



Customer Welcome Packet

**We Welcome Your Questions
Please call a representative at:
888-495-7491**

**Business Hours: Monday – Friday
8:30am - 5:30pm
Saturday - Sunday
9:00am - 4:00pm**

**1600 Boston-Providence Hwy
Walpole, MA 02081**

Visit us online at www.healthybabyessentials.com

**If you have any comments or concerns,
Please call our customer hotline at:
888-495-7491 or e-mail us at
Customerservice@healthybabyessentials.com**

Thank you, we appreciate your business!

MEDSOURCE, LLC
Your Source for Rehabilitation Products and Services



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Welcome to Healthy Baby Essentials

One of the many important decisions we make as new parents is how we will feed our baby. If you have chosen to breastfeed your baby, having a breast pump is an important investment. The good news is that many health insurance plans will cover all or a portion of the cost of a breast pump.

At Healthy Baby Essentials we understand what a busy and exciting time the birth of your new baby is for the entire family. With all of the things you need to focus on, dealing with your insurance company and filling out insurance paper work shouldn't be one of them. Furthermore, we want you to be able to leave the hospital with your breast pump without having to wait out the insurance verification process. At Healthy Baby Essentials we can provide this service to you quickly and conveniently.

Why Healthy Baby Essentials?

We are a program offered through Medsource LLC, a fully accredited DME provider. Medsource LLC is contracted with most major insurance companies.

- ~ We carry a full line of Medela pumps as well as Ameda, Spectra, Ardo, Freemie, Lansinoh and Hygeia breast pumps
- ~ We are a fully accredited Durable Medical Equipment Company contracted with most major insurance companies and Medicaid
- ~ We have Lactation Counselors available for consultation

We can provide same and next day delivery for all of your breast pump and medical equipment to your hospital room or home

I Am Having Trouble With My Breastpump

If you believe that your breast pump has malfunctioned or is not working as it should, do not worry. There is usually an easy fix.

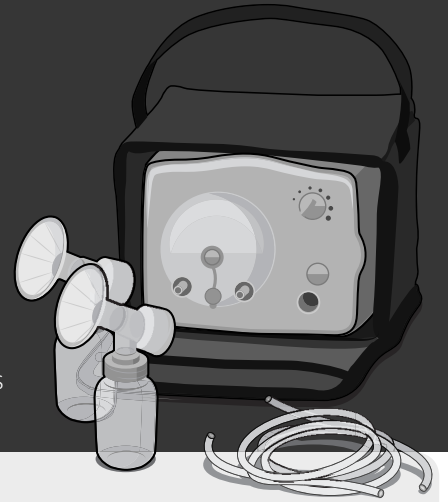
Customer service representatives are available at Ameda, Ardo, Hygeia, Freemie, Lansinoh, Spectra and Medela five or six days each week to answer any breast pump-related questions or concerns. There is usually a quick solution, but if not, the manufacturer may be able to send you a replacement pump if your pump is still

under warranty.

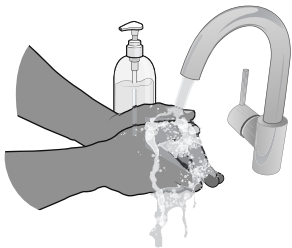
Manufacturer	Telephone	Hours of Operation			
		Eastern	Central	Pacific/ Mountain (AZ)	Hawaii
Ameda	866-992-6332	9:00 AM - 6:00 PM Mon - Fri	8:00 AM - 5:00 PM Mon - Fri	6:00 AM - 3:00 PM Mon - Fri	3:00 AM - 12:00 PM Mon - Fri
Ardo	844-411-2736	Available during normal business hours or leave a message after hours for assistance. Help is also available through the Ardo facebook site at www.facebook.com/ArdoUsa			
Freemie	916-339-7388	12:00 PM - 8:00 PM Mon-Fri	11:00 AM- 7:00 PM Mon-Fri	9:00 AM - 5:00 PM Mon-Fri	6:00AM - 2:00 PM Mon-Fri
Unimom	954-858-5588	9:00 AM - 5:00PM Mon - Fri	8:00 AM - 4:00PM Mon - Fri	6:00 AM - 2:00PM Mon - Fri	3:00 AM - 11:00AM Mon - Fri
Lansinoh	800-292-4794	8:00AM- 8:00PM Mon-Fri	7:00AM - 7:00PM Mon-Fri	5:00AM - 5:00PM Mon-Fri	2:00AM - 2:00PM Mon-Fri
Medela	800-435-8316	8:30 AM - 8:00PM M-F 9:00 AM - 12:00PM Sat	7:30 AM - 7:00PM M-F 8:00 AM - 11:00AM Sat	5:30 AM - 5:00PM M-F 6:00 AM - 9:00AM Sat	2:30 AM - 2:00PM M-F 4:00 AM - 7:00AM Sat
Spectra	954-652-1843	Available during normal business hours or leave a message after hours. For immediate response, e-mail through the website www.spectrababyusa.com and www.facebook.com/spectrababyusa are monitored 24 hours.			
Elvie	508-300-9989	Available during normal business hours by phone, or leave a message for a call back. Also available by e-mail at questions@elvie.com			

How to Keep Your Breast Pump Kit Clean

Providing breast milk is one of the best things you can do for your baby's health and development. Pumping your milk is one way to provide breast milk to your baby. Keeping the parts of your pump clean is critical, because germs can grow quickly in breast milk or breast milk residue that remains on pump parts. Following these steps can help prevent contamination and protect your baby from infection. If your baby was born prematurely or has other health concerns, your baby's health care providers may have more recommendations for pumping breast milk safely.



BEFORE EVERY USE

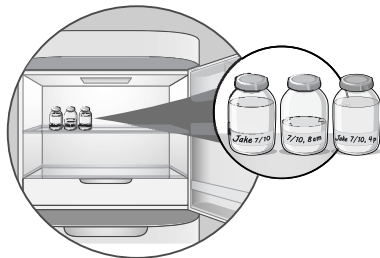


Wash hands with soap and water.

Inspect and assemble clean pump kit. If your tubing is moldy, discard and replace immediately.

Clean pump dials, power switch, and countertop with disinfectant wipes, especially if using a shared pump.

AFTER EVERY USE



Store milk safely. Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.

Clean pumping area, especially if using a shared pump. Clean the dials, power switch, and countertop with disinfectant wipes.

Take apart breast pump tubing and separate all parts that come in contact with breast/breast milk.

Rinse breast pump parts that come into contact with breast/breast milk by holding under running water to remove remaining milk. Do not place parts in sink to rinse.

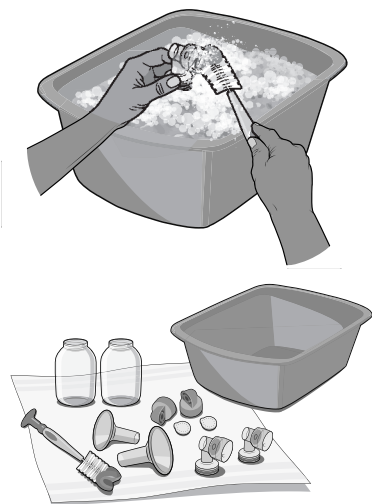
Clean pump parts that come into contact with breast/breast milk as soon as possible after pumping. You can clean your pump parts **in a dishwasher** or **by hand** in a wash basin used only for cleaning the pump kit and infant feeding items.

Follow the cleaning steps given on the next page.



Clean Pump Kit

CLEAN BY HAND



Place pump parts in a clean wash basin used only for infant feeding items. **Do not place pump parts directly in the sink!**

Add soap and hot water to basin.

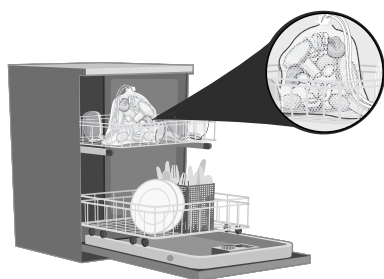
Scrub items using a clean brush used only for infant feeding items.

Rinse by holding items under running water, or by submerging in fresh water in a separate basin.

Air-dry thoroughly. Place pump parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry!

Clean wash basin and bottle brush. Rinse them well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

OR CLEAN IN DISHWASHER



Clean pump parts in a dishwasher, if they are dishwasher-safe. Be sure to place small items into a closed-top basket or mesh laundry bag. Add soap and, if possible, **run the dishwasher using hot water and a heated drying cycle (or sanitizing setting).**

Remove from dishwasher with clean hands. If items are not completely dry, place items on a clean, unused dish towel or paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry!

After Cleaning

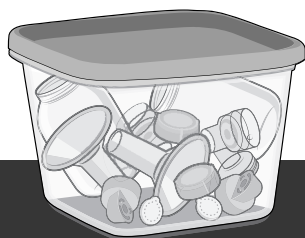
FOR EXTRA PROTECTION, SANITIZE



For extra germ removal, sanitize pump parts, wash basin, and bottle brush **at least once daily** after they have been cleaned. Items can be sanitized using steam, boiling water, or a dishwasher with a sanitize setting. Sanitizing is especially important if your baby is less than 3 months old, was born prematurely, or has a weakened immune system due to illness or medical treatment.

For detailed instructions on sanitizing your pump parts, visit www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html

STORE SAFELY



Store dry items safely until needed. Ensure the clean pump parts, bottle brushes, and wash basins have air-dried thoroughly before storing. Items must be completely dry to help prevent germs and mold from growing. Store dry items in a clean, protected area.

Learn more about safe and healthy diapering and infant feeding habits at www.cdc.gov/healthywater/hygiene/healthychildcare.



MEDSOURCE, LLC
Your Source for Rehabilitation Products and Services

Community Resource Guide

Breastfeeding

LaLeche League

1-800-525-3243

Provides education, support and information for breastfeeding mothers.

Depression after Delivery

1-800-944-4PPD

Helping women and families suffering from perinatal mood and anxiety disorders

DOVE (Domestic Violence Ended)

1-617-471-1234

Comprehensive support services for victims of domestic and dating violence

Websites of interest

The Newborn Baby

www.thenewbornbaby.com

Support groups in your area

<http://www.zipmilk.org/>

If your concerns can't be resolved through the above channels, these additional resources are available to assist you:

- Community Healthcare Accreditation Program: 1-800-656-9656
- Office of Inspector General (OIG): 1-800-447-8477



About Medsource

At Medsource, we take great pride in our ability to provide the best equipment & service possible. We strive to meet every patient's individual needs. To us, only the highest level of service is satisfactory. We achieve this level of service by our attention to these important aspects of Home Health Care:

Why Medsource?

Medsource LLC is a Joint Commission accredited DME company. Our program, Healthy Baby Essentials, will work directly with the Lactation staff to assist new moms in obtaining a breast pump. For the new family, Healthy Baby Essentials can eliminate the time and inconvenience associated with notifying their insurance company and any paperwork involved. We can also eliminate delays in receiving a medically necessary breast pump.

- ~ Location
- ~ Dependability
- ~ Availability
- ~ Accreditation
- ~ Staff
- ~ Product

Mission Statement of Medsource

The mission of Medsource LLC, is to provide high Quality durable medical equipment (DME) and related supplies. Our respect for patient rights is reflected in the caring and professional manner in which we deliver our equipment and services. The satisfaction of our internal and external customers is our goal and we are constantly seeking opportunities for improvement. We are committed to maintaining a level of financial performance which will ensure the continued vitality of Medsource LLC.



MEDSOURCE, LLC
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DME Scope of Services

Policy

Healthy Baby Essentials offers durable medical equipment for breastfeeding for sale. Our goal is to provide quality breast pumps and accessories to our customers.

Products and Services Available

(1) Breast Pumps; (2) Breast Pump Supplies and Accessories;

Hours of Availability

Healthy Baby Essentials provides the following hours of service to its customers:
Monday - Friday: 8:30am - 5:30pm and Saturday-Sunday 9:00am-4:00pm

Delivery Services

Healthy Baby Essentials will use the least expensive and most appropriate method of delivery to ship covered equipment to customers.

Instructions for Set-Up of Breast Pumps

Properly trained staff is available during business hours to answer customers questions and to provide our customers with any assistance they may need. Please also refer to manufacturer's product manuals or guidelines, including those on our website.

Customer Suggestions or Complaints

We value your suggestions and we will work hard to resolve any complaints. If you have a suggestion or a complaint, please call 508-404-1100 or email customerservice@healthybabyessentials.com during our business hours and your call will be handled in a professional and confidential manner. You will be asked to provide your name, address, telephone number, and health insurance number, if applicable, and a summary of the complaint. All logged complaints will be investigated, acted upon, and responded to within five (5) working days after receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively up to the Owner of Healthy Baby Essentials. All complaints are reviewed quarterly by the Quality Improvement Team and are kept confidential. In the event your complaint is not resolved to your satisfaction, you may contact our accrediting organization at 1-800-994-6610 or e-mail at complaint@jointcommission.org.

Customer's Rights & Responsibilities

Customer Rights

- “ The customer has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
- “ The customer has the right to voice grievances without fear of termination of service or other reprisal in the service process.
- “ The customer has the right to make informed decisions about his/her care.
- “ Subject to applicable law, the customer has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the customer's care may not have access to the information without the customer's written consent.
- “ The customer has the right to considerate and respectful service.
- “ The customer has the right to reasonable continuity of care and service.

Customer Responsibilities

- “ The customer is responsible for any rental equipment that is lost or stolen while in their possession and should promptly notify Healthy Baby Essentials in such instances.
- “ The customer should notify Healthy Baby Essentials of discontinuance of use.
- “ The customer should promptly notify Healthy Baby Essentials of any changes to their address or telephone or credit card information.
- “ Except where contrary to federal or state law, the customer is responsible for any equipment rental and sale charges which the customer's insurance company/companies does not pay.
- “ The customer should promptly notify Healthy Baby Essentials of any equipment failure or damage.
- “ The customer should promptly notify Healthy Baby Essentials of any changes concerning their physician.

Medsource LLC

PATIENT BILL OF RIGHTS

As a patient of this home medical equipment company you have the right:

1. To be treated with dignity and to have your privacy and property respected at all times.
2. To exercise your rights as a client or to have your authorized, designated representative exercise your rights as a client.
3. To receive appropriate care and services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, physical or mental handicap, or personal cultural and ethnic preferences and to be free from any mental abuse, physical abuse, neglect, or exploitation of any kind by agency staff.
4. To be informed verbally and in writing of billing and reimbursement methodologies prior to the start of care and as changes occur, including fees for services and products provided, direct pay responsibilities, and notification of insurance coverage.
5. To review Medsource LLC Privacy Notice.
6. To expect that all information received by Medsource LLC will be kept confidential and will not be released without written authorization.
7. To express concerns or grievances or recommend modification to your home care service without fear of discrimination or reprisal and to be involved, as appropriate, in discussions and resolutions of conflicts and/or ethical issues related to your care.
8. To be informed that the Joint Commission hot line number 1-800-994-6610 or emailing Complaint@jointcommission.org can be assessed 24 hours a day should you have unresolved Medsource LLC complaints or questions about the organization.
9. To know Medsource LLC's ownership and control, the names and professional qualifications of the disciplines that will provide care, and the proposed frequency of visit service.
10. To be provided with legitimate identification by any person or persons who enters your residence to provide home care services.
11. To receive disclosure information regarding any beneficial relationships Medsource LLC has that may result in profit for the referring organization.
12. To be fully informed of your rights and responsibilities.

RESPONSIBILITIES OF THE PATIENTS

You and Medsource LLC 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 Medsource LLC 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/service.
2. To notify Medsource LLC prior to changing your place of residence or telephone number
3. To notify Medsource LLC when encountering any problem with equipment or service

Medsource LLC

Privacy Practices

Medsource LLC is legally required to maintain the privacy of your protected health information. This Notice describes how your medical information may be used and disclosed, and how you can obtain access to this information. Protected health information includes demographic information, that may identify you and that relates to your health or condition and related health care services. This information may be used or disclosed by Medsource LLC in one or more of the following respects:

- * To other healthcare providers in connection with services rendered to you
- * To third party payers in order to obtain payment of your account
- * To other Medsource LLC staff members involved in your treatment
- * To caregivers designated by you in case of emergency
- * Source of data for medical research

You have the right to:

- * Request a restriction on certain uses and disclosures of your information
- * Inspect and obtain a copy of your health record
- * Amend your health record
- * Obtain an accounting of disclosures of your health information
- * Request communications of your health information by alternative means
- * Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Medsource LLC is required to:

- * Maintain the privacy of your health information
- * Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- * Train all staff members to observe our policies which safeguard your health information
- * Obtain your written consent to use your protected health information for treatment/payment
- * Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Notice of Privacy Practices

Our company is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the service we provide to you. This notice tells you about the way in which Medsource LLC (referred to as "we" or Medsource) may collect, use, and disclose your protected health information. "Protected health information" is information about you that can reasonably be used to service you and that relates to you, or the payment of that care. We are required by law to maintain the confidentiality of health information that identifies you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

If you have any questions about this notice, please contact the Privacy Officer at Medsource at 888-510-5100 for further information.

The terms of this notice apply to all records containing your health information that are created or retained by our organization. We reserve the right to revise or amend our notice of privacy practices. Any revisions or amendments to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our office in a prominent location, and you may request a copy of our most current notice by calling us.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

~ We may use and disclose your protected health information for different purposes. The examples below are provided to illustrate the types of uses and disclosures we may without your authorization for payment, home care operations, and treatment.

~ **Payment.** We use and disclose your protected health information in order to bill and collect your payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your equipment. We may also use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly for services and items.

~ **Home Care Operations.** We use and disclose your protected health information in order to perform our home care activities, such as providing equipment appropriate to your needs, or administrative activities, including data management or quality assessment activities.

~ **Treatment.** We may use and disclose your protected health information to coordinate services with our health care providers involved in your care.

~ **Appropriate Reminders.** We may use and disclose your health information to contact you and remind you of visits / deliveries.

~ **Health-related Benefits and Services.** We may use and disclose your health information to inform you of health-related benefits to services that may be of interest to you.

~ **Release of information to Family / Friends.** We may release your health information to a friend or family member that is helping you to pay for your health care, or who assists in taking care of you.

~ **Disclosures Required by Law.** We will use and disclose your health information when we are required to do so by federal, state, and local law.

OTHER PERMITTED OF REQUIRED DISCLOSURES

~ **As Required by Law.** We must disclose protected health information about you when required to do so by law.

~ **Public Health Activities.** We may disclose protected health information to public health agencies for reasons such as preventing or controlling disease, injuries, or disabilities.

~ **Victims of Abuse, Neglect, or Domestic Violence.** We may disclose protected health information to government agencies about abuse, neglect, or domestic violence.

~ **Health Oversight Activities.** We may disclose protected health information to government oversight agencies. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other

activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

~ Judicial and Administrative Proceedings. We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request, or other lawful process.

~ Law Enforcement. We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.

~ To Avert a Serious Threat to Health or Safety. We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

~ Special Government Functions. We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.

~ Workers Compensation. We may disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

~ You have certain rights regarding protected health information that the Plan maintains about you.

~ Right to Access Your Protected Health Information. You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include referral information, delivery forms, billing claims payment, and medical management records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. We may charge a fee for the costs of producing, copying, and mailing your requested information, but we will tell you the cost in advance.

~ Right to Amend Your Protected Health Information. If you feel that protected health information maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or you ask to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut the statement.

~ Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures we have made of your protected health information. This list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting. This time period may not be longer than 6 years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance.

~ Right to Receive Confidential Communications. You have the right to request that we use a certain method to communicate with you or that we send information to a certain location. For example, you may ask that we contact you at work rather than at home. Your request to receive confidential communications must be made in writing. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

~ Right to a Paper Copy of this Notice. You have the right at any time to request a paper copy of this Notice. You may ask us to give you a copy of this notice at any time.

~ Contact Information for Exercising Your Rights. You may exercise any of the rights described above by contacting our privacy office.

~ Complaints. If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Terms and Conditions

ASSIGNMENT OF BENEFITS/AUTHORIZATION FOR PAYMENT: The patient authorizes MedSource to directly bill Medicare, Medicaid, Medicare Supplemental, or other insurer(s) on their behalf, for medical supplies furnished to them by MedSource; and assign their rights and benefits from such insurers to MedSource.

REPLACEMENT PARTS: MedSource may provide additional sets of pumping supplies if covered by my insurance. These supplies may include tubing, flanges, a power adapter and bottles with lids.

PRIVACY NOTICE: Attached

PROVIDING INFORMATION: The patient is responsible for providing all necessary information and for making sure all certification and enrollment requirements for insurance coverage are fulfilled. He/she must report any change in my insurance coverage to MedSource within ten (10) days of such change. The patient must also confirm they have not ordered another insurance covered breast pump for my pregnancy.

RELEASE OF INFORMATION: The patient authorizes any holder of medical information about him/her to release to MedSource his/her physician(s), caregiver, CMS, its agents and to primary and/or other medical insurer any information needed to determine or secure eligibility information and/or reimbursement for covered services. MedSource may obtain medical or other information necessary in order to process claim(s), including determining eligibility and seeking reimbursement for medical supplies provided.

FINANCIAL RESPONSIBILITY: the patient is responsible for the payment of all deductibles, co-payments, out-of-pocket requirements, and non-covered services. In the event the insurer denies coverage, the patient will be billed for products/services provided by MedSource and must pay within thirty (30) days of receipt of an invoice. the patient is responsible for all late fees, interest and reasonably collection costs (including attorney's fees) for any invoice not paid within thirty (30) days of receipt.

RETURNED GOODS: Breast pumps and supplies may be returned in unopened packages with the seal intact within thirty (30) days from the date of service or purchase date. MedSource will not accept return of your breast pump or supplies if the package is opened/seal is broken. Please contact the manufacturer of your pump to determine if a program exists to recycle your pump when you are finished using it.

WARRANTY INFORMATION: Your breast pump comes with a manufacturer's warranty. The warranty is included in the box with your product and varies based on the brand. Please contact the manufacturer directly if you have any problems with your pump or need additional information regarding the warranty.

CONSENT TO BEING CONTACTED BY MEDSOURCE: The patient consents to receive, live or automated, phone calls, e-mails, texts, and pre-recorded messages from MedSource regarding products and services, at the phone number(s) or email address provided.

ABOUT FINANCIAL ARRANGEMENTS AND HEALTH INSURANCE: We are committed to providing you with the best possible care. If you have medical insurance, we are committed to helping you receive your maximum allowed benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, & most major credit cards. We will be happy to help you process your insurance claims for reimbursement of the services. Balances older than 90 days may be subject to additional collection fees and interest charges of 1.5 % per month. We must emphasize that, as healthcare providers, our relationship is with you, not your insurance company. While the filing of the insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment to your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information or any uncertainty regarding your insurance coverage, don't hesitate to ask us. We are here to help you.