DASCO
Home Medical Equipment

Equipment Use and Maintenance Instructions

DASCO
Home Medical Equipment

About DASCO

For a full list of DASCO locations,
please visit **www.goDASCO.com**.

Have Questions or Need Assistance?

Visit **www.goDASCO.com**.
Click **Contact Us** at the top of the page
and complete the short form.
We'll respond promptly.

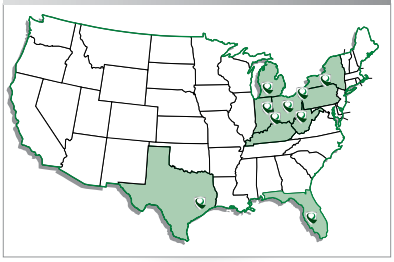
Online contact is the fastest way to reach us.

If you prefer to call, contact us at:

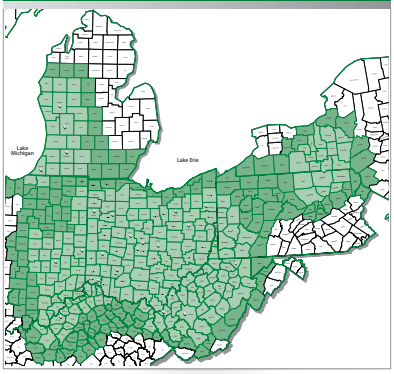
Supply Reorder: 1-855-442-7912
Billing Department: 1-855-564-9014
Customer Service: 1-800-892-4044

For a copy of our Privacy Notice:
http://www.godasco.com/privacy-notice.asp
Printed copy available upon request.

DASCO US



DASCO Northeast



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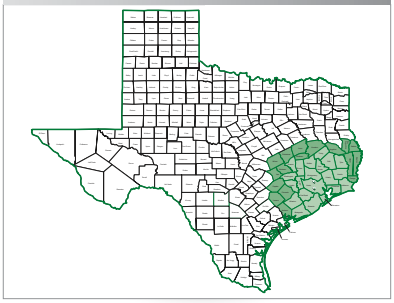
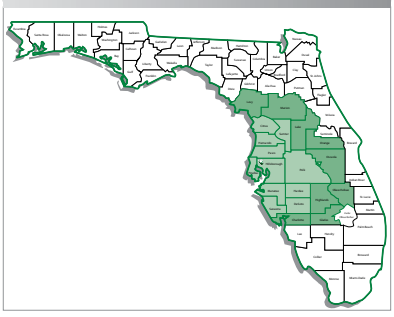


DASCO Southeast



DASCO
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Sleep Apnea Therapy

Thank you for choosing DASCO to provide your sleep therapy equipment. Sleep therapy comes in the form of a CPAP (Continuous Positive Airway Pressure) machine or a BiPAP (Bi-Level Positive Airway Pressure) machine. These devices are most commonly used to treat sleep apnea. Sleep apnea is a disorder that causes people to frequently stop breathing for short periods of time during sleep. The result of this disorder is lack of restful sleep and deprivation of oxygen. If left untreated, sleep apnea can increase the risk of hypertension, heart problems, and stroke.

Please Note: This equipment belongs to DASCO until it is purchased. If it is no longer needed, please contact DASCO at 1.800.892.4044. If equipment is not returned, charges may apply.

CLEANING

Daily

- ✓ Wipe off with non-alcohol wipe or damp clean cloth
- ✓ Dump water (water must be dumped every 24 hours)
- ✓ Refill chamber with distilled water

***Please refer to your Patient Welcome Quick Setup Guide**

Weekly

- ✓ Unplug the unit and wipe the outside with a damp cloth. Make sure the unit is dry before plugging in
- ✓ Wash in mild soap & water: Large particle filter, water chamber, tubing & mask
- ✓ Rinse with running water — air dry
- ✓ Monthly — change the ultra fine filter

REPLACEMENT

In addition to routine cleaning, it is also important that you change your supplies (mask, cushions, headgear, tubing, and filters) on a regular basis. These are considered disposable supplies. Frequent replacement of these components prevents infection and leaking which can disrupt therapy. Most insurance companies allow for the changing of these supplies frequently:

	Mask	Headgear	Pillows/Cushions	Tubing	Filters
Medicare & Medicaid	Every 3 months	Every 6 months	1 Full face cushion - Monthly 5 Nasal cushions - Every 3 months	Every 3 months	Monthly
Most Private Insurances	Every 3 months	Every 6 months	Monthly	Every 3 months	Monthly

DASCO
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Sleep Apnea Therapy

Do...

- ✓ Remove any water from the unit before moving
- ✓ Use distilled water in your humidifier
- ✓ Read the operating instructions prior to operating this device
- ✓ Place machine on its base on a level and secure surface
- ✓ Keep room humidifiers at least 6 feet away from the unit
- ✓ Take your machine as a carry-on when you travel

Don't

- ✗ Change the settings on your CPAP or BiPAP without consulting your doctor
- ✗ Smoke around your sleep equipment
- ✗ Immerse the unit in water or allow water into the vents or ports of the machine
- ✗ Leave the unit on while unattended
- ✗ Plug unit into an outlet controlled by a wall switch
- ✗ Block any vents or filter openings on your mask or machine
- ✗ Use the unit around water (other than the humidifier) electrical shock may occur
- ✗ Attempt to open or service this device

Infection Control - Take Everyday Preventative Actions

Everyday preventive actions are steps that people can take to help slow the spread of germs that cause respiratory illnesses, 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 a 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 at home) for at least 24 hours after the 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.

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Sleep Apnea Troubleshooting Guide

I get water in my tubing.	Check the water level in your humidifier. Overfilling the water chamber can cause this problem. Condensation in your tubing can also occur when the air flowing through your tubing is warmer than the air in your room. Try turning down your humidifier's heat setting or insulating your tubing. Tubing wraps are available for purchase.
My mask is making a loud noise.	This typically occurs with a large leak. Most often the cushion or pillow has become worn and needs to be replaced. Mask liners might also help resolve leaking.
My mask won't stay in place or has lost its fit.	Masks and headgear are considered disposable. Over time, facial oils and repeated washing will cause your headgear to stretch out and your mask to lose its seal. Shifting and rubbing can lead to irritation and leaks can result in diminished therapy. Contact our Continuing Care Department at 1-800-892-4044 or email us at **reorders@goDASCO.com** to place your supply order.
I feel like I can't get enough air.	Sometimes this feeling is related to higher pressure settings or an inability to tolerate the continuous pressure of a CPAP machine. This feeling can sometimes indicate the need to use a full face mask rather than a nasal mask (mouth breather). Contact DASCO if you experience this problem.
I wake up with dry mouth or throat.	Try increasing your heat or humidity setting. If adjustments to your humidifier don't resolve the problem, you may need a chin strap or full face mask (if you do not currently use one). If you experience a large amount of condensation in your tubing, you could be losing most of the moisture from your humidifier before it reaches your mask. Refer to the "water in my tubing" troubleshooting section. Keep in mind many medications can also cause dry mouth. If this problem persists, contact your physician.
I'm claustrophobic.	It may take some time to adjust to your sleep therapy equipment. It is not uncommon for acclimation to take 30 days or more. Anxiety about wearing your equipment is normal. Try wearing your machine during the day while watching TV or reading. If desensitization techniques don't help, please contact DASCO for other available options.
I wake up with sinus pressure or congestion.	Try different settings on your humidifier (up and/or down). In a few cases, patients have found eliminating the humidifier can also help, especially those prone to sinus problems. If problems persist, contact DASCO or your physician for further troubleshooting.
My mask causes skin indentations, irritation, or sores.	It is not uncommon to experience some irritation during the first few weeks of therapy. Your skin will need some time to adjust. For nasal or full face masks, try using cloth mask liners to create a soft barrier. For those using nasal pillows, a water based lubricant (like KY Jelly) can help reduce direct contact with the skin. If you continue to experience these problems beyond the first few weeks, contact the DASCO customer service department to schedule a mask re-fit appointment.

Still Need Assistance? Visit **www.goDASCO.com**.
Click **Contact Us** at the top of the page and complete the short form. We'll respond promptly.

DASCO
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Rental Equipment FAQ

Commonly Rented Equipment

Oxygen machine, tanks, and all related equipment	Wheelchairs	Hospital Beds
Nebulizers	CPAP/BiPAP Machines	Patient Lifts
Non-Invasive Ventilation	Suction Machines	Compressors
	Enteral Pumps	Air Mattresses

Q: Why is my equipment a rental?

A: Insurance determines whether or not your equipment will be rented or purchased. In most cases, your equipment will rent monthly until it meets purchase price. DASCO owns the equipment until it is purchased.

Q: How long will my equipment rent?

A: It depends on your insurance company's guidelines. Most items above rent for 10 - 36 months. There are a few items that rent continuously. Your insurance company determines how many months they will rent an item.

Q: Will my rental copay be the same each month?

A: The amount you are billed may vary and is dependent on a few things:

- ✓ If your insurance processes more than one monthly bill at a time, you may be billed for more than one month's copay at a time.
- ✓ Some insurance companies pay a higher rate in the first few months of the rental. If that happens, your monthly copay may decrease over time.
- ✓ If your insurance initially covers your equipment as a rental, then converts it to a sale shortly thereafter, your final copay bill may be higher.
- ✓ If your insurance policy includes a deductible, your billed amount may be higher until the deductible has been met. For information about your deductible, please contact your insurance company.
- ✓ Rates vary by insurance. If your insurance changes, it may affect your billed amount and / or the rental status of your equipment. Please contact us at 1-800-892-4044 immediately if your insurance changes.

Q: Do I need to return my equipment if I stop using it?

A: Yes. If you are not sure if your equipment is still renting, please contact us at 1-800-892-4044, so we can verify that information for you. **If you fail to return it and it is renting, you may be charged.**

Q: How do I pay my monthly bill?

A: Due to the reccurring nature of billing rental equipment, DASCO requires a credit card for automatic payments. DASCO offers a variety of programs to make managing your monthly bills easy and convenient, including an online portal and paperless statements. Visit www.goDASCO.com for details.

DASCO
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Insurance Compliance Requirements Form

Customer's Name: _____ **Customer ID #:** _____

What is Compliance?

Compliant Download: Device used for 4+ hours per night for 21 out of 30 consecutive nights
Office Visit: Requires documentation that you're using your device and your symptoms have improved.
Insurance will not help cover the cost of your equipment if you do not meet the minimum compliance requirements.

Insurance Requirements for Sleep Apnea Equipment

- ☐ **All Anthem plans including Highmark of WV:** Compliant download every 3 months for 1 year after set up. Compliant download required yearly for ongoing supplies.
- ☐ **Anthem Kentucky Medicaid:** CPAP or BiPAP: A compliant 30 day download within the first 90 days & a physician visit is required starting 31 days after set up.
- ☐ **Aultcare/Primetime:** Starting 30 days after set up, your physician is required to provide documentation of usage and/or benefit. DASCO works with your physician to obtain this information for your insurance.
- ☐ **Caresource (All Plans):** CPAP or BiPAP: A compliant 30 day download within the first 90 days & a physician visit is required starting 31 days after set up.
- ☐ **The Health Plan/Healthsmart:** Compliant download is required starting 31 days after set up.
- ☐ **Medicare:** CPAP or BiPAP: A compliant 30 day download within the first 90 days & a physician visit is required starting 31 days after set up.
- ☐ **MMOH Advantage Plan:** CPAP or BiPAP: A compliant 30 day download within the first 90 days & a physician visit is required starting 31 days after set up.
- ☐ **Medicare Advantage Plans (HMOs):** A compliant download is required starting 31 days after set up.
- ☐ **Passport Health Plan:** CPAP or BiPAP: A compliant 30 day download within the first 90 days & a physician visit is required starting 31 days after set up.
- ☐ **Other:** _____

**Insurance guidelines are subject to change at anytime based on your insurance plan.*

Compliance Acknowledgment & Responsibilities

Your Insurance Compliance requirements are due by: _____

✓ You have a modem that automatically transmits data usage data to DASCO - No data card required.

- By signing below you have read, understand and take responsibility for your compliance.
- Failure to comply with your insurance requirements may result in the return of the equipment to DASCO, or you may be billed for the cost of the equipment.
- If your compliance data is not received or you are non-compliant, you will not be eligible to receive replacement supplies.

If your machine was shipped, your receipt of equipment is acknowledgment that DASCO has provided you with the compliance requirements for your insurance.

If you have questions on the compliance on your equipment, please call DASCO at 1-800-892-4044

Signature: _____ **Date:** _____

DASCO
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Supply Replenishment Form

Customer's Name: _____ **Account #:** _____

Automatic Prescription Refill

Your doctor has prescribed ongoing supply refills so that you may replace your supplies regularly. It is recommended you replace your disposable supplies to prevent infections and ensure optimal results. DASCO will automatically ship your supplies based on your insurance's allowed amounts.

For other refill options, call our office at 1-800-892-4044 or email us at reorders@goDASCO.com

- You are responsible for any co-pays and/or deductible amounts applied after insurance has reviewed your claim.
- It is your responsibility to report any address or insurance change to DASCO.
- It is your responsibility to notify DASCO if you need to make changes to your order(s) or discontinue enrollment in the program.
- You understand that the Standard Shipment Program is not available if you have **Medicare, Medicaid, Tricare, Hospice, or United Health Care coverage.**

If Your Insurance Does Not Allow Automatic Prescription Refills

If your insurance does not allow automatic prescription refills, DASCO will contact you every three months to follow up on your therapy and discuss your need for supply replenishment.

☐ **Email Address:** _____ **Initial:** _____

Be sure to check your spam filter!

☐ **I am opting in to receive text reminders when it is time to reorder my supplies.**

Cell Phone #: _____

DASCO does not sell customer contact information. By enrolling in the text option, you agree to receive text messages from DASCO Home Medical Equipment, Inc. regarding your medical equipment and/or DASCO account. You may opt out at any time. Text/data rates may apply.

**If you do not provide us with an email address or opt in for text messages, you will receive an automated phone call when you are eligible for your supplies.*

Customer's Signature: _____ **Date:** _____

Associate's Signature: _____ **Date:** _____

DASCO Home Medical Equipment

Patient Rights & Responsibilities

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 express warranty on the goods being furnished beyond 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 of 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 of limitations of incidental or consequential damages so the above may not apply to you. The warranty gives you specific legal rights and you may also have other rights which vary from state to state.
Medicare Equipment and 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 or upon request.
Return Policy: All sales are final 30 days after receipt of purchase. We cannot accept returns of any open supplies, or any items considered personal in nature.
Privacy Notice: DASCO Privacy Notice is posted at www.goDASCO.com or a copy is available upon request.

YOUR RIGHTS

1. **Access to Healthcare 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.

2. **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.

3. **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.

4. **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.

5. **Customer Confidentiality**
   It is our policy to maintain strict confidentiality regarding 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.

6. **Billing**
   You have the right to expect care, accuracy and attention to detail 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.

7. **Continuity of Care**
   You have the right to receive the required service 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.

8. **Complaints**
   You have the right to voice concerns, to complain when our services do not meet your expectations and to expect a solution to 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. 1-800-892-4044. DASCO or supplier is accredited by the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181. 1-630-792-6800.

Continued on next page.

DASCO Home Medical Equipment

Patient Rights & Responsibilities

9. **Capped Rental Items**
   DASCO or supplier does accept and follow all capped rental guidelines. Medicare will pay a monthly rental fee for a period to not 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 an 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 cannot exceed the fee schedule purchase amount. Examples of this type of equipment include canes, walkers, crutches, commodes, and seat lift mechanisms.

YOUR RESPONSIBILITIES

1. **Information**
   Provide DASCO or supplier with complete and 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.

2. **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.

3. **Equipment**
   You agree to use the products as instructed. Any damage to the equipment placed in your care becomes your responsibility, beyond normal wear and tear. This includes but is not limited to bug infestations, water damage, fire and theft.

4. **Delivery and Service Calls**
   Be at home for scheduled service calls.

5. **Respect**
   You are responsible for respecting the rights of those professionals providing your service, care and billing. Disrespectful language and actions are not tolerated.

6. **In Patient**
   Report hospital or nursing home admissions DASCO or supplier immediately so billing may be adjusted.

7. **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 department at 1-855-564-9014.

8. **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.

9. **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 product 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 424.57C. These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). An abbreviated version of these standards may be found at www.goDASCO.com. Upon request we will furnish you with a written copy of the standards.