



Thank you for choosing us for your Medical Equipment/ Supplies needs. As an authorized supplier for Medicare and your Insurance Company, we are required to follow their guidelines to process your order.

**To help you understand our services, here are some Frequently Asked Questions (FAQs):**

- 1. Q:** Medicare (Insurance Plan) tells me that this item is covered when prescribed by doctor with a prescription or doctor's order, why does it take so long and are there other qualifications?

**A:** Medical Equipment/Supplies are covered only when the beneficiary's medical conditions and clinical symptoms meet criteria required by Medicare (Insurance Plan) for this particular item. As a supplier, besides verifying beneficiary's insurance eligibility, we are required to make sure above criteria are met by requesting the necessary documents before processing the claims.
- 2. Q:** Whose responsibility is it to obtain all the information for processing a medical equipment/supplies order?

**A:** It is the beneficiary's responsibility to obtain the necessary documents for processing each order. As a supplier, we can only tell you what kind of information that is required.
- 3. Q:** What documents are usually required to obtain medical equipment/ supplies?

**A:** (a) A Detailed Written Order (DWO), such as prescription issued by the doctor is generally required. On the DWO, the item and all the necessary accessories must be listed: For example: request for a wheelchair with safety seat belt, both items must be listed. Unfamiliar with all the technical terms, some doctors may just put down "Wheelchair". If the beneficiary needs a seat belt for safe operation, DWO should be written as: "Wheelchair and safety seat belt" in order to get complete set. Based on your needs, we will be able to furnish a DWO for your doctor to confirm and sign.

(b) Relevant clinical notes from your medical record to confirm your needs. Depending on the item prescribed, clinical notes entries from your medical record with the doctor is required to verify the needs: a copy of the "clinical notes" from the doctor with entries stating that the beneficiary's medical conditions requiring usage of this particular medical equipment/ supplies. Your doctor must write this up himself/herself.
- 4. Q:** How are these medical criteria verified, isn't a prescription sufficient?

**A:** Depending on the item ordered, we may require additional information from your medical record at the doctor's office. This usually consists of a copy of the clinical notes written by your doctor on your record. These notes must be relevant to the item ordered. For example, if a "Walker" is ordered to assist ambulation, there must be clinical notes written during your doctor's examination that the beneficiary has difficulty walking due to his/her medical condition and how a "Walker" may help. If the notes just read: "Beneficiary has heart conditions, or beneficiary has arthritis", the information is NOT SPECIFIC ENOUGH to confirm the beneficiary's needs. Medicare (or your Insurance Plan) will reject the claim. Therefore we cannot process the order or dispense the product.
- 5. Q:** Can my doctor write all these "medical conditions" on the prescription or on a note for me to qualify for this medical equipment/supply?

**A:** NO. Medicare (or your Insurance Plan) does not accept these notes written on a prescription. It is called an "Attestation" which does not truly reflect the clinical observations during your doctor's examination. Only a copy of the relevant clinical notes written on your medical record at the doctor's office can be accepted as proof for Medicare. Following "Best Medical Practice Guidelines", physicians should include DETAILED NOTES in your record of:

  - 1) "WHY" the beneficiary needs Equipment/ Supplies
  - 2) "HOW" the Equipment/ Supplies may help the beneficiary's conditions.
- 6. Q:** How can I (the beneficiary) help expedite this clinical information verification process?

**A:** The beneficiary requests the doctor to send / fax a copy of the relevant clinical notes from his record to us. We have found from experience that it is more expedient when the beneficiary initiate this request to his/her doctor's office. We will certainly help explain to the doctor's office what "relevant" information or copy is needed.
- 7. Q:** If I have Medicare or insurance coverage, do I still have to pay the supplier?

**A:** Medicare or insurance company - the "Primary Payer" usually only pays for 80% of the total allowable cost, after your annual "Deductible" is met. Beneficiary may have a "Secondary Payer" insurance coverage. Depending on whether your "Secondary Insurance" has a contract with us and its coverage policy, you may be RESPONSIBLE to pay the supplier - the CO-INSURANCE (usually 20% of primary payer allowable cost)
- 8. Q:** What is prior authorization?

**A:** Certain insurance companies have coverage guidelines for medical equipment/ supplies. As authorized supplier, we have to submit all the prescriptions and necessary documents to the insurance companies for review first. After they have determined that all the criteria are met, we will then be able to provide the items to the beneficiary.

As you can see, there are many information processing and requirements before we can dispense medical equipment/supplies to you. We appreciate your patience and will process your order expeditiously as best we can.

Thank you for understanding.

感謝您選擇我們作為您的醫療器材/用品的供應商。但作為您授權之供應商，我們必須按照您醫療保險公司的指引，以處理您的需求作申請。

為了幫助您更了解我們的服務，我們挑出一些常見的問題在這裡作出解答 (FAQs)：

1. **問：** 我知道我的保險公司會承包我所申請之醫療器材/用品，當我獲得醫生開出的處方時，為什麼要還要花這麼久時間，是否有其他申請資格證明？  
**答：** 當申請人取得醫生處方時，並確定您的醫療保險公司亦會承包你所申請之醫療器材/用品，作為供應商，我們除了核實申請人的保險資格，申請人亦需帶備由醫生提供的相關病症的病歷副本連同處方一齊遞交申請。
2. **問：** 申請醫療器材/用品過程中所需要遞交之文件及資料，是誰人的責任提供？  
**答：** 這是申請人的責任。每個申請人都必須遞交所需之文件及資料以作出申請。作為供應商，我們只能告訴您申請之所需文件及資料。
3. **問：** 通常需要甚麼文件才獲得醫療器材/用品？  
**答：** (1) 詳細的書面訂單 (DWO)，一般要求是由醫生開出的處方。  
詳細的書面訂單除列明申請項目外，還須列明附件。例如：如需要申請輪椅以及需要一條安全帶，這兩個項目都必須列出。可能醫生未必了解這些書寫的術語，就只會寫上“輪椅”。如果申請人需要帶備安全帶，應寫作為：“輪椅和輪椅安全帶”以獲得完整的申請項目。  
(2) 提供您相關的臨床醫療記錄，以確認您的需求。  
根據申請各醫療器材/用品項目的規定，在您醫生的醫療記錄中(臨床筆記)驗證申請人對醫療器材/用品的需求：“臨床筆記”副本 - 從醫生的醫療記錄中說明申請人的醫療條件及為何需要使用這個特定的醫療器材/用品。
4. **問：** 為何要驗證這麼多醫療條件，只提供醫生處方不足夠嗎？  
**答：** 根據您所需要的醫療器材/用品，我們可能需要額外的證明文件，即需要醫生對您作出的醫療記錄。這些記錄必須與申請之產品有關。例如：如果您需要申請一部助行器幫助您的日常行動，這必須經過醫生的檢查，說明患者行動困難，由於醫療需要，說明這產品如何能有助於您等臨床書面記錄說明。  
如果臨床筆記只是寫著：“申請人有心臟疾病或患者有關節炎”，這些資料信息不夠具體確認患者的需求。醫療保險公司會拒絕申請。因此，我們亦無法處理訂單和給予產品。
5. **問：** 我的醫生寫可否在處方上一同列出醫療條件，以說明我有資格得到這個醫療器材/用品，可以嗎？  
**答：** 不可以。聯邦醫療保險不接受處方上寫這些筆記。這就是所謂的“事後證明”，並不能真實地反映出你醫生檢查過程中的臨床觀察。只有在醫生辦公室內存檔之臨床醫療記錄才是真實。需遞交此醫療記錄副本作為醫療保險的臨床證明，這才可以接受。  
根據“最佳醫療實踐指南”，醫生是應該有詳細的註釋在你的臨床醫療記錄中：  
1.) **為甚麼**申請人需要這醫療器材/用品。  
2.) 這醫療器材/用品**如何**可以幫助申請人病態的條件。
6. **問：** 我(申請人)怎樣才能加快這一項臨床資料驗證過程？  
**答：** 申請人請求醫生發送/傳真一份有關申請人的臨床資料驗證文件給我們。在過往經驗中發現，如果申請人親自向醫生請求，這是最快捷及有效率的。我們可以幫您向醫生說明所需之相關文件。
7. **問：** 如果我有聯邦醫療保險，我還需要支付給供應商嗎？  
**答：** 如果申請人的“自付扣除金 Deductible”已經達到每年所需支付之金額後，會由聯邦醫療保險支付申請金額的 8 成。餘下 2 成會由“管理式醫療保險機構 HMO”支付\*。  
\*根據您所屬之“管理式醫療保險機構 HMO”是否與我們有合同書，及會根據我們與該機構承包之付款規定，而決定申請人是否需要支付我們(供應商) 餘下 2 成。
8. **問：** 什麼是事前核准, 亦稱「事前授權」？  
**答：** 大多數保險公司都有醫療器材/用品承包範圍指引。作為授權供應商，我們必須向保險公司提交醫生處方和所須要遞交之文件進行審查。之後，如果申請人符合條件，才給予“事前授權”我們將能夠提供給申請人醫療器材/用品。

正如你可以看到以上的資訊，保險公司需要我們遞交所有需要之文件，才可以幫助您進行醫療器材/用品申請。我們感謝您的耐心等待，我們會盡我們所能盡快處理您的申請。感謝您的理解。