all warranties under applicable law. Nextra Health, Inc will 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.