

Mission Statement

The company will provide equipment, pharmaceuticals, and service that meets the prescribed medical needs of those admitted within our scope of service. All patients and customers admitted to our service as well as their caregivers can expect to receive prompt, professional and timely care within the restraints of our scope of service and service area. All admitted will have the opportunity to participate in their care and express their opinion or concerns without fear of disruption of service. Our goal is to enhance the quality of life through constant improvement of patient outcomes.

Customer Rights and Responsibilities

We believe that each customer/patient has the right:

1. To select those who provide your services.
2. To be provided with legitimate identification by any person or persons who enters your residence to provide services for you.
3. To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
4. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the organization, and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be dealt with and treated with friendliness, courtesy, and respect by everyone representing the organization that provides treatment or services for you and be free from neglect or abuse be it physical or mental.
6. To have your privacy, security, and property always respected.
7. To assist in the development, planning and/or change of your health care program that is designed to satisfy, as best as possible, your current needs.
8. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another healthcare provider, or the termination of service.
9. To be informed of organization's services/products and equipment available directly or by contract.
10. To be informed upon written request the organization's ownership and control.
11. To be informed of any specific charges for services to be paid by client and those charges covered by insurance, third party payment or public benefit programs.
12. To request and receive data regarding services or costs thereof privately and with confidentiality.

13. To be informed of billing policies, payment procedures and any changes in the information provided on admission as they occur within 15 days from the date that the organization is made aware of change.
14. To be informed of the names and professional qualifications of the disciplines that will provide care and the proposed frequency of visits/service.
15. To express concerns or grievances or recommend modifications to your service without fear of discrimination or reprisal. To be given contact names, telephone numbers, hours of operation and information on how to communicate problems to the organization. To receive a documented response from the organization regarding investigation and resolution of the grievance.
16. To education, instructions, and requirements for continuing care when the services of the organization are discontinued.
17. To receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization.
18. To be advised of the availability, purpose and appropriate use of State, Medicare, and CHAP Hotline numbers.
19. To receive information regarding the organization's liability insurance upon written request.
20. To request and receive complete and up to date information relative to your condition, treatment, alternative treatment, risks of treatment within the physician's legal responsibilities of medical disclosure.
21. To refuse treatment and be informed of potential results and/or risks.
22. To request and receive the opportunity to examine or review your medical records during normal business hours with a 48-hour written and/or verbal notice.
23. To expect that all information and/or clinical records received by this organization shall be kept confidential and shall not be released without your written consent.
24. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
25. To be informed of any experimental or investigational studies that are involved in your care and provided the right to refuse any such activity.
26. To receive care and services within the scope of your health care plan, promptly and professionally, while being fully informed as to our organization's policies, procedures, and charges.
27. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for health care, or a Do Not Resuscitate order.

The customer has the responsibility to:

1. Ensure that rental equipment will be used with reasonable care, maintained as instructed, not altered or modified, and returned in good, clean condition when the need for such equipment no longer exists.
2. Notify Steltz Pharmacy, Inc. of any change in customer insurance, address, physician, prescription, etc.
3. Order supplies or refills on a timely basis to accommodate reasonable delivery.
4. Have someone at home on the day delivery is scheduled.
5. Pay all invoices that are due...not covered by their insurance, including deductibles, co-pays, and non-covered items.
6. Understand that all equipment is rented strictly by the month (unless other arrangements have been made)
7. Provide information about previously rented or owned equipment, to sign all necessary consents, authorizations, and release forms and to arrange for acceptance of delivery and instruction.
8. Advise Steltz Pharmacy, Inc. when equipment is no longer needed.

Contacts

If a customer believes their rights have been violated, they may contact Steltz Pharmacy, Inc. Office Manager at 610-578-0411. It is the Office Manager's responsibility to review all formal complaints. The customer is entitled to a written response within 14 calendar days. Any questions or concerns regarding your service or equipment should be directed to our Customer Service Department 610-578-0411. Further inquiries or complaints should be address to C.H.A.P (Community Health Accreditation Program). The CHAP hotline number is 1-800-656-9656. If you have any questions about Medicare, you may call the Medicare Office toll-free at 1-800-MEDICARE.

Hours of Operation

The company is open from 9am to 5pm Monday through Friday for routine business. The company is closed on weekends and holidays. Only prearranged deliveries shall be made after- hours, weekends or on holidays.

Emergency service: 610-578-0411 Extension: 232