



Reliable
MEDICAL

CLIENT HANDBOOK



www.reliamed.com



info@reliamed.com

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LOCATION INFORMATION

Thank you for choosing Reliable Medical for your equipment needs. We are happy to have you as a client and look forward to servicing all your equipment needs.

Reliable specializes in mobility and durable medical equipment. We are dedicated to providing customized equipment with best-in-class service. We emphasize a people first approach to ensure both a positive experience and an excellent clinical outcome. Our team is reshaping the industry by prioritizing our client experience and outcome above all else.

You'll feel like our only client.

Contact information for all Reliable Medical and family of companies can be found at www.reliamed.com/locations

If you would like a duplicate copy of the signed paperwork during delivery, please contact your local branch and a copy will be sent to you via encrypted email.

IMPORTANT INFORMATION ABOUT YOUR RECENT DELIVERY:

The equipment remains property of Reliable Medical and affiliates until you receive notification from your insurance that the equipment has been completely paid off. If you no longer need the equipment, please call your local branch to schedule the equipment pick-up. Pick-ups can be done online at www.reliamed.com/contact-us. Failure to notify us, could result in additional fees not covered by your insurance.

RELIABLE MEDICAL FAMILY OF COMPANIES:

Our clients may see documents and paperwork with any one of several names. Reliable Medical owns and operates locations as Reliable Medical Supply, LLC; A&A Medical Supplies, LLC; Certified Seating & Mobility; Capstone Medical, LLC; Complex Rehab Technologies, LLC; Hometown Medical Supplies, LLC; Med City Mobility; Orbit Medical of Chicago, LLC; Orbit Medical of Naperville, LLC; Orbit Medical Products of Madison Heights, LLC; Elite Medical Supply, LLC; Orbit Medical of Milwaukee, LLC; TD Medical, LLC; Tusk Mobility, LLC; Revolution Access, LLC. Any or all of these names are the Reliable Medical family, and any paperwork or claims with any of these entities are valid for your order.



POLICY OF RETURNS

1

Non-Customized (Stock) Equipment:

Reliable Medical and its affiliates will ACCEPT prorated (fees may apply) returns/refunds up to 30 days from date of purchase, AS LONG AS item is in new condition, with packaging intact and saleable. If a client is unsatisfied with an item, we will first offer to fix or replace it. Returns will be accepted following the standard rental agreement guidelines.

2

Special Ordered Items:

Reliable Medical (RM) WILL accept returns/refunds on specially ordered equipment that RM does not normally stock, up to 30 days of purchase if allowed by the manufacturer. Item MUST BE in original packaging and saleable. The client will be credited the purchase prices, less a 25% restocking fee.

3

Rental Equipment Return:

You may return rental equipment to Reliable Medical & family of companies for any of these reasons:

- Your physician discontinues treatment
- You sign an AMA (Against Medical Advice)
- You move outside of Reliable Medical's serviceable area
- You will use a different provider for services
- After the initial rental period of 1 month

4

Refunds:

- Credit card: will be processed immediately.
- Check: after 15 days a refund check will be issued on the next accounts payable cycle.

5

RM Will Not Accept Returns/Refunds, based on the following reasons:

- Customized Equipment: Defined as equipment custom made to the client's specifications. Upon receipt of the equipment, perform quality checks to ensure proper function and dimensions. If found defective, RM will return the equipment to the manufacturer. RM delivery personnel and the client sign the delivery ticket showing acceptance by the client.
- Respiratory Equipment: Classified as single use & disposable, respiratory masks, head gear, nasal pillows, tubing, etc, due to infection control issues.
- Bath Equipment: Due to cross contamination/infection control issues.
- Wound Care/Ostomy Supplies: Due to cross contamination/infection control issues.
- Nutrition Supplies: Due to question of proper storage methods once leaving RM.

EQUIPMENT WARRANTY INFORMATION

Every product sold by Reliable Medical carries a manufacturer's warranty. Reliable Medical will notify all Medicare Beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

Reliable Medical will repair or replace, based on manufacturer warranty and/or Medicare-covered equipment while it is still under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.



SERVICE & REPAIR

For Rental Items:

- During the rental period, Reliable Medical will provide preventative maintenance at the manufacturer's recommended interval. All maintenance and repairs will be provided at no cost to you, unless the equipment has been damaged due to misuse or neglect. After the capped rental period, ownership of the equipment is transferred to you, and it's your responsibility to arrange for any required service or repair.

For Purchase Items:

- Reliable Medical will either offer to service direct purchased equipment, arrange a contracted professional, or refer you to a contracted professional for service.
- Charges for parts may be covered under warranty, billable to your insurance, or be your sole responsibility. Warranty or insurance coverage may not be possible to confirm at time of service.

Service Appointments:

- Appointments can be scheduled via our website or calling our locations directly.

SATISFACTION & COMPLAINT PROCESS

Client satisfaction is extremely important to Reliable Medical. Of course, our goal is 100% client satisfaction; however, that is not always achieved. Every attempt is made to resolve client complaints and concerns on the same business day. This includes concerns that one may have about equipment operation and safety. These complaints are handled by our Corporate Compliance Department and by the managers of each department. A complaint form will be filled out in its entirety. All complaints are forwarded to Corporate Compliance for final resolution. Investigation of complaints and concerns are coordinated by our Corporate Compliance Department and by the appropriate department managers. Once a complaint form has been completely filled out, it will be sent to Corporate Compliance to be logged. Within 5 days, clients will be notified that the complaint was received and will be investigated. Within 14 calendar days, of the complaint, Reliable Medical will provide written notification to the client of the results of its investigation. If you would like to report any complaints, please contact Corporate Compliance at 615-236-2485 or complaint@reliamed.com. Every client has a right to have their grievances heard!

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary. The products and/or services provided to you by Reliable Medical 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 at <http://www.ecfr.gov>. Upon request, we will furnish you with a written copy of the standards.



Scan Me

CLIENT RIGHTS & RESPONSIBILITIES

As a client, you should be informed of your rights and responsibilities. If you are unable to read the statement of rights and responsibilities, it can be read for you. The full list of Client Rights & Responsibilities can be found here: www.reliamed.com/about-us.

HIPAA / PROTECTED HEALTH INFORMATION RELEASE

In order to assist Reliable Medical personnel to process your insurance claim, you must agree to this statement.

"I request and authorize Reliable Medical, the prescribing physician, hospital and any other holder of information relevant to service to release information upon request, to Reliable Medical, the payor source, physician, contracted billing companies and/or any other medical personnel or agency involved with service. I understand that Health Insurance Portability and Accountability Act (HIPAA) gives me the right to revoke this authorization upon written notice."

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully. Reliable Medical respects the medical privacy of our Clients as mandated by HIPAA. In addition, California, Texas, Minnesota (effective July 31, 2025), Tennessee (effective July 1, 2025), Indiana (effective January 1, 2026), Kentucky (effective January 1, 2026), Michigan, Ohio, and Utah, have additional consumer privacy rights and business obligations that Reliable Medical must follow. For a list of those rights and obligations, please visit our website privacy policy or request a copy from a Branch Manager.

TELEPHONE CONSUMER PROTECTION ACT

As an organization, we offer helpful administrative information by regular text messaging and encrypted emails to help coordinate delivery and service of your equipment.

When you respond to us, your message is not encrypted and there is some level of risk that information, in regular text message or email, could be read by someone besides us.

To protect your sensitive information, it is recommended that you limit the amount of protected health information (social security number, insurance number, date of birth, etc.) you include in your regular text messages or emails to Reliable Medical. If you prefer not to communicate via regular text messaging or email, or if your contact information changes, please email us at smsmail@reliamed.com.

HIPAA/PROTECTED HEALTH INFORMATION RIGHTS

HIPAA gives you specific rights in the protection of your health information. This section explains how those rights allow you to request additional restrictions to the use or disclosure of your protected health information for treatment, payment, or health care operations. However, we are not required to agree to the requested restrictions.

We normally contact you by telephone or mail at your homes address. Under HIPAA you have the right to request that we contact you at a different address or telephone number, or by a different method, such as email. We will accommodate reasonable requests. You may inspect and obtain a copy of protected health information that is used to make decisions about your care or payment for your care. We may deny a request to inspect records only in a few limited circumstances. If you request copies of records, we may charge you a reasonable fee for the copies.

HIPAA gives you the right to request amendment of the protected health information we maintain about you. We may deny your request if we determine that the record is accurate and complete, or if we did not create the record, unless the creator of the record is no longer available, or if you do not have a right to access the record. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

HIPAA gives you the right to request an accounting of certain disclosures we have made of your protected health information after April 14, 2003. The accounting is not required to include disclosures for treatment, payment, or health care operations, disclosures to persons involved in your health care or payment, disclosures for notification purposes, or disclosure with your written authorization. You may receive one accounting free of charge within a twelve-month period. We may charge a reasonable fee for all subsequent requests during the same twelve-month period.

Lastly, you have the right to obtain a paper copy of our Notice of Privacy Practices upon request. We reserve the right to change the terms of this notice, and to make the new notice provisions effective for all protected health information that we maintain. If you have any questions or would like additional information, please contact Reliable Medical, via email: compliance1@reliamed.com or US Mail, Attn: Compliance Office, 381 Riverside Dr Ste 230, Franklin, TN 37064.

ASSIGNMENT OF BENEFITS

In order to have payments for equipment and services be made directly to Reliable Medical, you must agree to the following statement:

"I hereby authorize payment from Medicare or authorized medical benefits to be made directly to Reliable Medical for the medical equipment and option/accessories furnished to me. I further authorize the release of any medical services and its agents. I understand that I am responsible for any applicable co-payment or deductibles."

In some cases, we can bill your claim "unassigned". In these instances, we will collect payment from you and payment from your insurance would come directly to you.

RENTAL AGREEMENT

- The client acknowledges the receipt of the equipment described, on the service dates indicated, and agrees that title to the equipment shall at all times be and remain with Reliable Medical (RM); that this is a transaction of lease only; that the equipment is accepted in its "as is" condition (having been inspected by the undersigned upon delivery); and further, the client agrees: To protect the equipment from all loss and damage and remain responsible for it, to release the equipment for pick-up only to a duly authorized representative of the Company, to operate the equipment only in the manner for which it was intended, to refrain from making any repairs to the equipment (but the client will notify RM in event repairs are necessary), and to promptly and faithfully pay the stated rental each month (without proration) until the equipment has been returned (it being understood that RM will credit the client's account for payments received by RM under any medical insurance program or from any third party).
- The client has been informed and agrees that RM is not a manufacturer of the equipment, and is not responsible for the adequacy of the same nor for any defects in the equipment or which may appear from the use and maintenance thereto; nor shall RM be responsible for any delay or interruption in connection with the delivery or service of the equipment or for any damage whatsoever relating to the use of the equipment; RM has not prescribed the equipment and makes no representations with regard to the suitability of the equipment for any specific purpose of the client, and assumes no liability for any warranties whatsoever, expressed or implied.
- The client irrevocably agrees to indemnify and save RM harmless from and against any claims whatsoever which may be brought by any persons whomsoever arising from the rental, delivery, and use of said equipment.

SALES AGREEMENT

- The client acknowledges receipt of the equipment described, on the service dates indicated, and agrees that the equipment is accepted in its "as is" condition (having been inspected by the client upon delivery).
- The client agrees to pay the stated price for the equipment; it being understood that credit will be given to the client's account for payments received from any medical insurance program or from any third party. RM (Seller) has not prescribed the equipment, and further makes no warranty whatsoever, expressed or implied, of merchantability or fitness for purpose. On the contrary, the client has been informed and agrees that he/she knows that Seller is not a manufacturer of equipment and is not responsible for the adequacy of the same, nor for any defects in the equipment which may appear from the use and maintenance thereof. The client agrees to accept whatever warranties are offered by the manufacturer of the equipment in lieu of any warranties of Seller. Seller is not responsible for any damage whatsoever relating to the sale or use of the equipment.
- The client irrevocably agrees to indemnify and save Seller harmless from and against any claim whatsoever which may be brought by any person whomsoever rising from the date, delivery, and use of the equipment.

POLICY OF COLLECTIONS

As a contracted provider for many insurance carriers, Reliable Medical can work with your insurance to provide benefit payment for items or services provided.

Your Responsibilities:

- Notify Reliable Medical when your insurance coverage changes.
- Pay for repairs for rented item from damage caused by misuse or neglect.
- Pay all deductible and balances left after all applicable insurance coverage.
- Forward any payments made to you from your insurance for our equipment or services to us in a timely manner. Notify Reliable Medical immediately of any changes in residence.

What Reliable Medical will do:

- Reliable Medical will collect necessary documentation to bill your insurance.
- Reliable Medical will submit a claim on your behalf to your insurance.
- Reliable Medical will reprocess any claims that are initially denied by your insurance.
- Reliable Medical will never charge you more than your responsible portion after your insurance or deductible.

Unless your health plan holds you harmless, you are responsible for the full charges in the event that your insurance payors denies payment. If your balance is turned over to a 3rd party collection service, you will be responsible for all collection cost incurred, in an amount not to exceed fifty percent (50%) of the unpaid balance. Should any unpaid balance be referred to a collection agency, in addition, should any unpaid balance due be referred to an attorney for litigation, all reasonable attorney fees and court costs shall be paid for by the undersigned as allowed by the court.

A \$10.00 late fee will be added to each invoice not paid within 60 days. As a provider of services billable under the Medicare and Medicaid program and in accordance with several state laws, Reliable Medical is required to collect all applicable deductibles and patient balances after insurance coverage.

If this creates a financial hardship, you may request an Application for Financial Hardship. Reliable Medical reserves the right to assess late fees on unpaid invoices.

MEDICARE/MEDICAID SPECIFIC INFORMATION

Determining which insurances pay first in addition to Medicare?

If any of the following situations apply, 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).

If you have additional 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.

ADVANCED BENEFICIARY NOTICE (ABN)

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 Reliable Medical 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/MEDICAID SPECIFIC INFORMATION

Rental Items & Information

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 Reliable Medical 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, Reliable Medical 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 Reliable Medical, if you stop using your equipment, if you move from your current home, or if you change insurance.

Inexpensive/Routinely Purchased Items

Medicare payment for items it deems as inexpensive/routinely purchased items:

- Canes
- Crutches
- Walkers
- Commode Chairs
- Specialty Bed Side Rails
- Most Wheelchair Accessories

If prescribed the above equipment, Medicare allows either purchase or rental of these items. If Medicare is billed for rental, they will pay only up to the purchase price. Reliable Medical 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, healthcare provider or supplier with concerns and questions. To speak to someone at Medicare call (800) 633-4227; TTY users call (877) 486- 2048 ext. 25.

PURCHASE & RENTAL INFORMATION

If you meet the coverage criteria for the prescribed equipment, Reliable Medical will work with your insurance company to submit the claim on your behalf. Based on coverage criteria, your insurance may either purchase or rent the equipment.

PURCHASE: If your insurance purchases the equipment and the accessories, insurance pays their portion in a lump sum amount according to your plan's benefits. You are responsible for any patient responsibility.

RENTAL: Based on the terms of the policy, insurance may pay a monthly rental fee. After a predetermined time period, ownership of the equipment is transferred to you. During this time you are responsible for any patient responsibility.



INFORMED CONSENT & ADVANCE DIRECTIVES

We respect your rights to make your own medical treatment decisions. In order to help you exercise the right, we follow these policies and procedures:

PATIENT CHOICE:

Medical treatment decisions are a matter of personal choice. We are committed to providing to each client the information he or she needs to understand and consider the advance directive options available under state law. The decision whether or not to act is always up to the client.

COMPLIANCE WITH STATE LAW:

We will ensure that we are in compliance with the requirements of state law, whether statutory or as set forth in applicable court cases, on the subject of informed consent to medical treatment and the formulation of advance directives by clients.

INFORMATION:

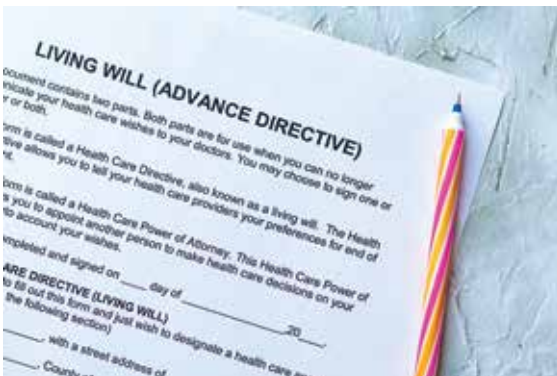
At the time of evaluation, we will provide to client's information concerning: (i) adult individual's rights to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to give advance directives; and (ii) our policies relating to implementation of these rights.

DOCUMENTATION:

We will document in each client's medical record whether or not he or she has executed advance directive. If we are provided with a copy of such directive(s), it (they) will be placed in the client's homecare record. Although we will provide information, we hope will be helpful to many clients in understanding their options, we are not permitted to give either medical or legal advice. Such consultation, if needed or desired, should be sought from a qualified physician or lawyer. Members of our staff are not permitted to act as witnesses to advance directives completed by our clients.

NO DISCRIMINATION:

Whether or not a client chooses to execute an advance directive is a personal matter and will never be a condition of providing care or a basis for discrimination for or against a client.



EQUIPMENT - SAFETY MAINTENANCE & CLEANING

These are basic guidelines and you should refer to your owner's manual for specific safety precautions and maintenance for your wheelchair, scooter or other medical equipment.

- Keep your chair free of excess dirt, mud, moisture and road salt. Once a month, wipe your wheelchair with a damp cloth and general purpose cleaner.
- Inspect your wheelchair to ensure that all nuts, bolts, and hardware are properly tightened.
- Ensure that your wheel locks are properly adjusted, and confirm that they lock the drive wheels securely.
- Check hand grips and the rubber tips on the tipping levers to ensure that they are tight and secure.
- Check for proper footrest length adjustment.
- If your physical condition or body weight changes significantly, check with your physician or therapist to confirm that your wheelchair is still appropriate.
- Avoid developing pressure sores from prolonged sitting by frequently practicing some type of weight shift.
- Do not lean forward in your wheelchair unless both feet are flat on the floor.
 - This is particularly important for users with heavy leg casts using elevating leg rests.
- During transfers, make sure power wheelchairs are turned off and wheel locks are engaged.
- Pneumatic tires, check for proper tire pressure weekly.
- Do not use or turn on other communication devices such as cellular phones, walkie-talkies, or CB radios while your power wheelchair or scooter is on.
- Use only batteries approved for use with scooters and power wheelchairs.
- Do not go up or down stairs or on steep inclines - doing so may result in some chairs tipping over.

** For additional product maintenance & cleaning guidelines visit www.reliamed.com.



PREPARING FOR EMERGENCIES

Things to Keep in Mind

- Post all important phone numbers, and program emergency numbers into your speed dial.
- Post a list of medications, recommended dosage and prescribing doctor's name and contact information.
- Change smoke detector batteries twice a year when you change the clocks.
- Remove clutter in halls, around bed, and tables. Remove or secure all rugs on the floor. Pad sharp edges of furniture.
- If in an emergency you would require assistance to get out of your home, contact your local fire department and provide advance notice of your needs.
- In case of fire, have a practiced plan in place to safely escape your home.
- Install smoke detectors, fire alarm and/or a fire extinguisher.
- Avoid smoking in bed and handle all flammable materials in a safe manner.
- Notify the electric company if you have medical equipment that requires electricity in case of power outage.
- Do not overload outlets. Use a surge protector strip for more than 2 items.
- Use only grounded outlets for medical equipment.
- Avoid contact with water while using electrical appliances.

During Emergencies

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.

24-HOUR CONTACT INFORMATION

Equipment: On-Call Services

For non-urgent issues, please leave a message with your local branch. For all emergencies, please call 9-1-1. Branch specific information can be found at www.reliamed.com/locations.

Oxygen Clients: On-Call Services

On Call: 24 hours on call service for oxygen patients.

Minnesota & Western Wisconsin: (763) 255-3800 press option 2.

Illinois, Indiana, Eastern Wisconsin and Michigan: Call (800) 430-0539.

STATE SPECIFIC INFORMATION

State	State Health Department's URL	Phone Number	Medicaid Fraud	Abuse, Neglect, or Exploitation
AL	https://www.alabamapublichealth.gov/providersstandards/complaints.html	800-356-9596	855-771-5111	866-452-4930
CA	https://www.cdph.ca.gov/	The toll-free number listed on the website by district: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx	800-822-6222	833-401-0832
GA	https://aging.georgia.gov/georgia-ship	866-552-4464 and select option 4	(404) 458-2878, ext. 664	Child: 855-422-4453 Adult: 866-552-4464
FL	https://ahca.myflorida.com/contact-ahca/file-a-complaint Special Needs Registry: Florida maintains a Special Needs Registry to assist in cases of emergencies with sheltering and evacuations. The County Emergency Management Agency will be notified through the special needs registration process of those people who are electronically dependent on equipment such as oxygen concentrators or ventilators. We can help get you enrolled if you need assistance. The state website is: http://floridadisaster.org/snr	888-419-3456	800-762-2237	800-962-2873
IL	https://dph.illinois.gov/topics-services/health-care-regulation/complaints.html	800-252-4343	866-748-2297	866-748-2297
IN	https://www.in.gov/health/itc/contact/complaints/	800-246-8909	800-403-0864	> 17 years 800-800-5556 < 18 years 800-992-6978 Disability Rights: 800-622-4845
KY	https://www.chfs.ky.gov/agencies/os/oig/dhcr/Pages/default.aspx	Abuse: 877-597-2331	800-372-2970	877-597-2331
MI	https://www.michigan.gov/lara/bureau-list/bsc/file-a-complaint-with-bsc	800-882-6006	855-643-7283	855-444-3911
MN	https://www.health.state.mn.us/facilities/regulation/filecomplaint.html	844-880-1574	612-348-4952	Children: 651-431-6600 Adults: 844-880-1574
NC	https://info.ncdhhs.gov/dhsr/ciu/filecomplaint.html	Within NC: 800-624-3004 Outside NC: 919-855-4500	877-362-8471	Children: 800-4-A-CHILD Adult: 800- 662-7030
OH	https://odh.ohio.gov/know-our-programs/complaints-nursing-home-and-healthcare-facilities/complaints-hcf-nh	800-342-0553	614-466-0722	800-282-0515
TN	https://www.tn.gov/hfc/division-of-licensure-and-regulation/filing-a-complaint.html	General Hotline: 615-253-5905 General: 877-287-0010	800-433-5454	Children: 877-237-0004 Adults: 888-277-8366
TX	https://txhhs.my.site.com/complaints/	800-458-9858	800-436-6184	800-252-5400
UT	https://docs.google.com/forms/d/10ZIXc7c6ps5uv-eV-WGMW2voX5L-Syq0nL5mrSTPSMU/edit	800-662-4157	855-403-7283	Children: 855-323-3237 Adults: 800-371-7897
WA	https://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility/FacilityComplaintProcess#heading25859	Acute and Continuing Care: 800-633-6828	833-794-2345	866-363-4276
WI	https://www.dhs.wisconsin.gov/guide/complaints.html	800-642-6552	800-488-3780	800-488-3780

ATC

MEDICAL

A Division of Reliable Medical

With over **40,000** products to choose from, our knowledgeable staff will make finding the right product a breeze.



Incontinence

Discreet and reliable protection with our premium bladder control pads



Urological Supplies

Explore cutting-edge solution to address the spectrum of supplies



Ostomy Supplies

Find the right ostomy products that are right for you with a wide variety of sizes from the leading manufactures

Contact Us:



(877) 508-4013



www.atcmedical.com



service@atcmedical.com

MEDICAL SUPPLIES

FREE
SHIPPING*
*OVER \$100

Visit us at ATCMedical.com for discounted supplies, shipped directly to you.



Skin Care

Our premium skin care supplies are designed to nourish, protect and enhance your skin



Wound Care

Promote faster healing and optimal recovery with our range of supplies



Supplies

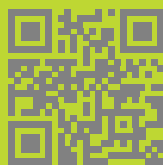
Prioritize safety and hygiene with our wide range of products

7% OFF
COUPON

YOUR PROMO CODE:

RELIAMED

Get 7% off your first order



Scan Me

For your convenience, we accept **PayPal** and all major credit cards.

Reliable
MEDICAL

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