6689 Peachtree Industrial Blvd., Suite A, Peachtree Corners, GA 30092 · (770) 991-4417

PATIENT CARE & COMPLIANCE INFORMATION PACKET

PC-FRM-007 · Rev 1.0 · Effective 08/14/2026 · Approved: A.B. Harvard · Supersedes uncontrolled packet (undated) · Applies to all product lines

Welcome to Range of Motion, Inc. This packet explains your rights, our responsibilities to you, how to reach us, how to raise a concern, and how your health information is protected. A separate one-page insert describing your specific equipment is included with this packet. Please keep both for your records.

This packet is provided with every item we supply and is also available at www.rangeofmotion.us. If you need it in large print, in another language, or read aloud to you, call (770) 991-4417 and we will provide it at no cost to you.

About Range of Motion, Inc.

Range of Motion, Inc. is a home medical equipment organization providing durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) to patients with the utmost quality and professionalism. We accept patients whose equipment needs can be met by the items and services we offer. If we cannot meet your needs, we will tell you promptly and help you transfer to an organization that can.

Product lines we supply: rehabilitative therapy systems (including the Motus Nova Rehabilitative System); continuous passive motion (CPM) devices; mobility and ambulatory aids; orthotic bracing; TENS and NMES units; motorized cold therapy units; and portable DVT prevention devices. Your insert describes the item you received.

Service area: Range of Motion, Inc. is located in Peachtree Corners, Georgia and provides service throughout the State of Georgia. Items that ship by common carrier may be provided nationwide.

Hours of Operation

Monday through Friday, 9:00 AM to 5:00 PM Eastern Time (40 hours per week). Closed Saturday and Sunday and on major holidays.

Main and after-hours telephone: (770) 991-4417 · Fax: (678) 807-5505 · www.rangeofmotion.us

After-hours and emergencies: If you have a life-threatening emergency, call 911. For an urgent equipment problem at any hour, call (770) 991-4417 — a technician is available 24 hours a day, 7 days a week. During posted business hours your call is answered by a person, not by an answering machine or service.

Our Services

Delivery and setup. How your equipment reaches you depends on the item. Some items are delivered and set up in your home by a trained Range of Motion, Inc. representative. Other items are shipped directly to you by a common carrier such as UPS. Your product insert states exactly which applies to your item. Delivery and setup are provided at no charge unless we tell you otherwise before service begins.

Instruction on safe and effective use. You will always be instructed on how to use your equipment safely before you begin using it. Depending on the item, instruction is provided in person by a trained representative, or by manufacturer-supplied written materials and on-device guidance shipped with the equipment, supported by telephone instruction from our staff. Your insert states which method applies. In every case you may call (770) 991-4417 to request additional instruction at no charge, at any time.

Patient assessment. Trained staff assess your needs with respect to the equipment provided, and monitor and update that assessment according to your plan of care so that service remains timely and appropriate.

Discharge planning support. We work directly with physicians and discharge planners to support smooth transitions from hospital care to home.

Consultations. Our staff will meet, as required, with you or with your clinicians regarding any matter involving your equipment or service.

Payment, Rental and Purchase Options

Range of Motion, Inc. accepts Medicare, third-party insurance, Visa, MasterCard, ATM/debit cards, checks, money orders and cash. We do not accept Medicaid.

Your right to choose rental or purchase. For inexpensive or routinely purchased durable medical equipment, you may choose to rent the item or to purchase it. For capped rental equipment, Medicare pays rent for up to 13 months of continuous use, after which ownership of the item transfers to you. We will explain which category your item falls into before service begins, and your insert states it. Ask us at any time and we will explain the cost difference to you.

Assignment. Range of Motion, Inc. accepts Medicare assignment for the items we bill to Medicare. This means we accept the Medicare-approved amount as payment in full and you are responsible only for any unmet deductible and applicable coinsurance.

If Medicare may not pay. If we believe Medicare is unlikely to pay for an item or service, we will give you an Advance Beneficiary Notice of Non-coverage (Form CMS-R-131) before you receive it. That notice explains why we expect Medicare to deny payment and what it may cost you, and lets you decide whether to receive the item and accept financial responsibility. You will never be asked to pay for a non-covered item without first receiving that notice and signing it.

Warranty. We will tell you the manufacturer's warranty coverage and duration for your item, and we honor all warranties under applicable State law. Any Medicare-covered item under warranty will be repaired or replaced at no charge to you. Your insert states the warranty for your specific item.

Maintenance and repair of rented items. For any Medicare-covered item we rent to you, we maintain, repair or replace the item at no charge and no repair cost to you, either directly or through a service contract, for as long as you rent it from us.

Returns and exchanges. We accept the return of any item that is substandard (less than full quality for that item) or unsuitable (inappropriate for you at the time it was fitted, rented or sold). There is no charge to you for such a return. Call (770) 991-4417 and we will arrange pickup or prepaid return shipping. Shipping and return postage are provided free of charge unless we tell you otherwise in advance.

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PATIENT / CLIENT BILL OF RIGHTS

Reproduced from controlled document PC-FRM-005 Rev 2.0 — revisions to that document require a corresponding revision of this packet

As an individual receiving home care services from Range of Motion, Inc., let it be known and understood that you have the following rights:

1. To select those who provide you home care services.
2. To be provided with legitimate identification by any person or persons who enters your residence to provide home care for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, psychosocial state, physical or mental handicap, or personal cultural and ethnic preferences.
4. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of Range of Motion, Inc., and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing Range of Motion, Inc. that provides treatment or services for you, and to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
6. To have your confidentiality, privacy, safety, security, and property respected at all times.
7. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
8. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
9. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
10. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, and risks of treatment, within the physician's legal responsibilities of medical disclosure.
11. To receive care and services within the scope of your care plan, promptly and professionally, while being informed of Range of Motion, Inc.'s policies, procedures, and charges.
12. To refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
13. To request and receive data regarding services or costs thereof privately and with confidentiality.
14. To request and receive the opportunity to examine or review your medical records.
15. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order.
16. To expect that all information received by Range of Motion, Inc. shall be kept confidential and shall not be released without written consent.
17. The right to review Range of Motion, Inc.'s Privacy Notice.
18. The right to access, request amendment to, and receive an accounting of disclosures regarding your health information as permitted under applicable law.
19. The right to revoke any previous consent for release of medical information or for obtained consent for media recording or filming.
20. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.

21. To be informed of any experimental or investigational studies that are involved in your care, and be provided the right to refuse any such activity.
22. As a patient of Range of Motion, Inc., you can expect that your reports of pain will be believed, and our concerned staff will quickly respond to your concerns by communicating them to your treating physician.
23. To be informed of the Medicare DMEPOS Supplier Standards, which are provided to you in this packet, and of your option to rent or purchase certain equipment where Medicare allows a choice.
24. To voice a complaint or grievance at any time, and to receive acknowledgment within 5 calendar days and written resolution within 14 calendar days, by contacting Range of Motion, Inc. at (770) 991-4417.
25. To receive this information in a manner and language you can understand, including free language assistance if you need it.

Responsibilities of the Patient

Range of Motion, Inc. and you are partners in your health care plan. To ensure the finest care possible, you must understand your role in your health care program. As a patient of Range of Motion, Inc. you are responsible for the following:

1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care or service.
2. To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To participate, as needed and as able, in developing, carrying out, and modifying your home care service plan, including properly cleaning and storing your equipment and supplies.
4. To review Range of Motion, Inc. safety materials and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your health care plan you do not fully understand.
6. To notify your attending physician when you feel ill or encounter any unusual physical or mental stress or sensations.
7. To notify Range of Motion, Inc. when you will not be home at the time of a scheduled home care visit or scheduled delivery.
8. To notify Range of Motion, Inc. prior to changing your place of residence or your telephone number.
9. To notify Range of Motion, Inc. when encountering any problem with equipment or service.
10. To notify Range of Motion, Inc. if you are to be hospitalized or if your physician modifies or ceases your home care prescription.
11. To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home health care plan developed for you.
12. To report any concerns regarding pain and pain management.
13. To make a conscious effort in showing respect and consideration to Range of Motion, Inc. staff.
14. To meet financial commitments that have been agreed to with Range of Motion, Inc.
15. To accept the consequences for adverse outcomes if you do not follow the proposed care plan or course of treatment.
16. To return rented equipment when your physician discontinues it, or when Range of Motion, Inc. requests its return, and to allow reasonable access for pickup.

Nondiscrimination and Language Assistance

Range of Motion, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities and free language assistance to people whose primary language is not English, so that they can communicate effectively with us. To request these services, call (770) 991-4417. If you believe we have failed to provide these services or discriminated against you, you may file a grievance with our Compliance Officer at the address on this packet, or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 1-800-368-1019 (TDD 1-800-537-7697) or ocrportal.hhs.gov.

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MEDICARE DMEPOS SUPPLIER STANDARDS

Provided to every beneficiary as required by Supplier Standard #16 · 42 C.F.R. § 424.57(c)

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.
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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 and must maintain a visible sign with posted hours of operation. The location must be 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.
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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57(c)(11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
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 cost either directly, or through a service contract with another company, any 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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose 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 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 for those specific products and services (except for certain exempt pharmaceuticals).

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. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57(d).

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 CFR § 424.516(f).

29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.

30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j)(3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

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COMPLAINT RESOLUTION PROTOCOL

Supplier Standards #13, #19 and #20 · The Joint Commission APR.09.01.01

At Range of Motion, Inc. we strive to provide the highest quality service to our patients. Your concerns are our concerns. You may voice a concern at any time without fear of discrimination, reprisal, or interruption of your care, treatment or service.

How to reach us. Call (770) 991-4417, fax (678) 807-5505, write to us at 6689 Peachtree Industrial Blvd., Suite A, Peachtree Corners, GA 30092, or use the contact form at www.rangeofmotion.us. You may also ask any Range of Motion, Inc. staff member to record your concern for you.

What happens next. Your concern is routed to the facility manager, who will contact you by telephone or in writing no later than five (5) calendar days after we receive it. The manager will investigate. Within fourteen (14) calendar days we will provide you written notification of the results of the investigation and our response.

You may report anonymously. You are not required to give your name. An anonymous concern is investigated the same way, though we will not be able to send you the written response.

If you feel our investigation or our response is unsatisfactory, you may contact any of the organizations below directly. You do not need to complain to us first, and we will not retaliate against you for contacting them.

Where Else You Can Report a Concern

- The Joint Commission — Range of Motion, Inc. is accredited by The Joint Commission. Report patient safety or quality-of-care concerns at 1-800-994-6610 or at www.jointcommission.org (“Report a Concern”).
- Medicare — 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048 · www.medicare.gov
- Georgia Department of Community Health, Healthcare Facility Regulation — complaint intake 1-800-878-6442 or (404) 657-5726 · dch.georgia.gov
- Georgia Board of Pharmacy / Georgia Drugs and Narcotics Agency (DME supplier licensing) — (404) 651-8000
- U.S. Department of Health and Human Services, Office for Civil Rights (privacy and civil rights) — 1-800-368-1019 · www.hhs.gov/ocr

Reporting Suspected Fraud, Abuse, Neglect or Exploitation

Range of Motion, Inc. Compliance Officer: A.B. Harvard · (770) 991-4417 · 6689 Peachtree Industrial Blvd., Suite A, Peachtree Corners, GA 30092. You may also report in writing without giving your name.

- Adult abuse, neglect or exploitation (Georgia Adult Protective Services) — 1-866-552-4464, select option 3. In metro Atlanta, (404) 657-5250.
- Child abuse or neglect (Georgia DFCS) — 1-855-GA-CHILD (1-855-422-4453), 24 hours a day.
- Childhelp National Child Abuse Hotline — 1-800-422-4453 (1-800-4-A-CHILD), 24 hours a day.
- National Domestic Violence Hotline — 1-800-799-7233, TTY 1-800-787-3224, 24 hours a day.
- Medicare fraud, waste or abuse — 1-800-MEDICARE (1-800-633-4227).
- U.S. Department of Health and Human Services Office of Inspector General Hotline — 1-800-HHS-TIPS (1-800-447-8477) · TTY 1-800-377-4950 · fax 1-800-223-8164 · HHSTips@oig.hhs.gov · Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave. SW, Washington, DC 20201.
- If someone is in immediate danger, call 911.

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PATIENT DISASTER & EMERGENCY PREPAREDNESS PLAN

Provided to every patient · Reviewed annually against EM-PLN-001

Emergencies and natural disasters can damage medical equipment or make it unusable or inaccessible. Extreme conditions may limit our ability to respond immediately. Your safety comes first.

> Important: none of the equipment Range of Motion, Inc. supplies is life-sustaining. If your equipment stops working during an emergency, you are not in immediate physical danger from the loss of the device itself. Interrupt use, keep yourself safe, and contact us or your physician when it is safe to do so. If you also use life-sustaining equipment from another supplier — such as oxygen, a ventilator, or dialysis — follow that supplier's emergency plan first.

If an emergency happens

1. Ensure your personal safety first. Move to a safe location and follow all instructions from local authorities.
2. Call 911 for any life-threatening emergency.
3. Contact your physician or local hospital for medical concerns related to your condition.
4. Stop using the equipment if it has been damaged, submerged, dropped, or exposed to fire, smoke or flood water. Do not attempt to repair it yourself. Call us at (770) 991-4417.
5. If your item uses a battery, use the battery only for short-term operation and follow the manufacturer instructions supplied with it.
6. Keep important information accessible — your medication list, physician contact information, insurance cards, and your equipment details including serial number.

Preparing in advance

- Write down your physician's name and number, your equipment make, model and serial number, and keep them with your emergency supplies.
- Know your local shelter locations and evacuation routes. Local emergency officials can advise you on shelters and power-supported facilities in your area.
- If you have limited mobility, ask your county emergency management agency whether they maintain a special-needs registry you can join.
- Keep this packet and your product insert where you can find them quickly.

Range of Motion, Inc.'s role during a disaster

We will operate according to our Emergency Action Plan and assist patients to the best of our ability. Our response may depend on the severity of the disaster, damage to facilities, road and power conditions, and communication availability. Until full operations resume, please rely on your personal emergency plan and guidance from your physician, hospital and emergency services.

If your equipment is damaged or lost. Call (770) 991-4417. We will follow Medicare guidelines, manufacturer warranties and applicable protocols, and will assist with repair or replacement as soon and as safely as possible. Medicare has specific provisions for equipment lost or damaged in a declared disaster; we will help you document your claim.

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ACKNOWLEDGMENT OF RECEIPT

Retain the signed original in the patient record · Supplier Standard #16 · 45 C.F.R. § 164.520(c)(2)(ii)

I acknowledge that I received, and had explained to me in a manner I understand, the following:

1. The Patient / Client Bill of Rights and Responsibilities
2. The Medicare DMEPOS Supplier Standards (abbreviated version, 42 C.F.R. § 424.57(c))
3. The Complaint Resolution Protocol, including how to report a concern to The Joint Commission, Medicare, and the State of Georgia
4. The HIPAA Notice of Privacy Practices (MC-FRM-002)
5. The Patient Disaster & Emergency Preparedness Plan
6. The product insert for the specific item I received, including how it is delivered, how I was instructed on its safe and effective use, whether it is rented or purchased, and its warranty
7. An explanation of my rental and purchase options, and of my financial responsibility

Item(s) received: _____

Serial number(s): _____

Instruction was provided: ☐ in person by a Range of Motion, Inc. representative ☐ by manufacturer materials shipped with the item, supported by telephone instruction

Patient / Responsible Party signature: _____ Date: _____

Print name: _____ Relationship (if not patient): _____

Range of Motion, Inc. representative: _____ Date: _____

If the item was shipped to you and no representative was present, sign and return this page in the prepaid envelope provided, or call (770) 991-4417 and we will record your acknowledgment by telephone and mail you a copy. A copy of everything in this packet is always available at www.rangeofmotion.us.

Controlled document PC-FRM-007 Rev 1.0 — issued from the ROM-DCMS master register. Reproduces PC-FRM-005 Rev 2.0 (Bill of Rights) and is issued together with MC-FRM-002 Rev 2.0 (HIPAA Notice of Privacy Practices); a revision to either requires a corresponding revision of this packet. Related standards: 42 C.F.R. § 424.57(c) Supplier Standards #5, #6, #7, #9, #11–#16, #19, #20, #30; 45 C.F.R. § 164.520; ACA § 1557; JC RI, APR.09.01.01, EM. Supersedes the prior uncontrolled packet, which contained Pennsylvania jurisdictional content.