



**DASCO**  
Home Medical Equipment

Our Family Serving Yours

# Wheelchairs

Thank you for choosing DASCO to provide you with your wheelchair. A wheelchair should provide independence and transportation for all users.

## OPERATING INSTRUCTIONS ...

**Transporting or storing:** Folding the wheelchair is accomplished by lifting the center front and back edge of the seat and pulling up. To unfold, press down on both sides of the seat at the outside edge by the arms at the same time. This wheelchair has not been approved as a seat that can be used within vehicles of any kind. Always transfer wheelchair user to a vehicle manufacturer's approved seat & use safety restraints available.

**Wheel locks:** These are used every time the patient sits down or stands up from the chair. There are two types. One is a pull-to-lock and the other is a push-to-lock. Which type is used is dependent on the needs of the patient. Do not use the wheel locks for "breaking" the wheelchair.

**Leg rests:** There are three types. The fixed type cannot be removed. The swing away has a release mechanism to allow the legs to be removed or repositioned to allow for safer transfers to beds, chairs, and toilets. If removed, simply reattach to the two pins located on the chair and swing back into desired position. The third type is the elevating leg rest which operates like the swing away detachable type but in addition has a lever located on the outside of each leg rest that allows them to be positioned in different elevation modes to accommodate casts and swelling of the feet. To lower the leg rests, be sure to support the leg prior to activating the release the mechanism.

Foot and leg rest lengths can be adjusted to fit the patient's needs. The correct adjustment for a footrest is for the knees and hips of the patient to be level while sitting in the chair. The lowest adjustment should allow for a two and a half inch clearance above the floor to provide safe clearance. The adjustment is made by loosening the adjustment bolt with a wrench, adjusting to correct length and re-tightening the bolt. There are some types that have buttons to push and reposition.

**Detachable arms:** Removing the arm on the wheelchair allows for lateral or sliding transfers to beds, commodes and other seating. There are two types of arms: full length or desk length. There will be a release button/lock on the front of the armrest. Lift the arm from the center and up. Some wheelchairs are equipped with swing back arms which allow the arm to swing back without being totally removed.

**Anti tippers** are sometimes ordered when special medical conditions exist. Even if anti-tippers are attached to the bottom rear of the wheelchair frame, extreme caution should be used when tipping the wheelchair on its rear wheels.

There are many special features that may be included in your wheelchair. All these will be explained and demonstrated by the delivery technician who brings your equipment.

## GENERAL TIPS ON YOUR WHEELCHAIR ...

- **Do** check hand grips and rubber tips on the tipping levers.
- **Do** check the locks to be sure the large wheels lock when used.
- **Do** check for proper footrest length adjustment.

- **Don't** lean forward in the wheelchair unless both feet are flat on the floor.
- **Don't** attempt to operate on inclines 10% or greater without assistance.
- **Don't** modify the wheelchair (such as drilling, grinding, welding, etc.)
- **Don't** operate on loose, slippery or uneven surfaces such as gravel or ice.
- **Don't** operate on stairs or escalators.
- If you are confined to the wheelchair for long periods of time, please contact our office for tips and devices to reduce the incidence of pressure sores.
- If your medical conditions should change, please notify our office and your physician to verify that the wheelchair you have is still appropriate.

### **INFECTION CONTROL: What are everyday preventive actions?**

Everyday preventive actions are steps that people can take to help slow the spread of germs that cause respiratory illness, like flu. These include the following personal and community actions:

- Cover your nose and mouth with a tissue, when you cough or sneeze. This will block the spread of droplets from your mouth or nose that could contain germs.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
  - Scrub hands with soap or sanitizer thoroughly for 30 seconds.
  - Rinse thoroughly when using soap and dry with a clean paper towel
  - Turn faucet off with paper towel
- Avoid touching your eyes, nose, and mouth. Germs spread this way.
- Try to avoid close contact with sick people
- If you or your child gets sick with a respiratory illness, like flu, limit contact with others as much as possible to help prevent spreading illness. Stay home (or keep your child home) for at least 24 hours after fever is gone except to seek medical care or for other necessities. Fever should be gone without the use of a fever-reducing medicine.
- If an outbreak of flu or another illness occurs, follow public health advice. This may include information about how to increase distance between people and other measures.

**THANK YOU FOR CHOOSING DASCO HOME MEDICAL EQUIPMENT.**

**If you have any questions about your wheelchair, do not hesitate to contact us at: 800-892-4044**

**DELIVERIES:** Please anticipate your oxygen needs for the next 3 months and place your order in advance. All delivery pricing applies to routine, quarterly office hour deliveries only. Additional fees may apply on nights, weekends, and holidays.

**LIMITED WARRANTY:** Goods are being selected by you or are prescribed by a physician. They are not being manufactured by us, the supplier, therefore, we have no expressed warranty on the goods being furnished beyond the description of the goods contained herein. In no event shall we, the supplier, be liable for damages in connection with the consumer's use of the product. Implied warranties, including any warranty of merchantability or fitness for a particular purpose are excluded to the extent permitted by law. Some states do not allow limitations on how long an implied warranty lasts or the exclusion or limitations of incidental or consequential damages so the above may not apply to you. This warranty gives you specific legal rights and you may also have other rights which vary from state to state.

**MEDICARE EQUIPMENT & ALL PAYOR EQUIPMENT UNDER WARRANTY:** Products sold or rented by DASCO or supplier may carry a manufacturer's warranty. DASCO or supplier will notify all beneficiaries of warranty coverage and we will honor all warranties under applicable law. DASCO or supplier will repair or replace, free of charge, Medicare-covered equipment that is under warranty. Owner manuals are available online at [www.goDASCO.com](http://www.goDASCO.com) or upon request.

**RETURN POLICY:** All sales are final 30 days after receipt of purchase. We cannot accept return of any used sale items, any opened supplies, or any items considered personal in nature.

**PRIVACY NOTICE:** DASCO Privacy Notice is posted at [www.goDASCO.com](http://www.goDASCO.com) or a copy is available upon request.

### YOUR RIGHTS:

- ACCESS TO HEALTH CARE SERVICES:**  
You have the right to equal access to any medically appropriate service provided by this company without regard to race, creed, gender, age, handicap, psychosocial condition, spirituality, personal values and beliefs. You have the right to have your privacy, safety, and security respected, the right to be free of pain as a result of treatment or equipment use, and the right of being free of abuse.
- INFORMED CONSENT:**  
We encourage you to participate in all decisions regarding your care. You have the right to complete information regarding your diagnosis and treatment plan and will not be subjected to any treatment without your voluntary competent consent. You have the right to receive this information in a manner that you can understand. If there is a language or other communication barrier, we will attempt to provide an interpreter or other communication device to assist in our mutual understanding of one another.
- REFUSAL OF SERVICE:**  
You have every right to refuse treatment. However, you also have the right to be informed of the possible risks involved in such a refusal and assume responsibilities for any consequences.
- RESPECT:**  
You have the right to be treated with dignity and respect and to have your cultural or ethnic preferences addressed. We also feel that you deserve to be treated courteously under all conditions and circumstances.
- CUSTOMER CONFIDENTIALITY:**  
It is our policy to maintain strict confidentiality in regards to all customer information. Privacy concerning your care is a fundamental right. Your information will only be released for treatment, payment, and health care operations. DASCO or supplier may record phone calls for quality assurance purposes.
- BILLING:**  
You have the right to expect care, accuracy and attention to details when it comes to processing your bill. You have the right to be informed of charges for our services and of our policies regarding payment for services.
- CONTINUITY OF CARE:**  
You have the right to receive required services in a timely manner. If, for some reason, we are unable to meet your needs, you will be promptly informed and referred to alternate services.
- COMPLAINTS:**  
You have the right to voice concerns, to complain when our services do not meet your expectations and to expect solution of your complaint or problem without discrimination, coercion, reprisal or unreasonable interruption of services. To register a complaint, please call or write: DASCO Home Medical Equipment Company, 375 N. West Street, Westerville, OH 43082. Attn: Privacy Officer 800-892-4044. DASCO or supplier is accredited by The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, 630-792-5800
- CAPPED RENTAL ITEMS:**  
DASCO or supplier does accept and follow all capped rental guidelines. Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary. After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair. Examples of this type of equipment include: Hospital beds, wheelchairs, alternating pressure pads, nebulizers, suction pumps, CPAP devices, patient lifts and trapeze bars. If item is not available for rent you may opt for an alternative provider. Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals can not exceed the fee schedule purchase amount. Examples of this type of equipment include: canes, walkers, crutches, commodes, and seat lift mechanisms.

### YOUR RESPONSIBILITIES:

- INFORMATION:**  
Provide DASCO or supplier with complete & accurate information regarding your health, communicable infections, insurance and demographics. DASCO or supplier is to be notified immediately of any changes or updates to the items listed.
- COMPLIANCE:**  
Follow the treatment plan, as ordered by your physician and consent to the proposed care plan. If you do not understand the treatment plan, it is your responsibility to let us know. Insurance does not cover non-compliance and equipment not being used. Contact DASCO or supplier when equipment is no longer being used at 1-800-892-4044.
- EQUIPMENT:**  
You agree to use the products as instructed. Any damage to the equipment placed in your care becomes your responsibility, beyond the normal wear and tear. This includes but is not limited to bug infestations, water damage, fire and theft.
- DELIVERY & SERVICE CALLS:**  
Be at home for scheduled deliveries or service calls.
- RESPECT:**  
You are responsible for respecting the rights of those professionals providing your service, care and billing. Disrespectful language and actions are not tolerated.
- IN PATIENT:**  
Report hospital or nursing home admissions DASCO or supplier immediately so billing may be adjusted.
- FINANCIAL:**  
You are responsible for:
  - Payment of all co-pays, deductibles and claims not paid by your insurance company
  - You will be charged a \$20.00 NSF fee for any returned check.
  - If your account is not paid in a timely manner, further collection action including interest, late charges, credit reporting and equipment repossession may occur.
  - Questions regarding your insurance coverage should be directed to your insurance company. Questions regarding your DASCO or supplier invoice should be directed to our billing dept. at 855-564-9014.
- INSURANCE:**
  - Medical documentation and testing are often required for insurance coverage. It is your responsibility to respond in a timely manner to any necessary requests to avoid insurance denials and full financial burden.
  - Your insurance company has the right to rent or purchase the equipment. Medicare beneficiaries may have the option of choosing depending on the equipment.
  - Notify DASCO or supplier with any insurance updates, changes and terminations.
- UNINTENDED CONSEQUENCES:**  
You are responsible for accepting the unintended consequences of not following safety guidelines, equipment directions or your plan of care.

### MEDICARE SUPPLIER STANDARDS

The products and/or services provided to you by DASCO HME or supplier 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>. An abbreviated version may be found at [www.goDASCO.com](http://www.goDASCO.com). Upon request we will furnish you a written copy of the standards.