



Acknowledgement of Receipt of Patient Information Packet

I, the undersigned, hereby acknowledge that I have received the Patient Information Packet. I have received, read, and understand:

- Your Rights and Responsibilities as a patient
- Our Financial/Billing and Payment Policies
- Medicare Supplier Standards
- Guidelines for Safety in Your Home
- Guidelines for Infection Control in the Home
- Emergency Preparedness Information
- Notice of Privacy Practices
- Our Grievance and Complaint Procedures
- Patient Communication Form
- I have been given instruction on the proper use of my equipment and understand the information provided me.

I am aware that, if I have any questions or problems with my equipment or supplies, I can call Janz Medical Supply at the telephone number provided to me.

I know that Janz Medical Supply seeks to provide the best possible services that comply with its contractual obligations, state laws, and federal laws and regulations. I can contact Janz Medical Supply at any time, if I have concerns or a question about the services that I am receiving or about Janz Medical Supply's billing practices.

<https://janzmedicalsupply.com/new-patient-packet/>

Printed Patient Name: _____

Signature: _____

Date: _____