**E & G Prosthetics and Orthotics, LLC.**

**Patient Bill of Rights**

To ensure a high standard of ethical conduct and quality in our services, we believe that our patients should be informed of their rights. The following is a statement of your rights. You have the right to:

1. Be treated with dignity, courtesy, and respect.
2. Reasonable coordination and continuity of services from your referring physician to E & G Prosthetics and Orthotics, LLC. (E&G), along with a timely response to the requested item(s).
3. Be fully informed of E&G policies and procedures, and he process for receiving, reviewing, and resolving your complaints and concerns.
4. Receive complete explanations if charges for service and device(s), including eligibility for third-party reimbursement, and an explanation of all forms that you are requested to sign.
5. Receive quality services that meet or exceed professional industry standards, (i.e., American Orthotics and Prosthetics Association’s (AOPA)Cannons of Ethical Conduct) regardless of race, religion, political belief, sex, social status, age or disability.
6. Receive services from qualified personnel, instructions of safe and effective operation of item(s) and your responsibilities regarding the item(s) and services.
7. Participate in decisions concerning the nature and purpose of any technical procedure which will be performed and who will perform it, the possible alternative and/or risks involved, your right to refuse all or part of your services, and to be informed of expected consequences of any such action.
8. Confidentiality of all your records (except as otherwise provided for by the law or third-party payer contracts), to review and even challenge those records, and to have records corrected for accuracy.
9. Express dissatisfaction and to suggest changes in services without discrimination, reprisal or unreasonable interruption of services.

**Patients Responsibilities**

Patents receiving care and/or services from E&G must:

1. Adhere to the plan of treatment or services established by their physician.
2. Care for and use the item(s) for which it/they were prescribed.
3. Pay his/her account in full if his/her insurance company does not pay (except where contrary to federal or state law).
4. Notify E&G immediately of any changes in address or telephone number, whether temporary or permanent. E&G should be notified of any changes in, or loss of, insurance coverage or any changes in the patient’s physical condition.
5. Pay a restocking fee, or any applicable shipping charges, for return on non-custom goods. Custom goods are NOT returnable.

**Patient Information**

Complaint Procedure: If for some reason, you are not satisfied with the item(s) and /or services provided, you may lodge a written complaint without concern of discrimination, reprisal, or unreasonable interruption in service. Contact the local facility and discuss the problem with an administrative representative. If S/he is unable to resolve the complaint to your satisfaction, the facility manager shall be informed of the concern. When the complaint cannot be resolved in this manner, the performance management Committee can be contacted in writing at 23-05 Astoria Blvd, Astoria, NY 11102. The Performance Management Committee works directly with the CEO to resolve any concerns.