

Patients' Bill of Rights

I. Information Disclosure.

You have the right to receive accurate and easily understood information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don't understand something, assistance will be provided so you can make informed health care decisions.

II. Choice of Providers and Plans.

You have the right to a choice of health care providers that is sufficient to provide you with access to appropriate high-quality health care.

III. Access to Emergency Services.

If you have severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization or financial penalty.

IV. Participation in Treatment Decisions.

You have the right to know all your treatment options and to participate in decisions about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions.

V. Respect and Nondiscrimination.

You have a right to considerate, respectful and nondiscriminatory care from your doctors, health plan representatives, and other health care providers.

VI. Confidentiality of Health Information.

You have the right to talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medical record and request that your physician amend your record if it is not accurate, relevant, or complete.

VII. Complaints and Appeals.

You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities.

Patients Responsibilities

1. You will need to notify to us of any change in your personal information previously provided by you. This information includes:
 - Change to your Residential Address and/or Mailing Address.
 - Change to your Telephone number and/or Cellular number.
 - Change to your Primary Doctor.
 - Change to your Primary Medical Plan and/or Secondary Plan. (Changes like a Medicare Advantage, HMO...)
 - Change to your Legal Guardian or Tutor, if apply.
 - Change to your Medical conditions.
 - Notify us if you had been hospitalized recently.
 - Notify us when you are going to travel outside the City or Country.
2. If you do not provide the complete information to us of your medical plans, you will be responsible to cover the total or partial cost (Co-payment) of products supplied by SS MEDICAL SUPPLY.
3. You will need to sign and returns the documents that we included to you in each delivery that you receive from SS MEDICAL SUPPLY.
4. SS MEDICAL SUPPLY will send the medical order to you for renovation purpose of the products supplied and you will be responsible to take this medical order to your doctor for the authorization of it. This is made in a once a year basis, unless otherwise posted.
5. You will need to inform to us if you are receiving similar products of another company of durable medical equipment before enroll with us.
6. Any doubt or badly operation of products and/or equipment sent to you by SS MEDICAL SUPPLY, You will have to notify immediately to our offices calling us to our toll free number: **1-800-657-4090**.
7. You have 14 days from date of shipping to return the equipment in their original package. If you use it, you will not be able to return it or must be subject to receive charges for the item.

In case that you need to require your medical information with us, or to show some complaint of our products and/or services, you can call us at our toll free number **1-800-657-4090** and to communicate with the Quality Officer.