

**REHAB SPECIALISTS, LLC**

**PATIENT INFORMATION  
BOOKLET**

# ***Rehab Specialists, LLC***

6995 S 400 W Midvale, UT 84047

Phone: 801-280-3967 Fax: 801-280-3933

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## **Welcome**

Dear Patient,

Thank you for choosing Rehab Specialists, LLC for your rehabilitation needs. We are confident that the medical device(s) prescribed by your physician will be safe, convenient and effective for your use at home.

We are committed to the patient's comfort and satisfaction. The information enclosed will help you make the most of all our products and services. On a monthly basis Rehab Specialists, LLC will ship you the supplies necessary for the use of your device(s). Please notify our customer service department if you find it necessary to modify the frequency or volume of your supplies.

Rehab Specialists, LLC will work with your insurance carrier, adjuster, employer or attorney in order to facilitate the processing of your claim. Any change to your shipment address, insurance or coverage eligibility should be reported to use immediately.

Rehab Specialists, LLC supplies patients with pain management products including but not limited to: TENS units and accessories, bracing for all joints including scoliosis braces, lymphedema pumps, hot and cold therapy devices, traction devices for lumbar and cervical, and many other physical therapy products.

Again, we thank you for choosing Rehab Specialists, LLC.

Best Wishes,

From all of us at Rehab Specialists, LLC



*Rehab Specialists, LLC.*

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

Our Agency is required by law to maintain the privacy of protected health information and to provide you adequate notice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information. (45 CFR 164.520) We will use or disclose protected health information in a manner that is consistent with this notice.

The agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physician's orders, assessments, medication lists, clinical progress notes and billing information.

As required by law, the agency maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients.

As our patient, information about you must be used and disclosed to other patients for purposes of treatment, payment and health care operations. Examples of information that must be disclosed:

- Treatment: Providing, coordinating or managing health care and related services, consultation between health care providers relating to a patient or referral of a patient for health care from one provide to another.
- Payment: Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), precertification, medical necessity review.
- Health Care Operations: General agency administrative and business functions, quality assurance/improvement activities; medical review; auditing functions, developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating agency performance; conducting training programs with new employees, survey, certification, accreditation and credentialing activities; internal auditing and certain marketing activities.

The following uses and discloses do not require your consent, and include, but are not limited to, a release of information contained in financial/medical records, including information concerning communicable diseases such as HIV, AIDS, drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory test results, medical history, treatment progress, or any other related information to:

- You insurance company, self-funded or third-party health plan, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;
- Any person or entity affiliated with or representing us for purposes of administration, billing, and quality and risk management;
- Any hospital, nursing home or other health care facility to which you may be admitted;
- Any assisted living or personal care facility of which you are a resident;



*Rehab Specialists, LLC.*

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

- Any physician providing care;
- Licensing and accrediting bodies, including the information contained in the OASIS;
- Other health care providers to initiate treatment.

We are permitted to use or disclose information about you without consent or authorization in the following circumstances:

- In emergency treatment situations, if we attempt to obtain consent as soon as practicable after treatment;
- Where substantial barriers to communicating with you exist and we determine that the consent is clearly inferred from the circumstances;
- Where we are required by law to provide treatment and we are unable to obtain consent;
- Where the use or disclosure of medical information about you is required by federal, state or local law;
- Certain judicial administrative proceedings;
- Certain law enforcement purposes;
- To coroners, medical examiners, and funeral directors;
- For certain research purposes;
- To avert a serious threat to health and safety;
- For specialized government functions;
- For Worker's Compensation purposes.

We are permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:

- ✓ Use of directory of individuals served by our Agency
- ✓ To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care of payment for care; to notify a family member, relative, friend, or other identified person of the individual's location, general condition or death.

Other uses and disclosures will be made only with your written consent. That consent may be revoked, in writing, and any time, except in limited situations.

You have the right to:

- Request restrictions on uses and disclosures of your protected health information.
- Confidential communication of protected health information.
- Inspect and obtain copies of protected health information.
- Request to amend protected health information.
- Receive an accounting of disclosures of protected health information.
- Obtain a paper copy of this notice.

*Rehab Specialists, LLC*  
**NOTICE OF PRIVACY PRACTICES FOR  
PROTECTED HEALTH INFORMATION**

If you believe that your privacy rights have been violated, you may complain to the agency or to the Secretary of the US Department of Health and Human Services. There will be no retaliation against you for filing a complaint. For further information regarding filing a complaint, contact:

**Rehab Specialists, LLC**  
**Travis Bennett, President**  
**6995 S 400 W**  
**Midvale, UT 84047**  
**801-282-3697**

If you need further information about matters in this notice please contact:

**Rehab Specialists, LLC**  
**Travis Bennett, President**  
**6995 S 400 W**  
**Midvale, UT 84047**  
**801-282-3697**

By signing the consent form (enclosed), you agree to these privacy terms and acknowledge receiving a copy of them. You can find this information, including your rights and responsibilities, warranty information, etc. on our website: [www.rehabspecialistsdme.com](http://www.rehabspecialistsdme.com). If you have the ability to log into the internet, we will also give you a hard copy if you prefer.



# GRIEVANCE PROCEDURE

Your complaints or problems are important to Rehab Specialists, LLC. We will give full consideration to a problem or complaint and will make an effort to resolve the issue in an agreeable manner. We assure you, that you will have the opportunity to voice grievances and recommend changes in services and/or policies without discrimination, coercion, unreasonable interruption of services, reprisal in any manner from the Organization. If you have a complaint, please do the following:

1. Submit the complaint either verbally or by phone 801-282-3697 during and after business hours or in writing to Administrator:

Rehab Specialists, LLC  
Attn: Administrator  
6995 S 400 W  
Midvale, UT 84047

2. The Administrator will contact you or your representative within five (5) calendar days, and will make every effort to resolve the complaint to your satisfaction.
3. If the complaint cannot be resolved to your satisfaction, you may request that the Administrator submit your complaint to the Organization's Board of Directors.
4. We will complete our investigation of the complaint and will provide written notification to you within 14 calendar days.
5. If you feel your complaint has not been resolved, you may also contact:

Accreditation Commission for Health Care (ACHC) by the following ways:

**Phone:** 919-785-1214 (Complaints Department)

**Email:** [customerservice@achc.org](mailto:customerservice@achc.org)

**Fax:** 919-785-3011

**Website:** [www.achc.org](http://www.achc.org) (required to complete a complaint intake form).

**Mail:** Accreditation commission for Health Care, Inc.  
4700 Falls of Neuse Rd., Suite 280  
Raleigh, NC 27609

# **INFECTION CONTROL AT HOME**

## **WASH YOUR HANDS**

- Before handling or eating food.
- After using the toilet, touching your pets, or handling money.
- After coughing, sneezing or blowing your nose.
- Before and after touching your eyes, nose or mouth.

## **HANDWASHING PROCEDURE**

- Remove jewelry; use warm running water and soap (liquid is best); place hands together under water and rub your hands together for at least 20 seconds.
- Wash all surfaces (wrists, palms, back of hands, between fingers, under fingernails). Clean any dirt under nails.
- Rinse soap from hands and dry with a clean towel.

## **SPILLS IN THE HOME**

### **Blood and other body fluids**

- Use rubber gloves and paper towels to wipe up and dispose in a double plastic bag before putting in trash.
- Cleanse area with a disinfectant.

## **DISPOSE OF SHARPS**

- Place contaminated sharps in a puncture resistant container.
- Do not recap needles.

## **WOUND CARE AND DISPOSAL OF CONTAMINATED SUPPLIES**

- Wash your hands before and after the procedure.
- Place soiled dressing and other contaminated materials in a plastic bag. If it is heavily soiled, double bag it before placing it in the trash.

## **CARE OF SOILED LINEN**

- Soiled linen should be handled as little as appropriate.
- Wash soiled linen in hot soapy water apart from other linen.

## **CARE OF EQUIPMENT**

- Clean equipment according to the manufacturer's instructions.



# ***Rehab Specialists, LLC***

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Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Patient Emergency Plan**

FOR A LIFE THREATENING EMERGENCY CALL 911 (POLICE, FIRE, AMBULANCE)

After 5:00 pm and on weekends or holidays, if a health problems shall arise which you would like to discuss, the nurse on call will attempt to help you by phone and attempt to answer your urgent questions. The nurse may need to refer you to emergency room, your physician, or arrange a nursing visit to you the same day or next day.

**Our telephone number is: 801-282-3697**

## **Emergency/Disaster Preparedness Plan**

In the event of an emergency disaster, Rehab Specialists LLC will immediately implement your emergency preparedness plan.

Emergency/disaster scenarios:

- Heavy rain/flooding
- Blizzard or snow storm
- Tornado
- Industrial disaster or community disaster (chemical spill, power outage, fire, riots, or bomb threats)

All patients are assigned to a risk category code that is updated as needed. The code assignment determines agency response priority in the event of an emergency or disaster.

- Level I – within 24 hours
- Level II – Within 24-48 hours
- Level III – within 48-72 hours

These codes are maintained in agency office. In case of bad weather or other situations that might prevent our staff from reaching you, turn to your local radio and/or TV station(s). If there is a disaster that forces you to evacuate your home, please contact our agency immediately so we can provide assistance to you (if possible) in your new location.



# PATIENT SAFETY TIPS

## PREVENTING FALLS

- Keep your phone and emergency numbers near your bed.
- Keep pathways free of clutter and cords.
- Remove snow, ice, and water from pathways and/or steps.
- Remove throw rugs.
- Use handrails or sturdy pieces of furniture for support.
- Wear shoes that give you good support and have thin non-slip soles.
- Use flashlights or nightlights. Place nightlights in bathrooms, halls, and passageways so you can see where you're walking at night.
- Install grab bars next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Use an elevated toilet seat and/or shower stool, if needed.
- Get up slowly after you sit or lie down.
- Use a cane or assistive device or extra stability, if needed.
- Think about wearing an alarm device that will bring help in case you fall and can't get up.

## FIRE SAFETY AND PREVENTION

- Install smoke detectors outside every sleeping area and one on every level of your home.
- Test your smoke detectors monthly and change batteries once a year.
- If detectors are "chirping," the battery is low and should be changed.
- If you are hearing impaired, use tested approved smoke detectors that trigger a strobe light.
- Know your fire escape routes and plan 2 exits.
- Leave plenty of space around space heaters.
- Do not smoke in bed or where oxygen equipment is being used.
- Check fire extinguishers frequently for stability.
- Never leave cooking unattended.
- Use baking soda on grease fires.

## WHAT TO DO IF A FIRE STRIKES

- Call 911.
- Test doors with the back of your hand before you open them. If the door is cold, open with caution. If the door is hot, keep the door closed and find an alternate route.
- If you must exit through smoke, crouch or crawl.
- Remember that heat and smoke rises. Cleaner air will be 12 to 24 inches above the floor.

## POWER OUTAGE

- If it is an emergency, call 911 or go to your nearest emergency room.
- Call your nearest relative or neighbor for assistance.

## TORNADOES

- Stay away from windows, doors, and outside walls.
- Go to shelter immediately, to the basement if you have one or a room that has no windows.
- If you are outside, lie down in a ditch, ravine, or culvert and cover your head.

## WINTER STORMS

- Have emergency supplies available:
  - Battery powered radio.
  - Flashlights with extra batteries.
  - Canned food and manual can opener.
  - Bottled water or extra water in clean soda bottles or milk containers.
  - Warm clothing, including a hat and mittens/gloves, and blankets.
  - Your medications.



**STATEMENT OF PATIENT RIGHTS**

As a patient of Rehab Specialists, LLC. (also referred to as "Organization"), the following rights are afforded to you and your caregiver:

1. The right to be informed in advance of admission to Rehab Specialists, LLC.:
  - Orally and in writing of your rights and responsibilities.
  - The services and equipment to be provided by Organization staff, including the disciplines that will furnish care and the schedule of visits (if applicable).
  - Changes in the services or equipment to be provided by Organization staff that may affect your well-being.
  - Items and services furnished by (or under arrangements with) Organization for which payment may be made under Medicare.
  - Charges for non-covered items or services, furnished by (or under arrangements with) Organization, the amount you may have to pay, and changes in these charges or items and services for which you may be liable.
  - Coverage available for items and services under Medicare, Medicaid, and any other Federal program of which Organization is reasonably aware.
2. The right to be treated with dignity courtesy, and respect, and to have property treated with respect.
3. The right to accept or decline service or equipment at any time; and to be informed of the health consequences of this action.
4. The right to make decisions concerning such medical care including the right to accept or refuse medical or surgical treatment and the right to formulate advanced directives (known in Michigan as A Medical Durable Power of Attorney), and to be assured that the Rehab Specialists, LLC. will not condition the provision of care or otherwise discriminate against you based on whether or not you have executed an advance directive.
5. The right to accept or decline participation in research, experimentation, or educational training without punitive action being taken against you.
6. The right to receive an explanation of forms that you are requested to sign.
7. The right, unless judged incompetent, to participate in planning care and treatment, including changes in treatment, services, or equipment.
8. The right to confidentiality of the clinical record and communication between you and Organization personnel regarding your treatment.
9. The right to receive services and equipment regardless of race, religion, color, national origin, sexual preference, sex, marital status, age, handicap, or diagnosis.



10. The right to be informed of the names, titles, and qualifications of personnel providing your care and equipment.
11. The right to reasonable coordination and continuity of care from referral source to durable medical equipment Organization.
12. The right to privacy during interview, examination and treatment and to refuse observation by those not directly involved in your care.
13. The right to access health records pertaining to you, and the opportunity to question portions of any record and to have the record corrected if appropriate, and the right of transfer information to third-parties from such records in the case of continuing care.
14. The right to voice concerns/complaints regarding the treatment, care, or equipment that is (or fails to be) provided, or regarding the lack of respect for property by anyone who is providing care or equipment on behalf of Organization, without discrimination or reprisal. To voice your concerns or complaints, call the Administrator at the Rehab Specialists, LLC. office.
15. The right to receive an investigation by Organization of complaints made by you, your family, or guardian regarding treatment or care or equipment that is (or fails to be) provided, or regarding the lack to respect for property by anyone who is providing care or equipment on behalf of Organization. We will document both the existence and resolution of the complaint.
16. The right to be advised of the availability of the hotline to the Accreditation Commission for Health Care (ACHC). The purpose of this hotline is to receive complaints or questions about local medical equipment companies. You may contact the Accreditation Commission for Health Care (ACHC) by the following ways:

Phone: 919-785-1214 (Complaints Department)

E-Mail: [customerservice@achc.org](mailto:customerservice@achc.org)

Fax: 919-785-3011

Mail: **Accreditation Commission for Health Care, Inc.**  
4700 Falls of Neuse Rd., Suite 280  
Raleigh, NC 27609

Website: [www.achc.org](http://www.achc.org) (Required to complete a complaint intake form).

## PATIENT RESPONSIBILITIES

### **It is your responsibility:**

1. To become independent in care and equipment usage to the extent possible using self, family or other resources.
2. To give Organization staff accurate information so appropriate decisions for services, equipment, and payment can be made.
3. To engage a physician and remain under medical supervision, and to inform Organization staff of changes in your use of equipment or services.
4. To participate with Organization staff in designing and implementing your service plan or selection of equipment.
5. To supply medication, equipment, or supplies that the Organization is unable to provide.
6. To promptly inform Organization staff of changes in your health or reactions to care, equipment, and services.
7. To promptly ask for additional information regarding any aspect of your conditions, care or equipment which you do not understand.
8. To promptly inform Organization staff of any aspects of your care and/or equipment which you do not choose to follow.
9. To assume responsibility for the consequences of your refusal of treatment.
10. To promptly notify Rehab Specialists, LLC. of the existence of an Advance Directive and of changes in your Advance Directive, and to provide us with a copy of the Advance Directive prior to its implementation.
11. To provide the insurance and financial information necessary to determine the sources of payment for your care.
12. To request an adjustment in Rehab Specialists, LLC. charges for which you are responsible and which are beyond your ability to pay.
13. To notify Rehab Specialists, LLC. office promptly in advance of a delivery or visit you must cancel.
14. To respect the rights of the Rehab Specialists, LLC. staff providing service.

**We rely upon you to meet your responsibilities so that appropriate care may be provided.**



**Rehab Specialists, LLC**

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**EQUIPMENT WARRANTY INFORMATION FORM**

Every product sold or rented by Rehab Specialists, LLC carries a 1-year manufacturers warranty.

Rehab Specialists, LLC will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

Rehab Specialists, LLC will repair or replace, free of charge to the beneficiaries, Medicare-covered equipment that is under warranty. In addition, an owners manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

I have been instructed and understand the warranty coverage on the product or products I have received.

## MEDICARE DMEPOS SUPPLIER STANDARDS

**Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).**

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).  
*Implementation Date - October 1, 2009*
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date- May 4, 2009*
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

9/9/2010

**Palmetto GBA**

National Supplier Clearinghouse

P.O. Box 100142 • Columbia, South Carolina • 29202-3142 • (866) 238-9652

**A CMS Contracted Intermediary and Carrier**

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# DECLARATION OF HARDSHIP

This statement will affirm that I, \_\_\_\_\_, Social Security number, \_\_\_\_\_, am unable to pay for the services which have been prescribed and deemed medically necessary by my physician \_\_\_\_\_.

The services that have been prescribed include:

\_\_\_\_\_

on a prescription dated \_\_\_\_\_. As I only have \_\_\_\_\_ healthcare insurance coverage and I am unable to afford a supplemental policy due to my limited income. I understand that this statement gives my healthcare provider the legal right to waive my responsibility for payment amounts not reimbursed by my insurance.

Signature of Beneficiary \_\_\_\_\_ Date \_\_\_\_\_  
(Full name typed) \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Full name typed) \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Full name typed) \_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_  
(Full name and title typed) \_\_\_\_\_

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## Customer Satisfaction Survey

Excellent (5)	Good (4)	Average (3)	Fair (2)	Poor (1)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Were the supplies and equipment delivered in a timely manner?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Was the equipment and/or supplies clean when received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Does the equipment operate properly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Were adequate instructions provided for safe use of the equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Was the staff courteous and helpful?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) Would you recommend our service to your friends and family?

Comments:

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Survey ID: \_\_\_\_\_

Date: \_\_\_\_\_

Please return your completed survey to your sales person at the time of service or you may fax or mail your survey to the company information at the top of the survey form. If you have any questions you may call our corporate office at 801-282-3697.

Our goal is to maintain the highest quality standards in the industry. Your feedback is very important and very appreciated in helping us to provide you with the highest levels of customer service. We thank you in advance for your time and feedback in helping Rehab Specialists, LLC maintain these standards.