



# Patient Handbook

**DME Services**

Orbit Medical (800) 430-0539

[www.orbitmedical.com](http://www.orbitmedical.com)

Thank you for choosing Orbit Medical! We consider ourselves a member of a partnership with you and your physician in implementing your home health care plans. Due to this fact, Orbit Medical was established with the highest standards of patient care.

**Important Phone Numbers**

**Medical Emergencies: Call 911**

**Orbit Medical Main: 800-430-0539**

**ATTENTION:**

This medical equipment may be the property of Orbit Medical. Upon completion of using the equipment, please call Orbit Medical immediately at 800-430-0539 to schedule the equipment to be picked up. Failure to call Orbit Medical could result in additional fees not covered by your insurance.

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# Emergency Plan

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## In Case of Emergency!

**DIAL 911** (if your community does not have a designated number, call fire, police, or emergency medical services, or dial "0" for operator)

**STAY CALM** (listen to the dispatcher).

**DO NOT HANG UP** (answer all questions clearly).

## Emergency Evacuation

Be prepared to evacuate quickly on a moment's notice.

Use designated escape routes from your residence. Never use elevators in case of fire.

Take your emergency supply kit with you:

Lock your house and take your keys.

## In Case of Fire

Evacuate immediately! Use your escape routes.

Do not try to fight the fire. Do not take possessions.

Call the fire department AFTER you are outside via cell phone.

## In Case of Tornado Warning

Go to designated safe area in the building: basement, center hallway, bathroom, or closet on first floor.

Do not go outside.

Listen to your local radio station for instructions.

Follow instructions given to you by emergency management.

Stay in your safe area until an all clear is announced.

## In Case of Flooding/Hurricane

Be prepared to evacuate immediately.

Listen to your local radio station for instructions

Follow instructions given to you by emergency management.

If evacuation starts, and time allows, gather emergency supply kit.

## In Case of Blizzard/Ice Storm or Any Other Cause of Power Outage

Listen to your local radio station for instructions.

Follow instructions given to you by emergency management.

Call the local Power Company for instructions.

If using oxygen go to your backup cylinder.

Orbit Medical has an Emergency Preparedness Plan that is mobilized in emergency situations. Staff will contact patients by priority of need and make every attempt to contact you and supply your needs during the emergency.

If situation precludes staff from providing service or contacting you during the emergency please make arrangements to move to a shelter that has electricity, call 911 or your local fire department or transport patient to the nearest emergency room.

**IN ALL CASES, DO NOT MOVE ORBIT MEDICAL'S EQUIPMENT**

**CALL ORBIT MEDICAL AT 800-430-0539**

**WHEN YOU ARE IN A SAFE-PLACE**

**Orbit Medical**

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# HIPAA / Privacy Policy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Orbit Medical is required by law to maintain the privacy of certain health information about you, and to inform you of its practices with respect to the privacy of that information. This Notice of Privacy Practices is being provided to inform you of the ways that Orbit Medical One may use the personal information it collects about you and how it may disclose that information. Federal and state laws require health care providers to protect the privacy of information about your health, your healthcare, and payment for your health care, if that information identifies you or could be used to identify you. The law permits us to use or disclose your protected health information only for certain specific purposes, unless you give us a written authorization permitting us to make other uses and disclosures. This notice describes the purposes for which we may use or disclose protected health information about you. The law also gives you certain rights with respect to your protected health information. This notice provides a summary of those rights.

## USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

**Treatment** - As it pertains to Orbit Medical, treatment means providing to you home medical equipment and supplies as ordered by your physician. Treatment also includes coordination and consultation with your physician and other healthcare providers. As Orbit Medical provides these services to you, information obtained during this process will be recorded in our records. Orbit Medical may use this information, in coordination with your physician, to determine the best course of treatment for you.

**Payment** - We may use and disclose health information for activities required to obtain payment from you or your insurance carrier for the services provided to you by Orbit Medical. These activities include eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

**Health Care Operations** - Health care operations include review of your protected health information by members of Orbit Medical's professional staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by Orbit Medical. Healthcare operations also include Orbit Medical's business management and general administrative activities.

## OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

1. We may use or disclose protected health information when the use or disclosure is required by law.
2. We may use or disclose protected health information to avert a serious threat to your health or safety, or the health and safety of others.
3. We may use or disclose protected health information for certain public health activities, such as reporting certain communicable diseases, or reporting information to the Food and Drug Administration about treatments that are regulated by that agency.
4. We may disclose protected health information to a legally-authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
5. We may disclose protected health information to agencies authorized by law to conduct health oversight activities, such as licensing, inspections, inspections, and audits.
6. We may disclose protected health information in response to court orders or subpoenas, and for certain law enforcement purposes.

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7. We may disclose protected health information to coroners, medical examiners and funeral directors to enable them to carry out their duties.
8. We may disclose protected health information to authorized government agencies when necessary for national security or intelligence purposes or for certain military and veterans activities.
9. We may disclose health information to attorneys, accountants, and others acting on our behalf, provided they have signed written contracts agreeing to protect the confidentiality of the information.
10. Unless you object, we may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to that person's involvement with your health care or payment for your health care.
11. We may use your health information to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

#### **USES AND DISCLOSURES WITH YOUR AUTHORIZATION**

We will obtain your authorization for any use or disclosure of your protected health information for purposes other than those summarized above. You may revoke your authorization at any time, except to the extent we have acted in reliance on the authorization, by sending a written notice of revocation to the address on the last page of this notice

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You may request additional restrictions to the use or disclosure of your protected health information for treatment, payment or health care operations. However, we are not required to agree to the requested restrictions.

We normally contact you by telephone or mail at your home address. You may request that we contact you at some other address or telephone number, or by some other method, such as e-mail. We will accommodate reasonable requests.

You may inspect and obtain a copy of protected health information that is used to make decisions about your care or payment for your care. We may deny a request to inspect records only in a few limited circumstances. If you request copies of records, we may charge you a reasonable fee for the copies.

You have the right to request amendment of the protected health information we maintain about you. We may deny your request if we determine that the record is accurate and complete, or if we did not create the record, unless the creator of the record is no longer available, or if you do not have a right to access the record. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

You may request an accounting of certain disclosures we have made of your protected health information after April 14, 2003. The accounting is not required to include disclosures for treatment, payment, or health care operations, disclosures to persons involved in your health care or payment, disclosures for notification purposes, or disclosures with your written authorization. You may receive one accounting free of charge within a twelve-month period. We may charge a reasonable fee for all subsequent requests during the same twelve-month period.

You have the right to obtain a paper copy of this notice upon request. We reserve the right to change the terms of this notice, and to make the new notice provisions effective for all protected health information that we maintain.

If you have questions or would like additional information please write or call:

Orbit Medical Inc • Attn: Privacy Officer • 4516 S 700 E Ste 360 • Salt Lake City, UT 84107 • 801-713-2020

If you believe your rights have been violated, you may file a written complaint at the address above, or you may also file a complaint with the Secretary of Health and Human Services by writing or calling:

Office for Civil Rights • U.S. Department of Education • Cesar E. Chavez Memorial Building 1244 Speer Blvd., Suite 310 • Denver, CO 80204-3582 • 303-844-56955

This Notice of Privacy Practices is effective June 1, 2004.

## CMS Supplier Standards. A supplier must..

1. Be in compliance with all applicable Federal and State licensure and regulatory requirements.
  2. 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. 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. 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. 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. Maintain a physical facility on an appropriate site.
  8. Permit CMS (formerly HCFA), 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. 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 or cell phone is prohibited.
  10. 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. Failure to maintain required insurance at all times will result in revocation of supplier's billing privileges retroactive to the date the insurance lapsed.
  11. Agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
  12. Be responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
  13. Answer questions and respond to complaints of beneficiaries, maintain documentation of such contacts.
  14. 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. 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.
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16. Disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. Disclose to the government any person having ownership, financial, or control interest in the supplier.
18. 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. 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. Agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. 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 for those specific products and services.
23. Notify their accreditation organization when a new DMEPOS location is opened. The new accreditation organization may accredit the supplier location for three months after it is operational without requiring a new site visit.
24. Must meet the DMEPOS quality standards and be separately accredited in order to bill the Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
25. Must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c)
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.

## Client Responsibilities

As a client , you should be aware of your following responsibilities:

1. Client/patient agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition.
2. Client/patient agrees to promptly report to Orbit Medical, Inc. any malfunctions or defects in rental equipment so that repair/ replacement can be arranged.
3. Client/patient agrees to provide Orbit Medical, Inc. access to all rental equipment for repair/ replacement, maintenance, and/or pick-up of the equipment.
4. Client/patient agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
5. Client/patient agrees to keep the equipment in their possession and at the address to which it was delivered, unless otherwise authorized by Orbit Medical, Inc.
6. Client/patient agrees to notify Orbit Medical, Inc. of any hospitalization, change in customer insurance, address, telephone number or physician, and when the medical need for the rental equipment no longer exists.
7. Client/patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits to be paid directly to Orbit Medical, Inc. for any services furnished by Orbit Medical, Inc.
8. Client/patient agrees to accept all financial responsibility for home medical equipment furnished by Orbit Medical, Inc. Including damage from fire or floods.
9. Client/patient agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
10. Client/patient agrees not to modify the rental equipment without the prior consent of Orbit Medical, Inc...
11. Client/patient agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
12. Client/patient agrees that title to the rental equipment and all parts shall remain with Orbit Medical, Inc. at all times unless equipment is purchased and paid for in full.
13. Client/patient agrees that Orbit Medical, Inc. shall not insure or be responsible to the client/patient for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God.
14. Client/patient understands that Orbit Medical, Inc. retains the right to refuse delivery of service to any client/patient at any time.
15. Client/patient agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

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# Client Rights

As a client, you should be informed of your following rights:

1. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services
  2. Receive a timely response from Orbit Medical, Inc. when homecare services or care are needed or requested
  3. Be fully informed in advance about service or care to be provided, and any modifications to the Plan of Service or the Plan of Care
  4. Participate in the development and periodic revision of the Plan of Service or the Plan of Care
  5. Informed consent and refusal of services, care or treatment after the consequences of refusing services, care or treatment are fully presented
  6. Be informed in advance of the charges, including payment for service or care expected from third parties and any charges for which the client/patient will be responsible
  7. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
  8. Be able to identify visiting staff members through proper identification
  9. Voice grievances or complaints or recommend changes in policy, staff or service or care without restraint, interference, coercion, discrimination or reprisal
  10. Choose a health care provider
  11. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
  12. Receive appropriate service or care without discrimination in accordance with physician orders
  13. Be informed of any financial benefits when referred to an organization
  14. Be fully informed of one's responsibilities
  15. Be informed of provider service or care limitations
  16. Be informed of client/patient rights under state law to formulate advance care directives
  17. Be informed of anticipated outcomes of service or care and of any barriers in outcome achievement
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# Returns / Service / Warranty

## Return Policy

You may return rental equipment to Orbit Medical for any these reasons:

- Your physician discontinues treatment.
- You sign an AMA (Against Medical Advice)
- You move outside Orbit's serviceable area.
- You wish to use a different provider for services.

Rental billing is a minimum of 1 month.

You may return sale items for any reason within 5 days of delivery \*Excluding Bathroom Items\*. Orbit Medical must receive either written or verbal request within 5 days of delivery. The verbal request must be received by the *proper* customer service line. You may be responsible for repair charges if the equipment returned is not in like-new condition.

After the initial 5 day policy, you may return equipment if at time of delivery, equipment is substandard or unfit for use in the home. You may be responsible for repair charges if the equipment returned has received damage from misuse or abuse.

## Service Policy

For Rental Items: Orbit Medical will provide standard preventative maintenance at the manufacture's recommended interval. All maintenance and repairs will be provided at no cost to you, unless has been equipment damaged while under your care.

Orbit provides a 24-Hour toll free hotline for respiratory emergencies. This service should not be considered for medical emergencies, and you should dial 911 for medical emergencies.

For Purchase Items: Orbit Medical will either offer to service purchased equipment directly, arrange a contracted professional, or refer you to a contracted professional for service. Charges for parts may be covered under warranty, billable to your insurance, or be your sole responsibility. Warranty or insurance coverage may not be possible to confirm at time of service.

## Warranty Policy

Orbit Medical makes no warranties with respect to equipment other than the manufacturer's warranty and those warranties required by state law. No Orbit Medical employee or other person is authorized to make additional warranties or representations, orally or otherwise. As long as your item has a valid manufacturer's warranty, you will not be charged for repair or replacement.

The manufacturer may void a warranty claim due to misuse or abuse. Orbit Medical is not responsible for personal property affected by defective medical equipment. You are solely responsible for items damaged, lost, or stolen while in your possession.

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## Purchase Options and Capped Rentals

For clients with Medicare coverage, you should be aware you have a choice on some items to either rent or purchase. Other items cap at 13 months.

### Capped Rental Items - Manual Wheelchairs, CPAP, BiPAP, Hospital Beds, and others

For certain items such as Hospital Beds, CPAP / Bi-Level Devices, nebulizers, and manual wheelchairs, Medicare will pay a monthly rental fee for 13 months. During the rental period, Orbit Medical is required to provide routine maintenance free of cost, but damage for abuse or theft will remain your responsibility. After the 13 months, ownership of the equipment is transferred to you., and it is your responsibility to arrange for any required service or repair.

### Inexpensive or Routinely purchased items - Canes, Walkers, and others

For certain items such as canes, walkers, crutches, and commode chairs, you have the option of either renting or purchasing. However, the total amount paid for the monthly rentals cannot exceed the fee schedule purchase amount. You must elect either the purchase or rental option at the time of delivery.

Private or Commercial insurance providers will make individual decisions on whether your items will be rented or purchased. In most cases, you do not have an option of choosing a purchase or a rental.

# Home Safety

At Orbit Medical, Inc., we want to make sure that your home medical treatment is done conveniently and safely. Many of our client/patients are limited in strength, or unsteady on their feet. Some are wheelchair- or bed-bound. These pages are written to give our client/patients some easy and helpful tips on how to make the home safe for home care.

## Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you change the batteries every six months.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of having any heat source near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

## Electrical Safety

- All equipment must be plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

## Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

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## Safety in the Bedroom

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

## Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak

- Have someone remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
  - Basic electric can openers.
  - Bottle and jar openers
  - Large-handled utensils
- When working at your stove, be careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat.

## Getting Around Safely

If you are now using assistive devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
  - If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
  - If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.
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# Fall Prevention

Each year, thousands of older Americans fall at home. Many of them are seriously injured, and some are disabled. Falls are often due to hazards that are easy to overlook but easy to fix.

This checklist will help you find and fix those hazards in your home.

## FLOORS

Q: When you walk through a room, do you have to walk around furniture? *Ask someone to move the furniture.*

Q: Do you have throw rugs on the floor? *Remove the rugs or use double-sided tape to secure.*

Q: Are there papers, books, towels, shoes, or other objects on the floor? *Always keep objects off the floor.*

Q: Do you have to walk over or around wires? *Coil or tape cords and wires next to the wall so you can't trip over them.*

## STAIRS AND STEPS

Q: Are some steps broken or uneven? *Fix loose or uneven steps.*

Q: Are you missing a light over the stairway? *Have someone install an overhead light at the top and bottom of stairs.*

Q: Do you have a light switch at the top and bottom of stairs? *Have someone install switches at both ends of stairs.*

Q: Has the stairway light bulb burned out? *Have a friend or family member change the light bulb.*

Q: Is the carpet on the steps loose or torn? *If carpet can't be secured, remove and attach non-slip rubber treads.*

Q: Are the handrails loose or broken? *Fix or replace loose handrails. Install on both sides of stairs if possible.*

## KITCHEN

Q: Are the things you use frequently on high shelves? *Move frequently used items to lower shelves.*

Q: Do you have a steady stepstool? *If you must use a stool, get one with a handle, and never use a chair.*

## BATHROOM

Q: Is the tub or shower floor slippery? *Put a non-slip mat on floor of tub or shower.*

Q: Do you need some support when you get in and out of the shower or tub? *Have a carpenter install grab bars ins the tub and next to the commode.*

Good lighting can reduce the risk of falling. Consider adding night lights where overhead lighting is lacking. Add tape strips to the edge of stairs, and always keep a charged flashlight near your bed.

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## Complaint Resolution

While we promise to do our best to provide you the service you need, we realize that you may desire to file a complaint. You have the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented and stored with your account information. All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

To file a complaint, please either call one of our service lines or write us at the address below rather than calling your sales representative.

Orbit Medical Complaint Dept.      4516 S 700 E Ste 360  
Salt Lake City, UT 84107

Or you can email: [compliant@orbitmedical.com](mailto:compliant@orbitmedical.com)

We will respond to any complaint within 5 business days and will work for a resolution within 14 business days.

You may also file a complaint with ACHC at (919) 785-1214.

## Protected Health Information Release

In order to assist Orbit Medical personnel to process your insurance claim, you must agree to this statement:

"I request and authorize Orbit Medical, the prescribing physician, hospital, and any other holder of information relevant to service, to release information upon request, to Orbit Medical, any payor source, physician, contracted billing companies or any other medical personnel or agency involved with service. I understand I have the right to revoke this authorization upon written notice."

## Advanced Directives

*Advanced Directives* are forms that say, in advance, what kind of treatment you want or don't want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most.

### **What Kinds Of Advance Directives Are There?**

There are two basic types of Advance Directives available. One is called a Living Will. The other is called a Durable Power of Attorney.

A Living Will gives information on the kind of medical care you want (or do not want) become terminally ill and unable to make your own decision.

- It is called a "Living" Will because it takes effect while you are living.
- Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library.
- In some states, you are allowed to simply write a letter describing what treatments you want or don't want.
- In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Durable Power of Attorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an *agent* or *proxy*. This person would then be make medical decisions for you if you should become unable to make them for yourself. A Durable Power of Attorney can also include instructions regarding specific treatments that want or do not want in the event of serious illness.

### **What Type of Advance Directive is Best for Me?**

This is not a simple question to answer. Each individual's situation and preferences are unique.

- For many persons, the answer depends on their specific situation, or personal desires for their health care.
- Sometimes the answer depends on the state in which you live.
- Many times you can have both, either as separate forms or as a single combined form.

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### **What Do I Do If I Want An Advance Directive?**

- First, consult with your physician's office or home care agency about where to get information specific for your state.
- Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your "agent" in the Durable Power of Attorney.
- Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.
- You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregiver(s). The original document should be filed in a secure location known to those to whom you give copies.
- Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

### **How Does My Health Care Team Know I Have an Advance Directive?**

You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.

Many client/patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney "agent," and how to contact them.

### **What If I Change My Mind?**

You can change your mind about any part of your Advance Directive, or even about having an Advance Directive, at any time.

If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all health care providers, your caregiver(s), your family and friends have a revised copy.

### **What If I Don't Want An Advance Directive?**

You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

### **For More Information...**

This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons, or your home care agency, can best answer more detailed questions, and help guide you towards the best Advance Directive for you.

# Collection Policy

## Medicare, Medicaid, and Commercial Insurance

As a contracted provider for many insurance carriers, Orbit Medical can work with your insurance to provide benefit payments for items or services provided.

### **What Orbit Medical will do:**

1. We will collect necessary documentation to successfully bill your insurance.
2. We will submit a claim on your behalf to your insurance company.
3. We will reprocess any claims that are initially denied at no cost to you.
4. We will never charge you more than your responsible portion after insurance coverage or your deductible.
5. Provide routine maintenance for rented equipment at no cost to you, unless you have neglected your part of equipment maintenance.

### **What you are responsible to do.**

1. Notify Orbit Medical when your insurance coverage changes.
2. Forward any payments made to you from your insurance for our equipment or services to us in a timely manner.
3. Pay for repairs for rented items from damage caused by misuse or neglect.
4. Pay all deductibles and balances left after all applicable insurance coverage.
5. Notify Orbit Medical immediately of any change in residence.

As a provider of services billable under the Medicare and Medicaid program and in accordance with several state laws, Orbit Medical is required to collect all applicable deductibles and patient balances after insurance coverage. If this creates a financial hardship, you may apply for a financial hardship waiver. Orbit Medical reserves the right to assess late fees on unpaid invoices:

If your balance is turned over to a 3rd Party collection service, you will be responsible for applicable collection fees.

**Unless your health plan holds you harmless, you are responsible for the full charges in the event that your insurance payor denies payment.**

## Cash Sales

All cash sales are final. If an item is refused at delivery, a restocking freight fee and freight charges will apply. Payment is due either prior to or upon delivery.

Orbit Medical will honor any applicable manufacturer's warranty. Please note that labor is not included under warranty provisions. Orbit Medical will assess a \$25.00 insufficient funds fee on written or electronic checks and for declined or reversed credit card charges.

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## Assignment of Benefits

In order to have payments for equipment and services be made directly to Orbit Medical, you must agree to the following statement:

"I hereby authorize payment of Medicare or other authorized medical benefits to be made directly to ORBIT MEDICAL for the medical equipment and options/accessories furnished to me. I further authorize the release of any medical information necessary for determining these benefits to the Centers for Medicare and Medicaid Services and its agents. I understand that I am responsible for any applicable co-payments or deductibles."

In some cases, we can bill your claim "unassigned". In these instances, we will collect payment from you and payment from you insurance would come directly to you.

## Oxygen CMN Recertification

For patients on oxygen therapy with Medicare coverage:

Your initial order for oxygen from your physician is only good for one year. For Medicare to continue paying for your oxygen after one year, you will need to see your physician so that you can be recertified. This recertification only needs to be done after the first year, and then it is good for as long as you continue to need oxygen.

Since it usually takes a long time to get an appointment to see your physician, we recommend that you make an appointment 3 months prior to the end of your one-year time frame. This will allow you time to see your physician before your one year term has expired and there will be no break in your Medicare reimbursement.

Please remember that without your doctor's order, we cannot bill Medicare. Therefore, if a year elapses without obtaining the recertification, you will have the option of paying out of pocket for the rental or going to another provider for service. In some states, an annual prescription for continued oxygen therapy is needed. Some physicians will require a face-to-face visit to accompany these prescriptions.

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# Why Sleep Therapy is needed.

Both CPAP and bi-level therapies use Positive Airway Pressure to treat Obstructive Sleep Apnea (OSA).

## **Common Signs and Symptoms of Obstructive Sleep Apnea**

- Snoring
- Excessive daytime sleepiness
- Restless sleep (may include moving arms and legs)
- Morning headaches
- Slight disorientation/memory lapses
- Irritability
- Personality changes
- Pauses when the patient doesn't breathe during sleep

Obstructive Sleep Apnea is a sleep disorder that occurs when the airway is obstructed or blocked. As a result, no air moves into or out of the lungs (this is called "apnea"). The obstruction may be due to a variety of factors including loss of muscle control over the tongue which may cause the tongue to fall back against the airway and/or the collapse of the soft palate (the soft part of the roof of the mouth) over the airway. You breathe differently during sleep and wakefulness. During sleep, your muscles relax, your airway narrows and your body exerts less effort to breathe.

During an episode of apnea, the brain causes you to awaken slightly without even realizing it so that you can breathe. Episodes of apnea can last from just a few seconds to over a minute and can occur hundreds of times throughout the night. With each breath, oxygen should be brought into the lungs, absorbed into the blood, and then distributed to the organs and tissues. Also, carbon dioxide should be exhaled. During apnea episodes, the oxygen content of the blood decreases and carbon dioxide levels increase. This causes the blood pressure to rise, which puts stress on the heart and other organs. Also, this constant interruption of deep sleep results in a loss of restful, healthy sleep, and generally causes daytime sleepiness.

The CPAP/bi-level unit treats Obstructive Sleep Apnea by providing low pressure airflow to your airways by means of a nasal mask that fits over the nose or nasal pillows which are inserted into the nostrils. Air pressure holds the airway open, preventing the collapse of the palate and tongue over the air passage. This allows for normal breathing and uninterrupted sleep.

## **Collapsed Airway During Sleep CPAP Maintains Open Airway**

The CPAP and bi-level units use electrically powered motors and blowers to maintain the air flow necessary for treatment. As room air enters the unit it is filtered for dust and other airborne particles, then pushed through the circuit and into your airways. Your doctor has prescribed the appropriate level of air pressure to keep your airway open during sleep.

Your CPAP or bi-level unit has been preset by Orbit Medical to deliver the prescribed pressure level. No one is allowed to change pressure settings with a physician's approval.

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## Your CPAP/Bi-level Equipment

All machines have the same basic parts: a **power switch** to turn the unit on and off, an **air outlet** to which the tubing is connected, an **air inlet** where air is pulled into the unit through a **filter(s)** which removes dust and lint from incoming air. The air is delivered to you through a circuit attached to the air outlet. There are 3 types of circuits you may use: Nasal Pillow, Nasal Mask, Full Face Mask.

### Nasal Pillow Circuit



If you are using a nasal pillow circuit, you will need the following items: **tubing**, which attaches to the air outlet on the CPAP/bi-level unit, a **shell** to which the nasal pillows are attached, **nasal pillows** which fit snugly in the nostrils, and **nasal pillow headgear** which secures the nasal pillows to the nose and maintains a proper seal in both nostrils.

### Nasal Mask Circuit

If you are using a nasal mask circuit, you will need the following items: **tubing**, which attaches to the air outlet on the CPAP/bi-level unit, a **nasal mask**, which fits snugly over the nose, and **nasal mask headgear**, which secures the nasal mask to the face.



### Full Face Mask



If you are using a full face mask circuit, you will need the following items: **tubing**, which attaches to the air outlet on the CPAP/bi-level unit, a **full face mask**, which fits snugly over the nose, and **nasal mask headgear**, which secures the nasal mask to the face. The mask includes a **Quick Release Tab** that allows the mask to be taken off quickly in the event of an emergency.

### Humidifier

If you are bothered by nasal problems for more than a week or two, your doctor may prescribe the use of a humidifier during CPAP or bi-level therapy. The humidifier adds moisture to the air delivered by the unit. Although humidifier units may vary, most function in the same manner. To help with condensation that may build up in the tubing and mask, it is recommended to keep your PAP machine lower than the bed or on the floor.

### Ramp Feature

The ramp feature allows you to reduce the air pressure to a lower level as you begin to fall asleep. The pressure will automatically “ramp up” to your prescription. Some units allow you to set your ramp time. Your Orbit Medical representative will demonstrate what features your CPAP/bi-level unit offers.

Please consult your owner's manual for instructions specific to your equipment.

## CPAP and Bi-Level Instructions

The following setup items are to be demonstrated at the time of delivery:

- ☐ Where to place the unit in the bedroom
- ☐ How to position and size the headgear
- ☐ How to turn the unit on
- ☐ How to change filters
- ☐ How to attach mask/nasal pillows
- ☐ How to check for leaks in the system
- ☐ How to adjust ramp delay (if physician allows)
- ☐ How to attach oxygen if prescribed
- ☐ How to connect the humidifier, if ordered

The following items have been explained or reviewed:

- ☐ Grounding electrical equipment
- ☐ Dangers of powering unit when oxygen is flowing
- ☐ Proper cleaning procedures and frequency
- ☐ Filter Maintenance or replacement schedule
- ☐ Use of manufacture's instruction manual
- ☐ Orbit's follow-up call schedule
- ☐ What to do in a medical emergency
- ☐ Warranty information
- ☐ Contact procedure for service or repairs
- ☐ Contact procedure for ordering new supplies

**Do not make any adjustments to your CPAP or bi-level unit.** Changes must only be when prescribed by a physician. Orbit Medical can not make any changes with a new prescription. If you have any questions about your prescribed setting, please consult your doctor or Orbit Medical.

### Daily Cleaning Procedures

To lengthen the life of your equipment and supplies, it is important to inspect and clean all components regularly. Inspect all components daily and clean them as necessary. Daily cleaning is recommended for PAP masks, nasal prongs, and humidifier chambers daily; other supplies should be cleaned as necessary. Follow the cleaning instructions provided by the manufacturer for your specific CPAP supplies.

**Caution: Do NOT clean any parts of the system with alcohol, cleaning solutions containing alcohol, bleach or any strong household cleansers. Clean with soap and water.**

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## Common Problems and Solutions

Problem	Cause	Solution
<b>Mask leaks.</b> <b>Skin irritation.</b> <b>Pressure sores or blisters.</b>	Strap adjustment too loose or too tight. Incorrect mask size. Worn-out mask. Dirty mask.	<ol style="list-style-type: none"> <li>1. Readjust headgear straps. Mask should be as loose but sealed..</li> <li>2. Consult therapist for a mask fitting. Nasal pillows or full-face mask may provide a better fit.</li> <li>3. Inspect mask for stiffness, cracks or breaks. Replace mask if needed.</li> <li>4. Wash mask daily and face nightly.</li> </ol>
<b>Dry nose and/or throat.</b> <b>Nasal congestion.</b> <b>Nose Bleeds</b>	Dry air.	<ol style="list-style-type: none"> <li>1. Try nasal saline spray before bedtime and upon awakening.</li> <li>2. Add heated humidification.</li> <li>3. Try topical nasal steroid preparation or antihistamines.</li> <li>4. Consult physician if symptoms persist.</li> </ol>
<b>Dry mouth.</b>	Sleeping with mouth open.	<ol style="list-style-type: none"> <li>1. Try a chin strap.</li> <li>2. If this is not helpful, a full-face mask may be considered.</li> <li>3. Add heated humidification.</li> </ol>
<b>Sore, dry, irritated or swollen eyes; conjunctivitis.</b>	Mask leaks. Mask too tight.	<ol style="list-style-type: none"> <li>1. Reseating the mask on the face.</li> <li>2. Readjust headgear straps.</li> <li>3. Inspect mask for stiffness, cracks or breaks. Replace mask if needed.</li> <li>4. Use an eye patch.</li> </ol>
<b>Runny Nose</b>	Dry air.	<ol style="list-style-type: none"> <li>1. Try saline nasal spray before bedtime.</li> <li>2. Try topical nasal steroid preparation or intranasal ipratropium bromide before bedtime.</li> <li>3. Add heated humidification.</li> </ol>
<b>Allergic rhinitis. (Sneezing)</b>	Irritants drawn in with room air through machine.	<ol style="list-style-type: none"> <li>1. Place unit on bedside table to keep dust and/or animal hairs out of machine.</li> <li>2. Consult respiratory therapist: a fine particulate filter can be added to some units.</li> <li>3. Add heated humidification.</li> <li>4. Consult physician if symptoms persist (may require medication).</li> </ol>
<b>Chest discomfort.</b> <b>Gassy Feeling.</b> <b>Sinus discomfort.</b> <b>Difficulty exhaling.</b>	Pressure requirement may be lower at beginning of sleep period. Initial adjustment period.	<ol style="list-style-type: none"> <li>1. Try pressure ramp.</li> <li>2. Try a bi-level machine..</li> <li>3. Try to reduce pressure requirement by using oral appliance and CPAP .</li> </ol>

# Oxygen Therapy

The amount of oxygen in the air is always 21 percent. This concentration of oxygen in the air around us is enough for people with normally functioning lungs and heart. However, a person with lung or heart problems may often benefit from breathing air which has a higher concentration of oxygen in it. When the body does not get enough oxygen, a person may experience difficulty in breathing, fatigue, loss of memory, headaches and/or confusion. Using supplemental oxygen may help provide relief from these symptoms



## Oxygen Concentrator

It extracts the oxygen from room air, scrubs or bypasses the other gases and moisture, accumulates the oxygen and thus provides a continuous stream of highly concentrated oxygen (over 94%).

## Portable Tanks

When you are away from your concentrator, you may take a portable tank with you. If your physician has ordered a conserving device, it can extend your oxygen cylinder supply for a few hours depending on your liter flow.

## Homefill Compressor

The Invacare Homefill system allows you to refill your portable tanks in your home. You simply connect the portable tanks and wait for it to fill.



## Tubing

In your home, a length of tubing will allow you to move about your home, while still connected to a continuous flow of oxygen from your concentrator. Never use tubing greater than 50 ft with a 7 ft nasal cannula.



## Nasal Cannula

The nasal cannula connects you to your tubing. By sliding the two prongs of the cannula into your nostrils, and the tubing behind each ear, you can adjust the cannula to your desired comfort level.

## Mask Use

Orbit Medical must follow manufactures guidelines for all equipment. Using any oxygen mask delivery system is not recommended for any concentrator provided by Orbit Medical.

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# Oxygen Instructions

The following setup items are to be demonstrated at the time of delivery:

- |   |  |
|---|--|
| <input type="checkbox"/> Where to place unit in home  | <input type="checkbox"/> How to use a cannula      |
| <input type="checkbox"/> How to turn the unit on      | <input type="checkbox"/> No-Smoking sign placement |
| <input type="checkbox"/> How to maintain water bottle |  |

The following items have been explained or reviewed:

- |   |  |
|---|--|
| <input type="checkbox"/> Grounding electrical equipment                                 | <input type="checkbox"/> Maximum hose length           |
| <input type="checkbox"/> Manufacture owner's manual                                     | <input type="checkbox"/> Oxygen Safety list on page 28 |
| <input type="checkbox"/> Cabinet filter cleaning/frequency                              |  |
| <input type="checkbox"/> Warranty provided, smoking exclusion                           |  |
| <input type="checkbox"/> Liter flow adjustment only under physician order               |  |
| <input type="checkbox"/> System moving procedure (interconnect, water bottle, etc)      |  |
| <input type="checkbox"/> Avoidance of petroleum based lubricants                        |  |
| <input type="checkbox"/> Contact physician for pulse oximetry test on conserving device |  |
| <input type="checkbox"/> Notification of power company and fire department              |  |
| <input type="checkbox"/> Customer service number and when to call emergency hotline.    |  |

## HOW TO FILL YOUR PORTABLE O2 TANKS

1. Turn on both the concentrator and compressor and allow them to warm up.

2. Place empty cylinder in compressor cradle to connect it to the compressor.

*(Press the cylinder down until your hear a click.)*

*The five light indicators on the compressor control panel monitor the filling process to completion and note any problems along the way. When the process is complete, the color of the lights assures you of the amount and purity of the oxygen in the cylinder.*

3. When finished, remove cylinder by pulling the collar down to release.

## CHANGING YOUR DISPOSABLES i.e. Cannulas and Tubing:

- You should change your tubing, cannulas and water bottles (if applicable) every two weeks or so. Orbit Medical will provide you, free of charge, all the disposables you need.
- Replacing your disposables regularly should help keep you healthy and avoid infections.
- If you ever need more disposables simply call the toll-free number that is displayed on your equipment.

## MAINTENANCE:

It is your responsibility to clean the cabinet filters weekly. There is one located on each side of the concentrator. To clean them simply rinse them out with a little soap and water then let them completely air dry before inserting. If you are using a humidifier

Bottle with your oxygen concentrator, you will need to check the water level in the jar frequently. When the water runs low or the bubbling stops, you need to refill the jar.

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## Oxygen Safety

Following these simple safety tips will allow oxygen patients and those nearby to maintain a safe environment for themselves and those around them.

- Oxygen is not flammable , but it can cause other materials that burn to ignite more easily and to burn more rapidly
- NEVER, Smoke while using oxygen. Please warn visitors not to smoke near you when you are using oxygen
- Keep all oxygen equipment at least five feet away form gas stoves from gas stoves, candles, lit fire places and other heat sources.
- Keep oxygen tanks and vessels a minimum of 8-10 feet from heaters, heat producing devices, and electrical appliances.
- Keep oxygen tanks and concentrators in a well ventilated area (not in closets, behind curtains, or other confined spaces). The small amount of oxygen gas that is continually vented from these units can accumulate and become a fire hazard.
- Oxygen cylinders and vessels must remain upright at all times. Never tip an oxygen tank on its side or try to roll it to a new location.
- Always turn the oxygen tank off when not using your system to reduce the chances of leaking.
- Do not use any flammable products like cleaning fluids, paint thinner, or aerosol sprays while using your oxygen equipment because they could easily ignite.
- Avoid using bedding or clothes made of wool, nylon, or synthetic fabrics as these materials have the tendency to produce static electricity and sparks. The use of cotton material bedding and clothes helps avoid this hazard from static electricity.
- Ensure you have an all purpose fire extinguisher close by and familiarize yourself how to use it properly.

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# Traveling with Oxygen

## **CRUISES**

Most cruise lines will accept passengers who require oxygen. Advance notice of at least 10 days is required. A doctor's letter is required and you must arrange and provide your own equipment and oxygen. To get specific requirements of the cruise line of your choice, contact their reservation number and ask for special services or the medical department.

## **TRAIN TRAVEL—AMTRAK**

Oxygen equipment can be brought on board, but you cannot rely solely on on-board electrical power. You must have at least a 12-hour backup supply of oxygen that does not require the use of on-board electrical power. Oxygen tanks and associated equipment must be underwriter's Laboratory (U.L.) or Factory Mutual (F.M.) listed. No more than two 75-pound or six 20-pound tanks per passenger are permitted on-board.

You should be aware of the total time of your trip so you can bring an adequate supply. You should also bring at least 20% additional in case of delays. Check with a reservation sales agent to be sure that your train is stopping at those stations long enough to allow for the oxygen delivery. You must notify Amtrak that you will be bringing oxygen on-board at least 12 hours in advance, but it is highly recommend that you make your reservations as far in advance as possible and confirm the arrangements a day or two prior to departure.

## **BUS TRAVEL—GREYHOUND**

You must give Greyhound 48 hours notice if you are traveling with oxygen. However, it is a good idea to make reservations as far in advance as possible. When you're making reservations, ask to speak with someone in the Greyhound customer relations department. Request a copy of "Traffic Bulletin TFB2-86," which details Greyhound's policy for passengers traveling with oxygen.

## **AIR TRAVEL**

Most airlines require at least four weeks notice if you are going to be using oxygen on your trip. Ask your doctor what flow rate to use during your flight. Request a direct flight, if one is available. All airlines require you to use their oxygen on the plane. Your empty portable unit may be stored as baggage. It is Orbits policy to require at least six weeks notice if you are going to be using oxygen on your trip. Ask what the airline will charge for oxygen during the flight. Arrange for your oxygen supply at your final destination.

For assistance, please provide Orbit Medical 14 days advanced notice of any travel plans.

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## Power Mobility Overview

Orbit Medical provides two types of Power Mobility devices. Scooters or POV's (Power Operated Vehicles) and Programmable Power Wheelchairs.

Both devices rely on batteries, electric motors, and an electronic control device.

Both Wheelchairs and POV's come in various shapes, sizes, and brands. Your Orbit Medical representative has worked with you physician in order to provide you with the equipment best suited for your specific needs, your height, and weight.

Batteries to power your equipment are contained within the frame and are connected to the motors with specialized cables. Unless demonstrated otherwise, we recommend you do not install, remove, or work on the batteries. Proper training is required to ensure safe battery replacement.

All devices have a maximum weight capacity they can safely support. It is important you understand the limits and capacities of your equipment.

Each device drives and operates differently, and each user is responsible for understanding the operation of the equipment provided. Always read and understand the manufacturer's Owner's Manual before operating the equipment.

When first learning, select a slow speed and try to drive as slowly as possible.

Ensure that driving surfaces, including ramps and lifts can support the combined weight of the user and equipment. Driving your equipment up and down inclines should always be performed slowly and with caution. Consult the owner's manual for slope grade limitations of your equipment.

Always wear the supplied safety lap belt when operating your equipment.

Do not operate the equipment on roads, streets, or highways and never carry passengers.

Do not attempt to stand on the frame of the chair, or the arm or footrests.

Consult the owner's manual for recommended use. Most equipment is not designed or recommended for outdoor use in rain or snow, extremely dusty or dirt roads, mud, extreme heat or cold.

Most devices are designed and intended for in-home use.

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# Power Mobility Instructions

The following setup items are to be demonstrated at the time of delivery:

- ☐ Proper joystick operation.
- ☐ Proper power cycling
- ☐ Speed adjustment (if applicable)
- ☐ Armrest and Legrest operation
- ☐ Battery charging operation
- ☐ Overnight charging location

The following items have been explained, reviewed or completed:

- ☐ Joystick positioned on proper side (if applicable)
- ☐ Speed adjusted
- ☐ Tires checked for proper air (if applicable)
- ☐ User manual provided and reviewed
- ☐ Warranty shown in user manual
- ☐ Equipment weight capacity
- ☐ Seatbelt requirement at all times.
- ☐ Ensure equipment is off before entering or exiting.
- ☐ 5 Day Policy
- ☐ Service is non-emergency

## **CHARGING YOUR BATTERIES:**

With daily use, it is recommended to charge your batteries 8-10 hours daily. This is best done by simply placing your equipment in the charging location nightly, and leaving it plugged into power until morning. If your equipment is not used daily, charge your equipment overnight at least once a week.

## **BATTERY REPLACEMENT:**

With normal use, your batteries should last at least 12 months. We recommend battery replacement after 12 months, and most insurances provide coverage. Please call 800-448-8479 if you would like your batteries replaced.

## **MAINTANENCE:**

Consult your owner's manual for care and maintenance. Please note that Orbit Medical does not provide an emergency repair service for motorized wheelchairs.

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## Manual Wheelchairs

Orbit Medical provides several types of manual wheelchairs to suit your specific needs. They come in various shapes, sizes, and brands. Your Orbit Medical representative has worked with you physician in order to provide you with the equipment best suited for your specific needs, your height, and weight.

Each device drives and operates differently, and each user is responsible for understanding the operation of the equipment provided. Always read and understand the manufacturer's Owner's Manual before operating the equipment.

In order to make sure your wheelchair remains stable, do not lean forward out of the wheelchair any further than the length of the armrests.

Always engage the wheel locks or other brake device before transferring in or out of the wheelchair.

All devices have a maximum weight capacity they can safely support. It is important you understand the limits and capacities of your equipment.

Ensure that driving surfaces, including ramps and lifts can support the combined weight of the user and equipment. Driving your equipment up and down inclines should always be performed slowly and with caution.

Do not operate the equipment on roads, streets, or highways and never carry passengers.

Do not attempt to stand on the frame of the chair, or the arm or footrests.

Leg rests are add-on extensions that support the lower extremities; they are for support only and are not designed to support the weight of the user.

All leg rests have flip-up footplates. These footplates must always be flipped up and out of the way when transferring into and out of the wheelchair.

In order to collapse and fold-up your wheelchair, lift up on the center of the upholstery.

Cushions are designed for individuals who spend many hours in their wheelchairs and need to prevent skin breakdown. Some cushions are covered by insurance.

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# Manual Wheelchairs

The following setup items are to be demonstrated at the time of delivery:

- ☐ Proper wheel locking
- ☐ Folding and unfolding
- ☐ Leg rest adjustment
- ☐ Leg rest flip up footplates.
- ☐ Armrest adjustment (if applicable)

The following items have been explained, reviewed or completed:

- ☐ Check locks for proper adjustment
- ☐ If pneumatic tires, adjusted for proper pressure.
- ☐ Adjusted to proper footrest length.
- ☐ User manual provided and reviewed
- ☐ Warranty shown in user manual
- ☐ Equipment weight capacity

## **MAINTENANCE:**

If you have pneumatic tires, check the air pressure monthly.

Do not over inflate the tires. It is not recommended to inflate the tires with a high-pressure system like those found at gas stations.

Always replace worn or damaged tires.

Never leave your manual wheelchair outside in adverse weather conditions.  
Always store it in a dry place.

Consult your Owner's Manual for specific instructions for your equipment.

## Walkers, Canes, Crutches

### **Walkers**

**Fitting:** A properly fitted walker is adjusted for height when wearing the shoes normally to be worn with the walker. The top of the handgrips should be approximately at the hip joint and the elbows will be slightly bent (20 -30 degree angle). Make sure all walker legs are adjusted to the same height.

**Wheels & Brakes:** Walkers have many styles of wheels. Walkers with two wheels are very common and wheels must be in the front position. Walkers with four wheels must have a braking mechanism due to the possibility of losing balance. Braking mechanisms vary in their performance and braking ability, the user must comply fully with manufacturers' operating procedures.

**Use:** Your wrists must be straight and firmly grasping the handgrips. Your first step should be even with the back two legs of the walker, followed by a second step into the middle of the walker. The walker is then moved forward, stepping through the walker last (exactly the same as a normal walk). The feet do not meet side by side unless stopping for a reason. If your walker has a seat, the brake must be fully engaged when utilizing the seat. If your walker is of the folding type, make sure the spring buttons are fully engaged.

**Maintenance:** The rubber tips and wheels on your walker are very important and you should inspect them regularly. Worn or damaged tips and wheels must be replaced immediately. The handgrips should be checked for movement or slippage, if applicable, on a regular basis and replaced if damaged. Braking mechanisms should be checked for braking ability at least monthly.

### **Canes**

**Fitting:** A properly fitted cane or walking aid is adjusted to the height necessary when wearing the shoes you will be wearing while walking with the cane or other walking aid. The top curve or handle should be approximately at the hip joint and the elbow will be slightly bent (20 - 30 degree angle).

**Use:** The cane is held in the non-affected or good hand. Stand with your legs slightly apart and the non-affected leg slightly behind the affected leg. The cane should be placed approximately 12 inches in front and on the side of the non-affected leg. Your first step is with the non-affected leg. Then the weak or affected leg moves forward while the cane is firmly held to the floor. Your physician or therapist may specify changes to this basic technique. Never negotiate stairs without consulting your physician.

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## Walkers, Canes, Crutches

**Maintenance:** The rubber tips on your cane are very important and you should inspect them regularly. Worn or damaged tips must be replaced immediately. The handgrip should be checked for movement, if applicable, on a regular basis and replaced if damaged.

### **Crutches**

**Fitting:** Crutches are very useful in assisting the user in walking, but they also can cause nerve or muscle damage if not used or fitted properly. Crutches must be adjusted to approximately 1-1/2 inches below the armpit when the user is standing up straight. The height of the handgrip should also be adjusted to allow a 20 - 30 degree bend in the elbow when the user is standing up straight.

**Use:** The method medical equipment suppliers teach is called the Three-Point-Gait. At all times your total weight should be placed on the handgrips, not your armpits. While standing up straight, shift your weight to the good leg and bend your injured leg. Move both crutches forward approximately 12 inches. Now shift your weight to the handgrips and swing through the crutches until you are even with the crutches. Continue performing this routine until you are comfortable with the procedure. Once you are comfortable, you can swing through the crutches to a point in front of the crutches.

**Maintenance:** The rubber tips provide traction on walking surfaces, but must always be in good working condition. The handgrips are there to provide better gripping of the crutch and to provide cushioning. These should also be changed immediately when they are cracked or become uncomfortable to grasp. The under-arm pads also are there to provide comfort and to help prevent any nerve damage.

The following setup items are to be demonstrated or completed at the time of delivery:

- ☐ Proper fitting.
  - ☐ Proper use.
  - ☐ Proper maintenance.
-

# Hospital Beds

Adjustable beds are designed for individuals who need to change their position frequently. This includes the height of the bed and elevation of the head and/or foot of the bed. By being able to change the height of the bed, users can transfer in and out more easily. Adjustable beds assist in your treatment plan by allowing for changes in head and foot positioning. Adjustable beds provide an increased level of safety and independence for the user.

## **Fully-Electric Beds**

Most insurances do not cover fully electric beds. You may, however, receive a fully adjustable bed, and pay Orbit Medical the increase in price over the less-expensive semi-electric bed.

Fully-Electric beds have electronic controls for bed height, as well as head and foot adjustment.

## **Semi-Electric Adjustable Bed**

Semi-electric beds have one handle or crankshaft at the foot of the bed that controls the overall bed height. The head section and the foot section elevation are controlled by a hand control.

Adjustable beds are heavy and require specialized training to install or disassemble; at no time should any person other than an Orbit Medical representative assemble, disassemble, or repair your adjustable bed.

Side rails should never be used as a method of restraining a person. Side rails are not meant to support any weight; they are for basic protection for preventing inadvertent rolling out of bed. Never allow any liquid to spill on the bed. If liquid spills on the bed, immediately unplug the bed and clean up the liquid.

Adjustable beds, especially those that use side rails, have many places that can cause pinching or entrapment of parts of the body. Always observe people using adjustable beds to make sure they are safe from any pinching device.

When using the bed's hand control, allow a slight pause between adjustments to help prevent overheating. Do not press multiple buttons at the same time.

Adjustable beds have a maximum weight limit they can support. It is important to understand the limits and capacities of your adjustable bed.

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# Hospital Beds

The following setup items are to be demonstrated at the time of delivery:

- ☐ Hand crank elevation operation.
- ☐ Head and Foot button control.
- ☐ Side rail operation
- ☐ Crank and Tuck away.
- ☐ Power-outage 9-Volt operation

The following items have been explained, reviewed or completed:

- ☐ Non-switched electrical outlet designated.
- ☐ Bed wrapped with cover.
- ☐ Always have mattress centered on frame.
- ☐ Always engage wheel locks.
- ☐ Ensure oxygen equipment is secured to prevent damage.
- ☐ Keep bed at least 12 inches away from direct heat.

## **MAINTANENCE:**

Adjustable beds must be kept clean at all times. Use a damp rag to wipe down and keep the bed dust and dirt-free. Only qualified technicians should diagnosis or repair any part of the adjustable beds.

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## Low Air Loss Therapy

The purpose of low air loss therapy is to reduce the pressure applied to the surface of the skin by distributing the weight over a large area to facilitate improved blood flow. The continuous flow of air from the mattress surface also helps reduce skin moisture which helps prevent shearing.

By reducing pressure and increasing blood flow to the skin areas around bony parts of the body, low air loss therapy can promote comfort and reduce the factors that contribute to ulcers. Low air loss therapy should only be used as part of a comprehensive wound/skin care program.

Low air loss mattresses replace the standard mattress on homecare adjustable beds. All have a maximum weight limit they can support. It is important to understand the limits and capacities for your low air loss mattress.

The low air loss system consists of a mattress and an electronic control unit. The electronic unit needs to be hung on the foot end of the bed. The standard bed mattress is removed so that low air loss mattress lies directly on the springs.

The fully inflated mattress should be securely attached to the bed frame as specified by manufacturer.

Mattress pressure should be adjusted until you sink 2-3 inches into the mattress. Allow 3-5 minutes between adjustments to assess the level.

To prevent shearing, the head of the bed should never be raised over 30 degrees.

Your mattress had a feature for quick deflation. This quick deflation feature is provided to facilitate the need to perform cardiopulmonary resuscitation (CPR). Make sure you and your care giver know how these deflation plugs work.

If you use a low air loss mattress, you should consult with your physician monthly to evaluate your skin care.

In the case of a power outage longer than 2 hours, the low air loss mattress should not be used. Move to a regular bed or couch until power is restored.

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## Support Surfaces

The following setup items are to be demonstrated at the time of delivery:

- ☐ Quick deflation plugs.
- ☐ Electronic control unit operation.
- ☐ Power cord safely routed.
- ☐ Pressure adjustment.

The following items have been explained, reviewed or completed:

- ☐ Non-switched electrical outlet designated.
- ☐ Keep sharp objects away from mattress.
- ☐ Keep bed at least 12 inches away from direct heat.
- ☐ Keep air intake unobstructed.
- ☐ No-Smoking on mattress.
- ☐ Unplug unit when cleaning.
- ☐ Filter cleaning.

### **MAINTANENCE:**

Your low air loss mattress should be kept clean by wiping it with a germicidal disinfectant solution; always unplug it before cleaning. Clean your control unit filter weekly with a vacuum, wash it in soapy water, rinse it thoroughly, and dry it before replacing.

Only qualified repair technicians should diagnose, perform maintenance, or repair any part of your low air loss system.

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# Nebulizers

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Please consult your owner's manual for complete instructions.

A nebulizer is a device used to administer medication in the form of a liquid mist through the airways. It pumps oxygen through a liquid medicine to turn it into a vapor, which is then inhaled.

Orbit medical is your provider for the nebulizer device. We have not provided the prescribed medication, which should be provided by the pharmacy of choice.

Do not deviate from the prescribed treatment without consulting your physician.

Do not use the equipment in or around water.

The compressor nebulizer system will include:

## **AC Powered Compressor**

The compressor powers the nebulizer providing it with the necessary airflow. It has an air-intake that should not be blocked when in use.

## **Medication Nebulizer Chamber and tubing.**

This chamber holds the liquid medication to be administered. Tubing connects the chamber to the compressor. Be mindful not to kink or damage tubing.

## **Nebulizer Mouthpiece**

The mouthpiece interfaces you with the vapor medication. Once the medication chamber has been filled, and the unit is running, place the mouthpiece in your mouth.

The following setup items are to be demonstrated at the time of delivery:

- ☐ On / Off Operation
- ☐ How to fill the medication chamber
- ☐ How to use mouthpiece.
- ☐ Where to fill prescription.
- ☐ Washing hands before use.
- ☐ Keeping air opening unobstructed.

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# Nebulizer Instructions

## **How To Assemble the Nebulizer and Air Compressor:**

1. Place the compressor in safe proximity to a power source, and where you can reach the ON/OFF switch. Wash your hands prior to preparing each treatment.
2. Use a clean nebulizer.
3. Measure the correct dose of medication and other solutions prescribed by your physician. Add these to the nebulizer cup.
4. Connect the air tubing from the compressor to the nebulizer cup base.
5. Attach a mouthpiece or mask to the small volume nebulizer cup.
6. Turn the compressor on and check the nebulizer for misting.

## **If the Small Volume Nebulizer Is Not Misting:**

1. Check all connections.
2. Make sure none of the parts for the small volume nebulizer are missing.

## **Taking the Nebulized Treatment**

1. Put the mouthpiece in your mouth between your teeth and close your lips around it. Hold the nebulizer in an upright position. This prevents spilling and promotes nebulization. If using a mask place mask over mouth and nose and make sure it is snug fit but don't over tighten it.
2. The small volume nebulizer will continually mist.
3. As the mist starts, breathe in slowly and deeply over three to five seconds.
4. Hold your breath for up to ten seconds. This allows the medication time to deposit in the airway.
5. Exhale gently.
6. Occasionally tapping the side of the nebulizer helps the solution drop to where it can be misted.
7. Continue these steps until the onset of inconsistent nebulization, i.e. sputtering.

## **Care and Cleaning of Nebulizer Equipment After Each Use**

Please follow the manufacturer's instructions for cleaning the nebulizer equipment. Some suggested guidelines include taking apart the nebulizer cup and rinse with water. Then place on towel and let it air dry.

## **Care and Cleaning at the End of the Treatment Day**

1. Take apart the small volume nebulizer cup. Wash all parts (except tubing) in liquid dish soap and water. Rinse with water. Stay away from using soaps with conditioners and moisturizers.
  2. After washing the nebulizer shake off any excess water.
  3. Let air dry on towel.
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## Lumbar Orthosis - Back Brace

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### **IMPORTANT INFORMATION**

Please read all instructions before use.

### **INTENDED USE**

Used for lower lumbar strains and sprains, proprioceptive feedback, postural control and reinforcement of proper body ergonomics.

### **INDICATIONS**

Mild low back pain, lumbar muscle weakness, lumbar strain or sprain, and mechanical or discogenic lumbar pain.

### **PRECAUTIONS**

- Consult your physician (immediately if you experience sensation changes, unusual reactions, swelling or prolonged pain while using this product
- Follow the instructions of your physician for length and duration of use.

### **CARE INSTRUCTIONS**

Remove inserts from front and back panels. Hand wash in cool water with a mild liquid soap. Do not use strong detergents or bleaches as they may be harmful to the elastic. Thoroughly rinse and blot excess water from support with a clean towel. Carefully stretch support into its normal shape and lay flat to dry. Ironing or automatic dryers will deteriorate elastic.

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## Lumbar Orthosis - Back Brace

### DIRECTIONS FOR USE

1. While in a standing position, place compression orthosis so that the plastic piece is centered in the low back area. Loosely secure side Velcro® closure attachments.
2. Next, patient should lie in a supine position with their knees comfortably bent (flexed) and their hips parallel with their shoulders. Adjust the side closure attachments making sure they are symmetrical to one another and are equal distance from the center.
3. At each side of the compression orthosis, the patient will find two dynamic slide Velcro® pull straps.



While still in the supine position, patient should pull each strap forward at the same time to tighten the brace evenly and to prevent any torque to the lumbar area of the spine. Once a comfortable level of compression is achieved, secure the pull straps onto the front panel of the brace. This compression is totally adjustable and can be released or tightened depending on the activity.

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2925 S 160th St  
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