



# Customer Handbook

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[www.catheters.numotion.com](http://www.catheters.numotion.com)

This handbook contains important medical supply/durable medical equipment and consumer information.

**Please read this handbook before using your supplies and read all manufacturer manuals before using your supplies.**

# Local Branch Information

**Numotion Medical Supply contact information:**

**800-834-9694**

**[www.catheters.numotion.com](http://www.catheters.numotion.com)**

# About Numotion

**Numotion Corporate Headquarters**  
**805 Brook Street, Suite 402**  
**Rocky Hill, CT 06067**  
**Phone 860.257.3443**  
**National Customer Care Center Phone 800.500.9150**

**Emergency Situations: Should a life threatening situation arise, it is suggested that you dial 911 immediately. For non-emergency situations please contact our office during business hours.**

Numotion is North America's largest provider of mobility products and services, helping individuals with disabilities maximize health, independence, and participation in everyday life. CRT is medically necessary, individually configured mobility products and services, including manual and power wheelchairs, designed to meet the unique medical and functional needs of individuals with significant disabilities and medical conditions to provide them with greater independence. Headquartered in Brentwood, TN, the company has over 150 locations and serves more than 500,000 people annually through its family of brands.

Numotion is committed to promoting an environment where everyone, from every unique background, can do their best work. We strive for a workplace that reflects the communities we serve and we do not tolerate discrimination against our employees, customers and partners regardless of ethnicity, disability, gender identity, sexual orientation, religion, age, age, citizenship, marital or veteran status. Maintaining our standing as the industry leader in CRT comes from having a workforce with a diverse mix of minds, backgrounds and experiences, and we are committed to cultivating an inclusive work environment based in open dialogue, active listening and ongoing definitive actions.

**Our customers may see documents and paperwork with any one of several names. Numotion owns and operates locations incorporated as United Seating & Mobility LLC; ATG Connecticut, Inc.; ATG Designing Mobility, Inc.; ATG Rehab Specialists, Inc.; ATG Massachusetts, Inc.; ATG WCI, Inc.; ATG-Colorado, Inc.; Chesapeake Rehab Equipment, Inc.; Custom Healthcare, Inc.; and Gulf Coast Rehab Equipment, Inc. Any or all of these names are the Numotion family, and any paperwork or claims with any of these entities are valid for your order.**

**Numotion is proud to be accredited by the Accreditation Commission for Health Care (ACHC).**



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# Letter to Customers

Dear Customer,

On behalf of myself and our entire team, we'd like to take this opportunity to thank you for choosing Numotion for your mobility needs.

Our mission is to improve the lives of people with disabilities by enabling them to actively participate in everyday life. We strive to make the process of getting, and living with, mobility equipment as easy and efficient as possible. Numotion has consistently led our industry in developing innovative tools and processes to provide the best possible support to those using mobility equipment.

As your partner in mobility, we strive to always provide exceptional service throughout your journey with us. We pledge to focus on doing things right the first time, to be accountable and to work together as a team while maintaining a high level of integrity.

We believe our customers' input helps provide the best possible service. Your stories drive us and your feedback helps us consistently evaluate ourselves. We encourage you to share your experience with Numotion, or simply offer your story or suggestions at any time. Please visit our customer survey at [NumotionListens.com](https://NumotionListens.com) or for immediate concerns, call 800-500-9150.

Once again, thank you for trusting us with your business.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Swinford". The signature is fluid and cursive, with the first name "Mike" and last name "Swinford" clearly distinguishable.

Mike Swinford, CEO



We are a rehab company providing personalized mobility solutions backed by deep clinical knowledge to help maximize your health and independence. Our team of catheter specialists will work with you every step of the way to ensure you will always have the supplies you need for your independent lifestyle.



### Personalized Care

Providing each patient with supplies tailored for their exact needs.

- Partnerships with every major catheter manufacturer.
- Individual support for insurance reimbursement processing and medical documentation.



### Expertise

Helping clinicians and patients navigate insurance and compliance.

- Urology and Transanal Irrigation Specialists.
- In-house clinical education and benefits processing teams.



### Access

Delivering nationwide service and support to patients where they live and work.

- Nationwide, straight to your door supply orders with 1–3-day business day delivery.
- Over 2,000 health plans nationwide. We accept most major insurance plans including Medicare and Medicaid.



### Advocacy

Ensuring legislation and policies allow patients to receive the best possible care.

- Consistent presence at federal and state levels.
- Partnerships with major national organizations.



### Samples & Education Teams

Speak with our education team, and sample products that fit your lifestyle.

- ALLY Program: Sampling, support, education and peer support community.
- Communication your way – phone, email, online reorder and text options.

**Providing comprehensive equipment and services to help enable active participation in everyday life.**



**Supports clinicians to provide medically necessary products funded by health insurance.**

Complex Power & Manual Wheelchairs | Other Complex Assistive Technology  
In-branch & In-Home Service | Remote Service (including after hours)

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**Urological and other supply needs of consumers for better bowel and bladder management.**

Catheters | Incontinence Supplies | Ostomy | Trans Anal Irrigation | Wound Care

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**Retail equipment sales to consumers who need mobility assistance.**

Scooters | Lift Chairs | Standard Power & Manual Wheelchairs | Beds | Ramps | Stair Lifts | Bathing & Toileting

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**Retail equipment sales dedicated to the mobility needs of the pediatric user.**

Strollers | Bath Safety | Wheelchairs | Car Seats | Walking Aids | Stenders | Beds | Lifts | Postural Support

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**Helps insurance carriers deliver ancillary services to their injured workers.**

Complex Power & Manual Wheelchairs | Medical Supplies | Durable Medical Equipment  
Orthotics & Prosthetics | Home Care | Home Accessibility | Accessible Vehicles | Medical Transportation

# Working With Numotion

Our mission is to improve quality of life by helping individuals access the medical supplies they need to live with greater comfort, confidence, and independence. We strive to make the process of ordering and receiving medical supplies simple, reliable, and efficient. Through innovative tools, personalized support, and a dedicated team, we are committed to delivering a seamless experience—from product selection to delivery—so our customers can focus on what matters most: living their everyday lives to the fullest.

## Your Customer Care Team

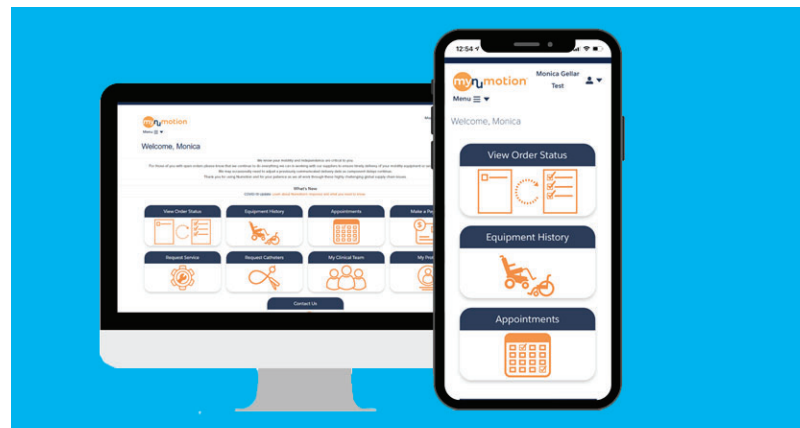
Your Medical Supply Account Manager (MSAM) works with your medical provider to help identify the right products to meet your needs and supports your care plan. Working alongside them, our Customer Care Representatives (CCRs) coordinate orders, assist with insurance, and ensure a smooth process from selection through delivery—so you get the supplies you need when you need them.



## myNumotion Consumer App

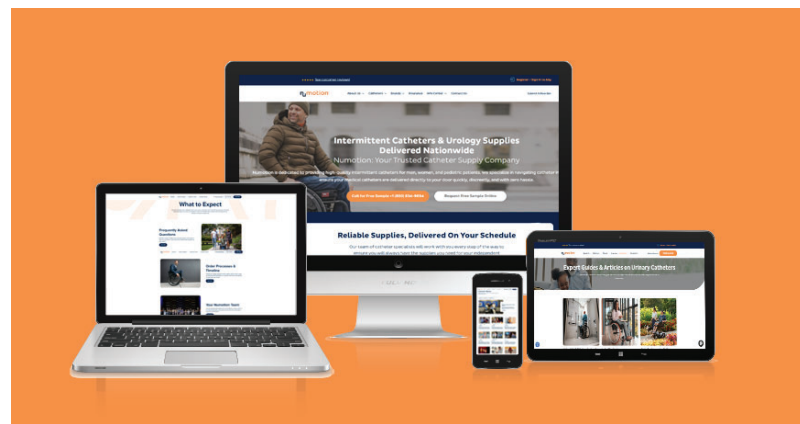
**Easily track the status of equipment and service orders, contact customer service and pay bills.** You'll have access to Numotion account information from any internet connected device. **Register today at [mynumotion.com](https://mynumotion.com).**

- Order status for new equipment and service
- Receive email/text notifications on order updates
- View bills and make payments
- Live chat with customer service



## Online Customer Resources

**Numotion.com** and **catheters.numotion.com** have an extensive range of online resources to help you get the most out of your equipment and navigate life. Get the most up-to-date news and information, explore the **Customer Center**, read **Pro Tips, Nu Knowledge** and **Customer Stories**, and quickly look up branch contact information.



# Customer's Bill of Rights & Responsibilities

## **Your Customer Bill of Rights includes, but is not limited to the right to:**

- Be fully informed in advance about service/care to be provided and any modifications to the service/care plan.
- Participate in the development and periodic revision of the plan of service/care.
- Informed consent and refusal of service/care/treatment after the consequences of refusing service/care or treatment are fully presented.
- Informed in advance of the charges, including payment for service/care expected from third parties and any charges for which the customer will be responsible.
- Have your property and person be treated with respect, consideration, and recognition of customer dignity and individuality.
- Choose your health care company/provider.
- Be given appropriate and professional quality services without discrimination due to race, creed, color, religion, gender, national origin, sexual preference, disability or age.
- Be free from physical and mental abuse, neglect and exploitative practices.
- Be able to identify visiting staff members through proper identification.
- Voice grievances/complaints or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding equipment or care that fail to be furnished, or lack of respect of property be investigated.
- Confidentiality and privacy of all information contained in the customer record and of Protected Health Information.
- Be advised on company's policies and procedures regarding the disclosure of clinical records.
- Be informed of any financial benefits when referred to an organization.
- Be informed of your responsibilities.
- Be informed of provider service/care limitations.
- Receive timely responses to any requests for services.

## **Customer Responsibilities - you have the responsibility to:**

- Provide, to the best of your knowledge, accurate and complete information concerning your medical condition, allergies and any other pertinent information.
- Follow the plan of care or service recommended by your physician.
- Care for, use as instructed and return loaner or rental equipment in good condition, normal wear and tear excepted.
- Pay for the replacement cost of any equipment damaged, destroyed or lost due to misuse, abuse or neglect.
- Notify Numotion of any equipment malfunction or defect, and allow company technicians to enter premises to repair, relocate, or provide substitute equipment.
- Be responsible for any payment not paid by your insurance company, except where not allowed by law.
- Make it known that you clearly understand the equipment and services being provided, and request further information concerning anything you do not understand.
- Notify Numotion of any changes in your status, including, but not limited to: insurance, address, name, doctor and medical condition.
- Assist in developing and maintaining a safe home environment.
- Inform Numotion when you will not be able to keep a scheduled appointment.

# Order and Fulfillment Process

1. Your order begins when you or your medical provider contacts Numotion. During this initial stage, we collect important information, including your name, address, phone number, insurance details, current supplies (if applicable), and diagnosis.
2. After speaking with you or your healthcare provider, Numotion will verify your insurance coverage. This includes confirming:
  - Whether you have met your annual out-of-pocket maximum
  - Your copay or coinsurance responsibilities
  - The portion of costs covered by your insurance
  - Any documentation required to obtain prior authorization

Insurance coverage is reverified multiple times throughout the process, including at the start and prior to shipping your supplies. If any changes are identified, we will notify you promptly.

Please note: It is your responsibility to inform Numotion of any changes to your insurance coverage, including Medicare or Medicaid. Failure to notify us may result in delays or increased out-of-pocket costs.

3. Once insurance has been verified, Numotion will review your order to ensure it meets your insurance provider's medical necessity requirements. We may need to contact your healthcare provider for additional documentation required for coverage and prior authorization. You will also receive an Assignment of Benefits (AOB) packet, which authorizes Numotion to release necessary records to Medicare, Medicaid, or your private insurance provider to secure payment.
4. Depending on your specific order, you may be asked to complete one or more of the following forms:
  - Change of Enrollment/Provider (COE): Required when switching supply providers
  - Waiver of Liability (insurance-specific): Used when your insurance may not cover certain supplies
  - Consent for Protected Health Information (PHI) Transfer: Required for clinical or training-related purposes

Prompt completion and return of these forms will help avoid delays in processing your order.

5. Once all required forms, documentation, and insurance authorization have been received, a Numotion representative will contact you to confirm:
  - Type and quantity of supplies
  - Manufacturer (if applicable)
  - Delivery address
  - Supply duration (e.g., 30-day or 90-day supply)
  - Any applicable coinsurance

If coinsurance is collected, you will receive a receipt via email. We will then place your order, and your supplies will be shipped directly to your home.

You will also receive an email with tracking information and instructions for reordering supplies in the future.

If you choose a payment plan for a 90-day order, your representative will set up an automatic payment schedule based on your total coinsurance amount and preferred payment date.

## Product Information – Safety and Usage

These are basic guidelines and you should refer to your supply manufacturer instructions for specific safety precautions.

- Intermittent catheters are **SINGLE** use only and must be discarded after each use.
- We are unable to provide more supply than what is specifically stated on the prescription signed by your medical provider. If you are using more product than ordered, please contact your medical provider for an increase of supply.
- Quantity limits, day supply, qualifications and guidelines are specific to each individual insurance plan.
- Once you receive your order, make sure you look at all of the supplies to make sure you've received your entire order and all items are correct. Contact us immediately with any issues. We are unable to return or exchange products after 10 days of receiving orders.
- All self-pay orders are final and non-refundable.

## Customer Compliments, Complaints, and Grievances

**Any customer who wants to communicate information to Numotion, positive or negative, is encouraged to do so.** Any customer who feels his/ her rights have been denied, who desires further clarification of rights or who desires to lodge a complaint or express dissatisfaction with any aspect of service or equipment, may contact a manager at the local branch providing service, provide feedback through <https://survey.numotionlistens.com/numotionlistens/s/>, or call our National Customer Care Center at 800-500-9150, without fear of reprisal by Numotion or any of our employees. You can expect a response within 5 days, although it may take longer to resolve certain issues. If we don't resolve your concern, you may also call our accrediting organization, ACHC, at 855-937-2242.

## Child and Elder Abuse

If you are aware of any situations involving the possible abuse, neglect, or exploitation of a child, contact the ChildHelp National Child Abuse Hotline at 800-422-4453 or go to [Report Child Abuse and Neglect | Childcare.gov](https://www.childcare.gov).

To report possible abuse, neglect, or exploitation of an elderly person, call 855-500-3537 or go to [NCEA | Home](https://www.ncea.gov).

These national contact centers can provide additional state and local contact information.

Numotion employees may use latex gloves during physical contact between staff and customers or their equipment. Please alert staff immediately if you have an allergy to latex or ever had a reaction to latex. These symptoms could include itching, hives, runny nose, itchy/teary eyes, rash, trouble breathing, nausea, facial swelling or swelling in other parts of the body and/or anaphylactic shock. If you experience these symptoms, contact your health care provider or dial 911.

## Use of Latex Notice

Numotion employees may use latex gloves during physical contact between staff and customers or their equipment. Please alert staff immediately if you have an allergy to latex or ever had a reaction to latex. These symptoms could include itching, hives, runny nose, itchy/teary eyes, rash, trouble breathing, nausea, facial swelling or swelling in other parts of the body and/or anaphylactic shock. If you experience these symptoms, contact your health care provider or dial 911.

## Emergency Preparedness

Our equipment is designed to operate through routine inconveniences, such as brief power losses during storms. There are potential emergencies during which your needs may exceed the reasonable resources we can provide (flood, fire, other natural disaster, etc.) Consider your emergency plans.

- If you are vulnerable because of immobility, dependent on medical equipment which requires electrical power, or living in an area likely to require evacuation in a major storm - we encourage you to create a plan and be prepared. Consider community resources like offices of the local Civil Defense or Red Cross. Many localities/agencies encourage those in need of medical assistance or who are equipment dependent to preregister for transportation, shelter or assistance.
- Resuscitation Guidelines: It is expressly understood that all staff will provide emergency assistance to the maximum level of their knowledge and training. However, it is not company policy that an employee is CPR trained and certified. Consult state guidelines for any specific requirements for professional staff.

## Medical Supply Safety Information

To help ensure your supplies are safe and appropriate for use, please inspect all items immediately upon delivery. Check for any signs of damage, open packaging, expired products, incorrect items, missing quantities, or improper fit. Discontinue use and contact your healthcare provider if any product causes irritation, skin breakdown, discomfort, pain, or bleeding.

If your product arrives damaged, opened, expired, defective, or improperly fitting, please contact your Numotion representative immediately to discuss replacement or exchange options. Replacement or exchange requests must be reported within 10 days of delivery. After this timeframe, replacement or exchange may no longer be available.

If you believe you did not receive the correct quantity of supplies, contact your Numotion representative immediately so the order can be reviewed and any discrepancies investigated.

If you feel a change in supplies or equipment may be needed, please speak with your Numotion representative. In some cases, an updated prescription, medical documentation, or follow-up appointment with your medical provider may be required before changes can be made.

Numotion does not provide medical advice. Always follow the guidance of your physician or licensed healthcare provider regarding the use of medical supplies and equipment.

# Insurance Coverage

Many services are covered by insurance. We accept most major funding sources and health plans. For services not covered by insurance, we accept check or credit card payments.

## Billing and Financial Responsibility

We are committed to providing you with the best possible service and equipment. We accept Medicare, Medicaid, and most insurance payers, striving to help you receive the maximum allowable benefit. In order to achieve this goal, we need your assistance and your understanding of our billing and payment policies.

1. If you have an out-of-pocket financial responsibility (usually for insurance co-payments and deductibles, and for any items non-covered by your insurance plan), it is expected to be collected prior to delivery. We accept cash, check, money orders and credit cards. Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges.
2. You need to provide us with a copy of your insurance card(s) or your ID and Group numbers so that we may verify insurance coverage and let you know whether we can bill to your insurance plan.
3. For private insurance, the customer is responsible for any co-payments and unmet deductible, or for the entire balance if the insurance carrier denies payment.
4. For Medicare, the customer is responsible for Medicare 20% co-payments and the deductible(s). You may have a supplemental plan that will pay these amounts.
5. Numotion will usually accept assignment on your secondary or supplemental policies. We will notify you in advance if we cannot accept assignment on these. If we agree to bill your secondary or supplemental policy, you will still be financially responsible for any charges that may be denied.
6. In some cases, Numotion will not accept assignment on charges that are considered too small to incur reasonable billing costs. We will always notify you in advance.
7. You have the right to inquire about insurance authorizations or denials obtained by Numotion. Upon request, copies of these documents can be made available upon approval from a Numotion Manager.
8. You have the responsibility of notifying Numotion of any changes in your insurance coverage, including changes in employment that may affect your coverage.

# Medicare DMEPOS Supplier Standards

The products and/or services provided to you by Numotion are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained from the U.S. Government Printing Office ebsite at [www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SI8faa91945881bf-476ca44232fb4\\_b75e&rgn=div8&view=text&node=42:3.0.1.1.11.4.5.8&idno=42](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SI8faa91945881bf-476ca44232fb4_b75e&rgn=div8&view=text&node=42:3.0.1.1.11.4.5.8&idno=42). Upon request we will furnish you a written copy of the standards.

## Medicare/Medicaid Information

### What is Medicare?

Medicare is a Federal insurance program that primarily serves people over 65, whatever their income; and also may cover younger disabled people and dialysis patients. Beneficiaries pay part of the costs through deductibles and co-payments. It is basically the same everywhere in the United States and is run by the Centers for Medicare & Medicaid Services, an agency of the federal government. Medicare has three parts: Part A is Hospital Insurance; Part B is Medical Insurance and covers doctor visits and home medical equipment. Part D covers prescription medications.

### What is Medicaid?

Medicaid is a jointly funded, Federal-State health insurance program for certain low-income and needy people. It covers approximately 60 million individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments. Medicaid benefits cover most health care costs. Medicaid programs vary from state to state. Contact the State medical assistance office to get information on the Medicaid program in your State.

### What is "assignment" in the original Medicare Plan and why is it important?

Assignment is an agreement between Medicare and doctors, other health care providers, and suppliers of health care equipment and supplies (like wheelchairs, hospital beds, and some supplies). Doctors and suppliers who agree to accept assignment accept the Medicare-approved amount as payment in full for Part B services and supplies.

You pay the coinsurance and deductible amounts. In some cases (such as if you have both Medicare and Medicaid), your health care providers and suppliers must accept assignment. If assignment is not accepted, charges are often higher. This means you may pay more. In addition, you may have to pay the entire charge at the time of service. Medicare will then send you its share of the charge.

### I have more than one insurance, how do I know who pays first?

If any of the following situations apply to you, your other insurance may be primary to Medicare, meaning the other insurance pays first:

- You have Medicare; are still working; and are covered by your employer's health insurance plan;
- You have Medicare, are retired, but your spouse is working and has a health plan that also covers you; or
- You are injured on the job, in an automobile accident, or slip and fall at a shopping center (worker's compensation, auto insurance or liability insurance may cover the cost of medical care related to the accident).

# Medicare/Medicaid Information

You can contact the Coordination of Benefits Contractor at 1-800-999-1118 for questions about, or to report changes in, your primary insurance. Medicare has a dedicated "Coordination of Benefits Contractor" that keeps track of when Medicare is primary or when another insurer is primary.

If you have other insurance and it pays after Medicare, it is usually a supplemental insurance. Supplemental insurance often covers the deductible and/or co-payments required by Medicare. Examples include:

- Retiree insurance from your former employer or union;
- Medigap insurance;
- Tricare for Life (for military retirees); and
- Medicaid

If you change your supplemental insurance, or are experiencing problems with supplemental insurance payments, you need to call your old and new supplemental insurance companies.

## What is an Advanced Beneficiary Notice (ABN)?

An ABN is a written notice that you may receive from physicians, providers, or suppliers, before they furnish a service or item to you, notifying you:

- That Medicare will probably deny payment for that specific service or item in your case.
- The reason the physician, provider, or supplier expects Medicare to deny payment.
- That you will be personally and fully responsible for payment if Medicare denies payment.

An ABN also gives you the opportunity to refuse to receive the service or item, and to decide whether or not you want a Medicare claim to be filed. When you receive an ABN:

- The ABN protects you from unexpected financial liability in cases where Medicare denies payment. The "bad news" is that Medicare probably will not pay. The "good news" is that you now have the opportunity to choose whether or not to receive the service or item.
- The ABN helps you to make an informed consumer decision about whether to obtain the service or item and be prepared to pay for it (that is, either out of your own pocket or by your other insurance coverage) or to choose not to receive it.
- The ABN allows you to have your claim reviewed by Medicare if you do receive the service or item. This also means that you will have the right to appeal Medicare's decision.

## Medicare payment for Capped Rental items (including hospital beds, patient lifts, many manual and power wheelchairs and some wheelchair accessories).

If your physician has prescribed a capped rental item for you, if you meet Medicare coverage guidelines, Medicare will pay for this item(s) on a monthly rental basis. Medicare will pay rental for 13 months; at the end of 13 months, ownership of the equipment will transfer from Numotion to you. Once you own the equipment, it is your responsibility to arrange for any needed service or repairs; Medicare may help with the costs. During the rental period, Numotion is responsible for maintaining your equipment in good working order. Contact us if you have any problems with your rental equipment. Medicare rental coverage may end before conversion to purchase if (1) your physician has documented that you have only a short term length of need for this item; (2) you stop using the equipment in your home on a regular basis; (3) you leave your home and are admitted to a hospital or nursing facility; or (4) you change your insurance to a different type of coverage. It is your responsibility to notify Numotion if you stop using your equipment, if you move from your current home, or if you change insurance.

# Medicare/Medicaid Information

## **Medicare Payment for Items deemed “Inexpensive or Routinely Purchased” (including canes, crutches, walkers, most commodes, most wheelchair options and accessories).**

If your physician has prescribed equipment for you that Medicare classifies as “Inexpensive or Routinely Purchased”, Medicare allows either purchase or rental of these items. If Medicare is billed for rental, they will pay only up to the purchase price.

Numotion only offers this equipment on a purchase basis. If you wish to rent, you may contact other providers. By accepting delivery of this equipment, you agree to ownership of the item.

## **More Information About Medicare**

Patients are encouraged to contact their physician, health care provider or supplier with concerns and questions. To speak to someone at Medicare call 800.633.4227, TTY users call 877.486.2048.

# State Specific Information

## **Florida Residents**

**Complaints:** If you have a complaint, please contact us as soon as possible so we can assist in resolving your concern. Call your local branch, or our National Customer Care Center at 800-500-9150. If you are unhappy with the presented solutions you may contact the Florida Agency for Health Care Administration (AHCA). To report a complaint to the ACHA regarding the services you receive call 866-419-3456.

**Abuse, Neglectful or Exploitative Practices:** Florida has a hotline for reporting any abuse, neglectful or exploitative practices. To report call 800-562-2673.

**Medicaid Fraud:** To report suspected Medicaid fraud call 866-966-7226.

**Special Needs Registry:** Florida maintains a Special Needs Registry to assist in cases of emergencies with sheltering and evacuation. The County Emergency Management Agency will be notified through the special needs registration process of those people who are electrically dependent on equipment, such as oxygen concentrators or ventilators. We can help you get enrolled if you need assistance. The State web site is <https://www.floridadisaster.org/snr/>

# Notice of Privacy Practices

## **Our Privacy Principles reflect our overall approach to customer privacy:**

### **We are open and honest in how we use customer data.**

We use data to offer and provide customers with products that enhance mobility and independence. | Nothing more. Nothing less.

### **We collect only the data we need.**

Our customers trust us with their most sensitive data at incredibly vulnerable moments in life. We are grateful for that trust, and we will not abuse it.

### **We respect and protect our customers' data.**

We understand that each of us alone gets to choose whom we share our data with. We take steps to protect customer data from unauthorized access or disclosure.

## **For more details, including some required regulatory information, please review the remainder of this Notice.**

### **THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT. PLEASE REVIEW CAREFULLY.**

This Notice of Privacy Practices describes how United Seating and Mobility, L.L.C. d/b/a Numotion and all members of its Affiliated Covered Entity (collectively, "Numotion," "we," "our," or "us") may use and disclose your protected health information and how you may access that information.

This Notice applies to the health services you receive from Numotion. For a complete list of the members of the Numotion Affiliated Covered Entity, please contact Numotion's Privacy Officer.

We may share your health information within Numotion as necessary to carry out our treatment, payment, and health care operations.

HIPAA and other applicable laws require us to maintain the privacy and security of certain health information called "Protected Health Information" ("PHI"). PHI is health information that you provide to us, or that we create or receive, in connection with the health care products and services we provide to you. We are required to follow the terms of this Notice currently in effect, and you have certain rights regarding your PHI as described in this Notice. We are also required to notify you following a breach of unsecured PHI when required by law.

If you have any questions about this Notice, please contact Numotion's Privacy Officer at the address and telephone number provided at the end of this Notice.

## **Ways We Can Use and Share Your PHI Without Your Written Permission (Authorization)**

We may share the information you provide to us with persons and organizations involved in providing the health care products and services you need, such as hospitals, clinics, physicians, therapists, payors, and other health care providers, as permitted by law. We do not need your written authorization for the following uses and disclosures:

# Numotion Notice of Privacy Practices

## A. Uses and Disclosures for Treatment, Payment and Health

We may use and share your PHI to provide “Treatment;” obtain “Payment” for your Treatment, and perform our “Health Care Operations.”

- **Treatment.** We may use and share your PHI to provide care and other services to you. For example, to assess and provide appropriate equipment for your injury or illness. Additionally, we may contact you to provide appointment reminders or information about treatment options. We may also share PHI with other healthcare providers involved in your care.
- **Payment.** We may use and share your PHI to receive payment for services that we provide to you. For example, we may share your PHI to request payment and receive payment from Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of some or all of your health care in order to determine coverage, obtain prior authorization, request payment, or receive payment.
- **Health Care Operations.** We may use and share your PHI for our health care operations, which include management, planning, and activities that improve the quality and lower the cost of the care that we deliver. For example, we may use PHI to review the quality and skill of our health care providers, improve our business operations, and services.

**B. Treatment Alternatives.** We may use or disclose your PHI to recommend treatment alternatives and to tell you about other health-related products or services that we offer.

**C. Business Associates.** We may share PHI with third party “business associates” who perform activities and services on our behalf, such as billing, consulting, auditing, legal, accounting, data processing, or administrative support services. We require these business associates, by written agreement, to appropriately safeguard your PHI and to use and disclose it only as permitted by law.

**D. Your Other Health Care Providers.** We may also share PHI with your doctor and other health care providers involved in your care when they need it for treatment purposes, and as otherwise permitted by law for payment and certain health care operations.

**E. Public Health and Safety Activities.** We may disclose your information to public health agencies or for public health activities. For example, we may share your PHI for the following:

- To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
- To report suspected abuse and neglect to government authorities, including a social service or protective services agency, that are legally permitted to receive the reports;
- To report information about products and services to the U.S. Food and Drug Administration;
- To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
- To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and
- To prevent or lessen a serious and imminent threat to a person or the public’s health or safety.

**F. Respond to Lawsuits and Legal Actions.** We may share your PHI in the course of a judicial or administrative proceeding in response to a valid subpoena, court order or other lawful process.

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- G. Work with a Medical Examiner or Funeral Director.** We may share PHI with a coroner or medical examiner as authorized by law.
- H. Organ and Tissue Requests.** If you are an organ donor, we may share your PHI with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- I. Research.** In certain circumstances, we may use your information for research purposes. If we do so, certain privacy protections must be in place before we can disclose your health information, and your written authorization will be obtained when required by law.
- J. Workers' Compensation.** We may share your PHI as permitted by or required by state law relating to workers' compensation or other similar programs.
- K. Law Enforcement and Special Government Functions.** We may share your PHI with law enforcement officials in limited circumstances as required or permitted by law, or to authorized federal officials for intelligence, counterintelligence, national security, protective services, military, correctional, or other lawful government purposes.
- L. Health Oversight.** We may share your PHI with a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, accreditation, and oversight of the health care system and government health programs, such as Medicare or Medicaid.
- M. As Required by Law.** We may use and share your PHI when required to do so by any other federal, state, or local law not otherwise referred to above.
- N. Family, Close Friends or Others Involved in Your Care.** We may share relevant information with your family member, a close personal friend, or another person identified by you who is involved in your care or payment for your care, if you agree, if you are given an opportunity to object and do not object, or if we reasonably infer from the circumstances that you do not object. If you are unable to agree or object, we may share relevant information if, in our professional judgment, doing so is in your best interest, as permitted by law.
- O. Disaster Relief.** We may share your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

## Uses and Disclosures Requiring Your Written Permission (Authorization)

For any purpose other than the ones described above, we may only use or share your PHI when you grant us your written permission (authorization), unless otherwise permitted or required by law. For example, you will need to give us your permission before we send your PHI to your life insurance company.

You may change your mind about your authorization or any written permission regarding your PHI by giving or sending a written "revocation statement" to the Privacy Officer at the address below. The revocation will not apply to the extent that we have already taken action where we relied on your permission.

- A. Marketing.** We must obtain your written permission before using or disclosing your PHI for marketing where authorization is required by law. If a third party pays us to send you a marketing communication, we will say so in the authorization form. However, we may communicate with you face to face about products or services related to your treatment, case management, or care coordination, or alternative treatments, therapies, health care providers, or care settings.
- B. Sale of PHI.** We may not sell your PHI without your written authorization.

# Numotion Notice of Privacy Practices

- C. Uses and Disclosures of Your Highly Confidential Information.** Federal and state law may require special privacy protections for certain types of information, such as psychotherapy notes or HIV/AIDS testing. Numotion does not typically maintain this type of information, but if we do, we will apply any additional protections required by law should we use or disclose it or remove it.

## Your Rights Regarding Your Protected Health Information

- A. For Further Information; Complaints.** If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer using the contact information provided at the end of this Notice. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting the HHS Office for Civil Rights complaint website at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not take any retaliatory action against you if you file a complaint.
- B. Right to Receive Confidential Communications.** You may ask us to send PHI to a different location than the address that you gave us, or in a special way, or to contact you at a different phone number. You will need to ask us in writing. For example, you may ask us to send a copy of your medical records to a different address than your home address. We will accept all reasonable requests.
- C. Right to Inspect and Obtain A Copy Your Health Information.** You may request access to, inspect, and obtain copies of your medical record file, billing records, and other records that are part of a designated record set. You have the right to obtain a copy of such records in electronic format, if reasonably available. You may also request paper copies. In limited circumstances, we may deny access to a portion of your records, as permitted by law. We will charge a reasonable fee, as permitted by law. To request your records, submit a completed record request form to our Privacy Officer.
- D. Right to Amend Your Records.** You have the right to request that we amend PHI maintained in medical record files, billing records, and other records used to make decisions about your treatment or payment for your treatment if you believe the information is incorrect or incomplete. If you want to request an amendment, you may obtain an amendment request form from the Privacy Officer and return the completed form to the Privacy Officer. We may deny your request in certain circumstances, but if we do, we will provide you with a written explanation.
- E. Right to Receive an Accounting of Disclosures.** You may ask for a list (accounting) of certain disclosures of your PHI made by us. These disclosures must have occurred before the date of your request, and we are not required to account for disclosures made more than six (6) years before the date of your request. The accounting will not include disclosures that are excluded by law. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable cost-based fee. Direct your request for an accounting to our Privacy Officer.
- F. Right to Request Restrictions.** You have the right to ask us to restrict or limit the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

You also have the right to request that we not disclose PHI to your health plan for payment or healthcare operations purposes if the PHI relates solely to a health care item or service for which you, or someone on your behalf, has paid us in full out of pocket. We must agree to that request unless disclosure is otherwise required by law. Your request for restrictions must be made in writing and submitted to the Privacy Officer on the next page.

# Numotion Notice of Privacy Practices

**G. Right to Receive a Copy of this Notice.** If you ask, you may obtain a paper copy of this Notice, even if you have agreed to receive the notice electronically.

**H. Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian or otherwise legally authorized to act for you, that person may exercise your rights and make choices about your PHI, subject to applicable law. Please provide us with a copy of your Medical Power of Attorney (or other legal documentation) so we can verify the person's authority before we take any action.

## Effective Date and Changes To This Notice

***Effective Date. This Notice is effective as of May 15, 2026.***

**Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in common areas throughout our facilities, and on our Internet site at [www.numotion.com](http://www.numotion.com). You also may obtain a copy of the current Notice by contacting the Privacy Officer.

## Questions, Concerns, and Contact Information

You may contact the Privacy Officer for additional information:

**Mail**

Privacy Officer  
Numotion  
155 Franklin Road, Suite 300  
Brentwood, TN 37027

**Phone:** 833-998-2027

**Email:** [privacy.security@numotion.com](mailto:privacy.security@numotion.com)

# Numotion<sup>(1)</sup> Non Discrimination Notice

Numotion complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)).

Numotion does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Numotion provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats (large print, audio, accessible electronic formats and other formats).

Numotion provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

If you need these services, contact the Civil Rights Coordinator.

If you believe that Numotion has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Civil Rights Coordinator  
805 Brook Street, Suite 402, Rocky Hill, CT 06067  
T: (860) 899-2750 Ext 58668 or TTY 711  
civilrightscordinator@numotion.com

You can file a grievance by phone or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

[1] United Seating and Mobility, LLC d/b/a Numotion

# Numotion<sup>(1)</sup> Non Discrimination Notice

## Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(860) 899-2750 Ext 58668 (TTY: 711).

## 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-(860) 899-2750 Ext 58668 (TTY: 711)。

## Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-(860) 899-2750 Ext 58668 (TTY: 711).

## 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-(860) 899-2750 Ext 58668 (TTY: 711) 번으로 전화해 주십시오.

## Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-(860) 899-2750 Ext 58668 (TTY: 711).

## Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-(860) 899-2750 Ext 58668 (телетайп: 711).

## العربية (Arabic)

اذ إنتك تحدثت ركذ اة غللا، نإفتامدخ ة د عاسملا ة يوغللا رفا وتت كل ناجملا ب. لصتا مقرب 711 (مقرب فتا همصلا مكبلا و: 1-(860) 899-2750 Ext 58668. ة ظوحم:

## Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1- (860) 899-2750 Ext 58668 (TTY: 711).

## Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-(860) 899-2750 Ext 58668 (ATS : 711).

## Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-(860) 899-2750 Ext 58668 (TTY: 711).

# Numotion<sup>(1)</sup> Non Discrimination Notice

## Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-(860) 899-2750 Ext 58668 (TTY: 711).

## Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-(860) 899-2750 Ext 58668 (TTY: 711).

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1- (860) 899-2750 Ext 58668 (TTY:711) まで、お電話にてご連絡ください。

## Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1- (860) 899-2750 Ext 58668 (TTY: 711).

## فارسی (Farsi) Persian

(860) 899-2750 Ext 586681

باشه می فراموشما برای رایگان بصورت زبانی تسهیلات، کنید می گفتگو فارسی زبان به اگر: توجه بگیرید تماس با (TTY: 711)