



Providing Medical Supplies, Service and Education...The Easy Way

Thank you for showing interest in ClearChoice. Please refer to the enclosed brochure to find an explanation of our services. Also enclosed is a Medicare required form, for you to fill out and return. Please verify that we have the correct Insurance information

Hours: 9 AM – 5 PM Monday-Friday

ClearChoice is dedicated to providing personalized, friendly, reliable service to our patients driven by our respect of Patient Rights. We are committed to providing equipment that meets or exceeds the standards of our patient's while providing quality service that assures the confidentiality and dignity of the individual patients and their families. ClearChoice, accepts only patients whose home health care needs, as identified by the referring source, can be met by the treatment and/or services offered by us.

Our services include:

Back Braces, Wrist Braces, Knee Braces, Ankle Braces and Neck Braces

MEDICARE CUSTOMERS

Medicare allows you to receive one (1) brace every five (5) years for each category. We will file your Medicare claims for you, and if you have secondary insurance, we will file your Medicare co-pays and deductible to your secondary insurance before payment (if any) is due. (Co-pays and deductibles may apply.)

PRIVATE INSURANCE CUSTOMERS

If your DME products are covered under a major medical benefit, we will file your primary/secondary insurance claims for you before payment (if any) is due. (Co-pays and deductibles may apply.)

CUSTOMER CONCERNS

Our goal is to provide nothing but the highest quality of services to our patients. If you have any concerns about the services you are receiving from our organization we would like to hear from you.

You may contact our customer service representative at 1-800-400-1014. Within 5 days of receiving a complaint you will be contacted by telephone, fax or letter that we have received your complaint. Within 14 calendar days we will provide a written notification of the results of your inquiry and the resolution.

Please feel free to call the Medicare Hotline at (800) 447-8477 OR ACHC at (919) 785-1214 if you have a concern regarding fraud or abuse by any treatment or services provided by our organization. For Florida patients contact the toll free AHCA Central Abuse Registry hot line 800-962-2873 to report abusive, neglectful or exploitative practices. Florida patients can report complaints to 888-419-3456 and report Medicaid Fraud by calling 866-966-7226.

Equipment Warranty Information

Every product sold or rented by our company carries a 1-year manufacturer's warranty. Our organization will notify all Medicare beneficiaries of the warranty coverage and we will honor all warranties under applicable law. Our organization will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment when this manual is available.

ClearChoice

115 Avenue L Delray Beach, FL 33483 Toll Free Line 1-800-400-1014 Fax 1-800-284-0829

www.carefreehealth.com