



Golden State Medical, Inc.

P.O. BOX 300, AUBURN, CA 95604

PHONE (530) 885-0981 TOLL-FREE (800) 696-2900 FAX (530) 885-3631
Subsidiaries information on back page.

PATIENT INFORMATION:

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
P.O. BOX _____
CITY _____ STATE _____ ZIP _____
TELEPHONE (HOME) _____
TELEPHONE (CELL) _____
E-MAIL _____
SOCIAL SECURITY # _____
DATE OF BIRTH _____ GENDER M ___ F ___

CLINIC NAME _____
CLINIC CODE _____
ADDRESS _____
REP./DATE _____

PHYSICIAN _____
PHYSICIAN CODE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____
FAX _____
NPI _____

INSURANCE INFORMATION:

PRIMARY INSURANCE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____
ID # _____
GROUP # _____
*****ISSUE DATE IF MEDI-CAL _____
CLAIM # _____
DATE OF INJURY _____
ADJUSTER _____
ADJUSTER TELEPHONE _____
EMPLOYER TELEPHONE _____

SECONDARY INSURANCE

ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____
ID # _____
GROUP # _____
*****ISSUE DATE IF MEDI-CAL _____

MEDICAL INFORMATION:

DIAGNOSIS _____
DATE OF SURGERY _____

RENTAL/PURCHASE AGREEMENT

QUANTITY	PRODUCT DESCRIPTION	SERIAL NUMBER	RENTAL COST	PURCHASE COST

BILLED AMOUNTS MAY VARY FROM THE ABOVE LISTED RETAIL RATES SUBJECT TO CONTRACTS IN EFFECT AT THE TIME OF DELIVERY. CALL GOLDEN STATE MEDICAL OR IT'S SUBSIDIARIES FOR SPECIFIC RATES. I AM AWARE THE CLAIMS SUBMITTED ON MY BEHALF ARE SUBJECT TO TERMS, CONDITIONS, AND LIMITATIONS OF MY INSURANCE POLICY. THE ABOVE DESCRIBED EQUIPMENT HAS BEEN ISSUED TO ME AS PRESCRIBED BY MY PHYSICIAN AND I HAVE BEEN INSTRUCTED IN ITS PROPER USE. I ACKNOWLEDGE RECEIPT & UNDERSTANDING OF THE COMPANY'S PATIENT HEALTH INFORMATION PRIVACY NOTICE AND ALL INFORMATION ON BOTH SIDES OF THIS DOCUMENT:

*SIGNATURE OF PATIENT X _____ DATE _____

*If signed by caregiver, please explain that relationship and diagnosis related reason for patient not signing (example: husband, sister, R.N., etc. and "Patient unable to sign due to Parkinson's, amputation, etc.")

INSTRUCTION GIVEN BY: _____ DATE _____

MEDICARE SUPPLIER STANDARDS

1. A supplier must be in compliance with all applicable Federal and State licensure 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 Clearing House within 30 days.
3. An authorized individual (one whose signature is binding) must sign the DMEPOS application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State healthcare programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased DME, 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.
8. A supplier must permit CMS, or its agents to conduct onsite inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
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 or cell phone 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. Failure to maintain required insurance at all times will result in revocation of the suppliers billing privileges retroactive to the date the insurance lapsed.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
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 directly, or through a service contract with another company, 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 Supplier Standard to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government 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 Supplier 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 implementing regulations. (Medicare hotline — 800-633-4227, CA Dept. of Health — 916-650-6626, BOC # - 877-776-2200.)

Rights, Responsibilities, Rental & Sales Agreement

Company, when used in this agreement, refers to Golden State Medical or it's subsidiaries. Patient refers to the person receiving medical equipment and supplies. Title to the rental equipment and all parts shall remain with the Company, unless equipment is purchased and paid for in full. Patient must promptly notify Company of rental equipment malfunctions or defects. Company will honor all manufacturers' warranties. Company shall not insure or be responsible to patient or caregiver for any PERSONAL INJURY OR PROPERTY DAMAGE related to any product, including that caused by improper use or function thereof, the act or omission of any third party, or by any criminal act or activity, fire or act of God. Company may impose a monthly service charge of 1-1/2% of the unpaid balance. Due to health department regulations, no merchandise may be accepted for return if worn next to the skin, used for sanitary or hygienic purposes or if it is disposable (electrodes, wipes, creams, batteries, etc.). Special order items will require a deposit and are non-returnable. Company maintains 24-hour availability by telephone. Patient is responsible for monitoring supply levels. Should a life-threatening MEDICAL EMERGENCY arise, the patient or caregiver shall contact their local emergency services number for assistance. Patient will be communicated with in a way they can understand. Those wishing to express their concerns or comments or review, amend, review disclosure, restrict or revoke consent on their records, should contact the Company during regular business hours. Your COMMENTS will be reviewed and acted upon. Patient retains the right to refuse Company services and assumes responsibility for any consequence relating to REFUSAL of any service ordered delivered to the patient by a healthcare professional. Patient may participate in all decisions regarding service, including admission, plan of service, discharge, transfer and referral and will receive experimental treatment only with a voluntary informed consent. Patient personal healthcare information listed on the reverse aide will be kept CONFIDENTIAL by Company and only used for healthcare operations, services and payment purposes. In the interest of health and safety, Company retains the RIGHT TO REFUSE DELIVERY of service at any time; however, does not discriminate. Patient has a right to respect, dignity, privacy, choice, informed consent, special communication needs, participation in the care planning process, adequate care and services, appropriate assessment and management of pain, description and charges of those services available and payment for them. Patient agrees to NOTIFY Company of any MEDICAL STATUS change such as doctor's prescription, advance directives being in place or changed, acquiring an infection requiring hospitalization or MD visit, change of residence or insurance coverage. Company is privately-owned and any financial benefits of referrals made by the Company will be disclosed to the patient. Staff always wear name tags for identification. Patient and Company agree to go to arbitration if a disagreement arises between the parties. Mission statement: We are dedicated to exceeding our customers' expectations in providing the greatest quality and value in healthcare related products, supplies and services.

Patient Health Information — Privacy Notice

Please note that we maintain paper and electronic files that may contain private information about you that may include, but are not limited to, your name, address, phone number, contact person, height and weight, diagnosis, prognosis, physician(s), prescriptions, plans of service and treatment, vital signs and other clinical impressions, insurance coverage(s), equipment rented and purchased from us, credit card number(s), dates of service, etc. We release, transfer and disclose the above information to third parties to facilitate appropriate provision and review of services and billing for our clients of record. These files are legal documents and are also used for education, evaluating the performance of our organization, marketing and planning purposes. We have measures in place to protect patient health information as required by law. These measures include, but are not limited to, security precautions being in place in our buildings, vehicles, billing software, transactions with government entities, vendors, consultants, surveyors, your family or appointed representative and other appropriate parties, transmission of data to third-parties, telephonic and wireless communications, maintenance, retention and destruction of data, etc. You have the right to amend, restrict, revoke consent to release, examine or obtain copies of the data that we have in your file and have released others upon request. If you have questions concerning any of the above, please contact our Privacy Officer at the number shown on this form. Effective 04/11/03.

AUTHORIZATION TO ASSIGN BENEFITS TO PROVIDER, RELEASE, ACKNOWLEDGMENT OF INSTRUCTIONS

I request that payment of authorized Medicare and other benefits be made on my behalf to Golden State Medical or it's subsidiaries for products and services that they have provided me. I further authorize a copy of this agreement to be used in place of the original to release to me Centers for Medicare and Medicaid Services and its agents or other payers, any information needed to determine these benefits or compliance with current healthcare standards. Golden State Medical or it's subsidiaries bills third-party payers as a courtesy; I understand that I am fully responsible for all deductibles, coinsurance and disallowables. Additionally, I acknowledge receiving instruction, have demonstrated or verbalized my understanding in the proper use and care of the equipment or supplies received today and described on this document and will follow them. I understand Company business hours and understand that a Golden State Medical or it's subsidiaries representative will be contacting me regarding my financial responsibilities related to this agreement. I certify that I have not rented or purchased the equipment listed through Medicare in the past, acknowledge receipt and understanding of the Company Patient Health Information Privacy Notice and that all information on both sides of this document is correct:

Subsidiaries

Tenspede Medical, Inc.
701 High St. #207C
Auburn, CA. 95603
Phone: 1-800-647-1010
Fax: (925) 460-0864

Anchor Orthotics & Prosthetics, Inc.
3838 Watt Ave #110A
Sacramento, CA. 95821
Phone: (916) 484-0685
Fax: (916) 484-0682