



# DASCO

Home Medical Equipment

Our Family Serving Yours

## 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 risk of hypertension, heart problems, and stroke.

Sleep therapy must be prescribed by your physician. The equipment provided will deliver a flow of air through your nose. This pressure prevents structures in your throat from blocking the air moving in and out of your lungs. While adjusting to sleep therapy is not always easy, it is extremely important to follow your doctor's orders and use the machine every night.

### Cleaning

#### Daily

- ✓ Wash mask with mild liquid soap and rinse well with warm tap water. Air-dry.
- ✓ Wash humidifier chamber with mild liquid soap and rinse well with warm tap water

#### Weekly

- ✓ Unplug the unit and wipe the outside with a damp cloth. Make sure the unit is dry for plugging it back in.
- ✓ Clean filter (or replace if necessary).
- ✓ Wash headgear with mild soap and rinse with warm water. Headgear may be washed by hand or in the washing machine. Air-dry (do not place in dryer).

### 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, leaking which can disrupt therapy, and Carbon Dioxide build up should your exhalation port become clogged. Most insurance companies allow for the changing of these supplies frequently:

	Mask	Headgear	Pillows/Cushions	Tubing	Filters
Medicare	Every 3 Months	Every 6 Months	Monthly	Every 3 Months	Monthly
Medicaid	Yearly	Yearly		Yearly	Monthly
Most Private Insurances	Every 3 Months	Every 6 Months	Monthly	Every 3 Months	Monthly

<b>Automatic Prescription Refill</b>	<b>Email</b>	<b>Automated Call</b>
<p>We will automatically ship your supplies when you are due to replace them based on your insurance company's coverage guidelines.</p> <p>Our most convenient program....no need to be available for phone calls or emails.</p>	<p>Receive an email when you are due for replacement supplies. If we don't get a response, we'll give you a courtesy call. If you choose this option, be sure to check your spam filter.</p>	<p>Receive an automated call when you are due for supplies. The call only takes about a minute and asks two simple questions....has your information changed and do you need your supplies? The automated call will make five attempts to reach you. A prompt response will stop the additional calls.</p>

*\*If you do not select another option, you will be enrolled in the Automatic Prescription Refill program.*

*\*If your insurance does not cover auto refill, you will receive email or automated call reminders.*

**To make changes to your resupply program or to reorder supplies, contact our Continuing Care Department at 1-855-442-7912 or email us at [reorders@goDASCO.com](mailto:reorders@goDASCO.com)**

### General Tips

#### **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

#### **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

### 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.

REV3/15

**THANK YOU FOR CHOOSING DASCO! QUESTIONS? CALL 800-892-4044**

**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:**

- 1. 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.
- 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 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.
- 6. 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.
- 7. 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.
- 8. COMPLAINTS:** You have the right to voice concerns, when our services do not meet your expectations and to expect solution of your complaint without discrimination, coercion, reprisal or unreasonable interruption of services. To file a complaint, call or write: DASCO HME, 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
- 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 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 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 & 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 the normal wear and tear. This includes but is not limited to bug infestations, water damage, fire and theft.
- 4. DELIVERY & SERVICE CALLS:** Be at home for scheduled deliveries or 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:
  - a. Payment of all co-pays, deductibles and claims not paid by your insurance company
  - b. You will be charged a \$20.00 NSF fee for any returned check.
  - c. If your account is not paid in a timely manner, further collection action including interest, late charges, credit reporting and equipment repossession may occur.
  - d. 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.
- 8. INSURANCE:**
  - a. 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 a. and full financial burden.
  - b. Your insurance company has the right to rent or purchase the equipment. Medicare beneficiaries may have the option of choosing depending on the equipment.
  - c. 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 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.

