



# PATIENT ADMISSION

Information Resource Booklet



St. Peter's Health  
HOME OXYGEN &  
SLEEP SUPPLIES



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## Dear Home Oxygen Client,

Thank you for choosing St. Peter's Health Home Oxygen & Sleep Supplies. We hope we are able to meet your needs and provide the quality of services you expect and deserve. The information included in this folder is designed to help you while we are providing your care.

Thank you for the time and effort you give to our employees who come into your home. The information you give us will help us better care for you and meet the regulatory guidelines to which we are held responsible.

Caregivers will be coming into your home on a regular basis, according to your provider's orders. Each caregiver fills out a record of the visit that becomes a part of your permanent medical record and enables us to share information with your provider.

Please feel free to contact us at any time if you have questions or concerns. We would also appreciate you completing a Patient Satisfaction Survey about our services when you receive one from St. Peter's.

Again, thank you for choosing our services. You may contact a provider who has information about your care 24 hours a day, 7 days a week by calling (406) 447-2739.

Sincerely,

The St. Peter's Health Home Oxygen & Sleep Supplies Team

We will strive to  
provide the highest  
quality services to you  
to meet your required  
medical needs.

## MISSION

To improve the health, wellness and quality of life of the people and communities we serve.

## VISION

Together, we will serve every patient, every person, every time with exceptional hospitality, compassionate care and high-quality clinical outcomes.

## VALUES

We will:

- Treat every person with **dignity, respect and loving-kindness**
- **Keep colleagues and patients safe**, in every sense of the word
- **Empower and invest in our people** to help them grow and thrive
- **Inspire collaboration** to cultivate joy, pride and a sense of belonging
- **Drive excellence** through learning, innovation and continuous improvement
- **Steward our resources wisely** so we can fulfill our mission





# PATIENT ADMISSION BOOKLET: YOUR RIGHTS TO HEALTH CARE DECISION MAKING

As an adult, you have the right to make decisions about all aspects of your health care. Your consent is required before treatment is provided. You must have information before you can make a good choice about treatment. You are entitled to know: 1) information about your condition; 2) the treatment options; 3) the likely result of the treatment; 4) side effects which may occur; 5) and, a professional medical opinion about what should be done.

After receiving this information, you have the right to decide whether you want the care. You have the right to go against medical advice and refuse treatment. You are the final authority.

There may be a time when you are so badly injured or sick that you are unable to make your wishes known. For example, you may be injured in an accident, have a stroke or have health problems that make it impossible for you to make health care decisions. Advance directives can be useful tools for decision making if you are not able to exercise that right yourself. They allow you to let your wishes be known while you are still able. They provide a basis for decision making when you are unable to do it yourself.

The following is a discussion of two types of advance directives available under Montana law and some commonly asked questions about their use. It is important to give them some careful thought and discuss them with other persons such as your family, friends, doctor, clergy or lawyer before deciding if you want to make advance directives.

## LIVING WILLS

A Living Will is a document which allows you to tell others what care you want or don't want should you become terminally ill. It is used only in situations where your doctor thinks you have an incurable health condition that will cause your death and you are no longer able to make health care decisions.

You can choose between two options in a living will:

- You can state the kinds of life sustaining care you want or don't want; or
- You can appoint someone else to make decisions for you about the use of life sustaining care. The person you appoint is usually called your "agent."

If you choose not to have life sustaining care, you will still be given treatment to make you comfortable and as pain free as possible.

## DURABLE POWER OF ATTORNEY

This kind of power of attorney allows you to appoint someone else to make health care decisions for you when you can't make them. It would be used if you were injured or ill, but not expected to die from the injury or illness. You'll want to appoint an adult relative or friend whom you can trust. Be sure you let them know your wishes about the kind of medical care you want.

# YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT OF HOME OXYGEN

## STATEMENT OF BELIEFS

It is Home Oxygen's belief that patients should be fully informed, both orally and in writing, of Home Oxygen's policies regarding patient care and the mutual responsibility of Home Oxygen and the patient before care is begun. The patient's guardian or family may exercise these rights if the patient is unable to participate in care decisions.

### **As a Home Oxygen patient, you have the right to:**

- Be given information about your rights prior to receiving Home Oxygen Services.
- Be treated with dignity, courtesy and respect by all who provide Home Oxygen Services to you, including respect for your property. To be free from any mental, physical abuse, neglect or exploitation of any kind by Home Oxygen Staff.
- Voice grievances or complaints regarding treatment, care or lack of respect to you or your property without discrimination or reprisal. The family or guardian of a patient judged to be incompetent may exercise the patient's rights. Complaints will be documented, investigated and resolved. Patients and/or families will have the opportunity to participate in discussion and resolution of ethical issues related to patient care.
- Receive service without regard to race, creed, gender, age, handicap, sexual orientation, veteran status, lifestyle, or method of payment.
- Have privacy during interview, examination, and treatment, and to refuse observation by those not directly involved in the care.
- Receive an explanation of all forms that you are requested to sign.
- Be provided (or assisted) by Home Oxygen, whenever possible, with special devices, interpreters, or other aids to facilitate communication.
- Be informed of the names and qualifications of individuals providing care.
- Be informed of Home Oxygen's policies and procedures regarding disclosure of clinical records and be assured of confidentiality of your clinical records. Clinical records shall be released only as required by law or as authorized by the patient in writing. All communications, written or oral, between the patient and health care providers will be considered confidential information and held to the above standards.
- Have access to all health records pertaining to themselves and opportunities to question portions of the record, if needed.
- Be advised, orally and in writing, of the extent to which payment can be expected to be made for items/services furnished by Medicare, Medicaid, insurance or personal payment or any federally funded programs of which the agency is aware.
- Be advised of the toll-free, 24 hour, 7 days/week hot line telephone number established by the State of Montana: 1-800-762-4618. The purpose of this hot line will be to answer questions or to receive complaints about Home Care agencies.
- Receive and access services consistently and in a timely manner. It is Home Oxygen's policy that the response to a need for equipment or supplies will be made within 24 hours after the referral is received, or as ordered by the physician.
- Be provided with equipment in good working order and to have the proper supplies to operate equipment in the manner it is designed.
- Be informed of client condition, nature and purpose of technical procedures and treatments.
- Participate in the selection of options for alternative levels of care or referral to other organizations, as indicated by the patient's need for continuing care; to be referred to another provider agency if Home Oxygen is unable to meet the patient's needs or if the patient is not satisfied with the care he/she is receiving.

- Be informed, both verbally and as part of the care plan, the patient's responsibility in assessing, educating and supporting the Home Oxygen home care process.
- Refuse treatment, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.

**The patient, family and/or guardian recognize the responsibility to:**

- Provide an accurate history and accurate insurance and financial information.
- Engage a physician, licensed in the state of Montana, and remain under medical supervision.
- Review and understand Home Oxygen safety information and to take an active role in maintaining a safe environment in your home.
- Follow through on established emergency plan.
- Treat Home Oxygen personnel with dignity, courtesy and respect.
- Notify Home Oxygen if they wish to cancel services and/or prescribed treatment.
- Notify Home Oxygen if unavailable for scheduled visits.
- Inform your physician of perceived complications or side effects of prescribed treatments.
- Notify Home Oxygen of other service agencies involved in your care.
- Notify Home Oxygen of any and all changes in the physician or insurance coverage.
- Provide a safe work environment for the employees of Home Oxygen.
- Inform Home Oxygen when you are encountering any problems with service or equipment.
- Properly care for all rental equipment prescribed by your physician.

## PETS IN THE HOME

The goal of St. Peter's Health Home Oxygen is to deliver medical products and services that patients need in a timely manner while ensuring the safety of our staff. This includes minimizing potential for injury caused by animals.

Pets can be territorial, protective of their owners, may feel threatened or unexpectedly behave aggressively when unfamiliar people come to their home. These furry friends may cause a personal injury and for everyone's protection, we ask that during deliveries your pet be kept in another room/enclosed area or controlled on a leash.

**Home Oxygen personnel have been instructed to do the following:**

- Do not enter the home or area where an unrestrained animal is located.
- If already inside the home, calmly leave and return to the Home Oxygen vehicle.
- Contact you from inside the vehicle by phone and ask you to relocate your pet.
- If you comply with the request, Home Oxygen will enter the home and attend to your needs.
- If you do not comply in a way that ensures the safety of our Home Oxygen personnel, they have been instructed to leave the residence. You will then be contacted by the Home Oxygen Manager to discuss the issue.

In some situations, it may be necessary to make other arrangements to receive the services that you need.

St. Peter's Health policy requires animal bites to promptly be reported to the Helena Police Department.

Please help St. Peter's Health ensure the safety of our staff and your pet. If you have any questions, please call the Home Oxygen Manager at (406) 447-2739, Monday-Friday, 8:00 am - 4:30 pm.

# HOME SAFETY

Careful planning may help prevent injuries. Prevention of any injury should be a top priority. Many of the accidents that occur at home account for a large amount that result in injury and death. Those who are at the highest risk are:

- Young children
- Those over the age of 60
- Those with a weak gait or balance problem
- Those who rely on special equipment
- Those who may have additional needs or require help

Remember that emergencies can happen to anyone. Whether it is fire, natural disasters or any other type of emergency, it can happen to you. It is very important to be prepared to face any disaster. Proper preparation may help you feel safer and more comfortable until help arrives.

Remember, to make you and your family safe you must become safety aware. Correct problems before they cause injury and be prepared in the event of an emergency.

**To find out how prepared you are, complete the following checklist:**

## SMOKE ALARMS

- Smoke alarms are on every level of the home.
- Smoke alarms are inside and outside sleeping areas.
- Smoke alarms are tested each month.
- Smoke alarm batteries are changed as needed.
- Smoke alarms are less than ten years old.

## FIRE EXTINGUISHERS

- Keep fire extinguishers on hand.
- Learn how to use fire extinguishers.

## CARBON MONOXIDE ALARMS

- Carbon monoxide alarms are located on each level of the home.
- Carbon monoxide alarms are less than seven years old.

## ESCAPE PLAN

- There is a fire escape plan that shows two ways out of every room.
- Everyone knows where the safe meeting place is outside of the home.
- Everyone living in the house practices the escape plan twice a year.

## ELECTRICAL AND APPLIANCE SAFETY

- All electrical cords are in good condition and not broken or cut.
- Dryers are cleaned of lint after every use.
- All plug outlets are safe and do not feel warm when you touch them. (If they are warm, call the landlord or an electrician.)
- Use newer space heaters according to manufacturer's recommendations.
- Make sure chimneys are clean if using a wood stove.



# OXYGEN SAFETY

Our lungs use the oxygen in the air when we inhale and we breathe out carbon dioxide when we exhale. Getting enough oxygen in our bodies is very important to our health. If we are not getting enough oxygen a provider may prescribe supplemental oxygen to help get the extra oxygen our body needs. Medical oxygen is prescribed by a provider and is considered a prescription drug.

Oxygen has to be handled with care. Using oxygen can be a fire hazard because anything that can catch fire will burn hotter and faster with oxygen present. Please follow these safety guidelines to help prevent a fire and/or injury to yourself or others:

## ALWAYS:

- Make sure the house has functional smoke detectors.
- Keep a fire extinguisher with an ABC rating in your house.
- Keep a back-up oxygen system ready in case of an emergency.
- Keep oxygen tanks secure in stands or lying down on their side.
- Keep oxygen at least 10 feet from any open flames or heat sources.
- Make sure oxygen tubing is secured away from walking paths to avoid trips and falls.
- Keep the room where oxygen is stored well ventilated.
- Put a “No Smoking. Oxygen in Use” sign on the front door or door used as the main entrance to the house.
- Make sure the oxygen is turned OFF when not in use.
- Only use distilled water in a humidifier bottle attached to the oxygen concentrator.
- In case of a fire, turn off all oxygen equipment, get out of the house to a safe place and then call 911.
- Plan and practice a fire escape plan.

## NEVER:

- Allow smoking or open flames in the same room as the oxygen being used.
- Use oil on the oxygen device or handle the oxygen equipment with greasy hands.
- Use electrical appliances that produce heat or that could spark while wearing oxygen.
- Use oil or petroleum based products to moisten your lips or nose when using oxygen. Only use water-based products.
- Use or store flammable products near oxygen equipment.
- Store oxygen in a closet or other poorly-ventilated room.

## OXYGEN USED WITH CPAP

- ALWAYS make sure that the CPAP device is turned on and airflow is generated before the oxygen supply is turned on. Always turn the oxygen supply off before the device is turned off, so that the unused oxygen does not accumulate within the device enclosure and create a risk of fire.
- If you are not able to reach your oxygen concentrator from your bed, disconnect the CPAP tubing from the CPAP unit before turning off your CPAP and do not reconnect your CPAP tubing until your CPAP machine is turned on.

***If you would like help to quit smoking, please call the Montana Tobacco Quit Line at 1-800-784-8669.***

# INFECTION CONTROL

Hand washing is the most important preventative measure you can take to remove germs (micro-organisms) from your hands, including the fingers and wrists. If not removed with soapy water or an antimicrobial hand gel, germs can cause an infection. Germs are so small you that can't see them. Even when your hands don't look dirty, germs can be present.

## PROPER HAND WASHING INCLUDES:

- Moisten your hands with warm water and apply a heavy lather of soap over your hands and wrists.
- Using a rotating, rubbing motion, wash your hands a minimum of twenty (20) seconds. Pay special attention to the areas between your fingers and under your nails.
- Rinse well, one hand at a time, allowing the water to flow down and away from your fingertips.
- Dry your hands thoroughly using paper towels.
- Use the paper towel to turn off the faucets and discard the used paper towel in a waste basket.

## WHEN TO WASH YOUR HANDS:

- Whenever your hands look or feel dirty.
- After using the toilet.
- After covering a cough or sneeze, or blowing your nose.
- Before eating or handling food.
- Before and after caring for someone who is sick.
- Before and after changing a wound dressing.

# WHAT TO DO WHEN THE POWER GOES OUT

Power failures have many causes: storms, construction mishaps, earthquakes, extreme heat and severe weather to name a few. Below are a few safety tips that should help you avoid problems until the situation is resolved.

- Check to see if your neighbors have electricity. Perhaps the problem is only yours and a new fuse or resetting the circuit breaker is all that is needed.
- If you determine that you have a problem, report it to your local utility company.
- Turn off major appliances to avoid overload when the power is restored.
- Don't open the freezer and refrigerator doors; preserve what cold air is in there.
- Leave one light turned on so you'll know when the power is restored.
- Be alert for downed power lines. Don't go near them. Report them to your utility company.

## PREPARING FOR A POWER OUTAGE

- If storm warnings are issued, or if you see lightning, disconnect sensitive electronic equipment such as computers, TV sets and VCRs to avoid damage to them.
- Keep an emergency kit in a handy location stocked with flashlights, candles, matches, a portable battery operated radio and extra batteries.
- Have a supply of drinking water.

## KEEP WARM DURING A WINTER POWER OUTAGE

- Dress warmly.
- Eat high energy food to generate body heat. Raisins, nuts or candy are a good start.
- Close off as many rooms as possible. Heat only one room and center you activity in that room. Select a room on the warm side of the house away from prevailing winds.
- Keep doors and curtains closed.
- Use your fireplace if you have one. If not used, make sure the flue is closed.
- Be sure to ventilate properly if you heat with any source that uses open flame. Cross ventilate by opening a window an inch on each side of the room. It is better to let some cold air in than to run the risk of carbon monoxide poisoning.

# PATIENT REFERRAL GUIDE TO HOME CARE SERVICES

St. Peter's Health offers a complete range of professional Home Health and Hospice care through its Home Health department. Home Health and Home Oxygen are both departments of St. Peter's Health and have a financial relationship with that entity. Below are the services that can be provided in your own home through Home Health and Home Oxygen.

*St. Peter's Health bills Medicare, Medicaid and private insurance companies.*

## ST. PETER'S HEALTH HOME HEALTH

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### **Medicare/ Medicaid Certified Skilled Services**

(all payer sources accepted)

- Registered nurses (RNs)
- Speech and language pathologists
- Licensed practical nurses (LPNs)
- Social workers (MSS)
- Certified home health aides
- Medical equipment and supplies arrangements
- Physical therapists
- 24-hour on-call nurses
- Occupational therapists

### **Home Infusion**

Our Home Infusion Team of registered nurses and pharmacists are experienced in providing care for a variety of high-tech treatments.

- 24-hour coverage by registered nurses and pharmacists.
- Pharmacist to oversee therapy, monitor drug reactions, dose effectiveness and any side effects.
- All setup and equipment delivered to patient home.
- Education provided by the Home Infusion team for patient, caregiver and family members.
- Individualized dosing calculations.

## ST. PETER'S HEALTH HOSPICE

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In addition to all of the services provided by Home Health, St. Peter's Health Hospice's services include:

- Regular nursing visits for assessment and pain and symptom management
- Personal care assistance
- 24-hour on-call nurses for emergencies
- Full-time nursing in the home during medical crises
- Short-term inpatient care for symptom management
- Physical, speech and occupational therapy related to symptom control
- Medical equipment and supplies
- Coverage for drugs related to the terminal illness with benefit status
- Emotional support
- Assistance with Social Services
- Educational and consulting services
- Pastoral care
- Respite care
- Bereavement care
- Volunteer Services: companionship, massage therapy, music therapy

### **Limitations of Hospice Services:**

- Response time for call from staff could be 15 minutes
- Mileage limitation of greater than 1 hour travel time
- Limited hospice aide visits

## ST. PETER'S HEALTH HOME OXYGEN & SLEEP SUPPLIES

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### **Home Respiratory Equipment and Supplies:**

- Oxygen concentrators
- CPAP/BIPAP and related supplies
- Medication nebulizers
- Suction equipment
- Portable oxygen concentrators - for purchase only

### **Home Oxygen Services:**

- On-call staff available for your oxygen needs 24/7
- Licensed respiratory therapists
- Oxygen conserver testing
- Patient education

# PROBLEM SOLVING PROCEDURE

Our goal is to assist patients in returning to their maximum level of functioning and to provide all services possible to help them stay at home in their usual and customary surroundings. We are committed to assuring that your rights are protected. If you feel that our staff has failed to follow our policies or has in any way denied a patient their rights, please follow these steps without fear of discrimination or reprisal.

Please call (406) 447-2739 and ask to speak to the Manager of Home Oxygen or send your complaint in writing to St. Peter's Health Home Oxygen, 2475 Broadway, Helena MT 59601. Most problems can be solved at this level. If you are not satisfied with the results, you may appeal to the Patient Advocacy Complaint Line at (406) 447-2566. You will receive a response within five (5) calendar days that Home Oxygen has received the complaint and that it is investigating. Within 14 calendar days, Home Oxygen will provide written notification to you of the results of its investigation and response.

If you feel satisfactory action has not been taken, you may contact the Montana State Home Care Hot Line, at 1-800-762-4618, which receives complaints or questions about local home care agencies. Their hours of operation are 24 hours a day, 7 days a week. On weekends and holidays, a message will be taken.

St. Peter's Health Home Oxygen is an accredited organization of the HQAA (Healthcare Quality Association on Accreditation). Filing complaint information is available at HQAA.org, or 1-866-909-4722.

## MONTANA HOME HEALTH HOTLINE TOLL-FREE NUMBER

Call 1-800-762-4618 to ask questions or to lodge complaints about Home Health Agencies.

Hours: 24 hours a day, 7 days a week

# MEDICARE D.M.E.P.O.S. SUPPLIER STANDARDS

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 St. Peters Health Home Oxygen & Sleep Supplies 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 [ecfr.gov](http://ecfr.gov). Upon request we will furnish you a written copy of the standards.

# BILLING

We know that the billing process can sometimes be confusing. At St. Peter's Health, we are committed to helping make the process of managing health care costs as simple and worry-free as possible.

If you're ready to pay a bill, there are several ways to pay, including our online payment portal. If you have questions, our local team of patient billing experts is ready to help you to understand how to pay your bill, the billing process, outline financial assistance options and offer estimates for future services.

Do you have questions? Connect with a local patient billing expert team! Call (406) 447-2783.

## PAY YOUR BILL ONLINE

You can view your current balance, pay your bill or set up a payment plan using the St. Peter's Health Payment Portal at [sphealth.org](http://sphealth.org).

## FINANCIAL ASSISTANCE

St. Peter's Health is committed to helping our patients work through financial issues that may arise before or after treatment. We are here to help ensure these issues never prevent anyone from seeking care by providing access to financial counselors, offering zero-interest payment plans and free or discounted care for those who qualify through our assistance program.

If you have concerns about paying for medical services, please contact one of our Financial Counselors at (406) 447-2828 or [click here](#) to learn more about how we can help you.

## BILLING SERVICES LOCATION

St. Peter's Health Regional Medical Center  
2475 Broadway  
Helena, MT 59601

## UNDERSTANDING YOUR RESPONSIBILITY

By working together, we can minimize misunderstandings, payment delays and billing costs.

To help make the billing process as easy as possible, we bill your insurance company directly. However, insurance benefits do not always cover the complete cost of care. If you are unsure of your coverage for a particular medical procedure or test, we recommend that you contact your insurance provider before scheduling the appointment. Please note, you are responsible for any charges not covered by your benefit plan.

Once you receive your first statement, your account balance is due within 30 days. If you are unable to pay, please contact us as soon as possible to make payment arrangements.



# I SIGNED AN A.B.N. NOW WHAT?

You may get a written notice called an "Advance Beneficiary Notice of Noncoverage" (ABN) from your health care provider, or supplier if you have Original Medicare and your doctor, provider, or supplier thinks Medicare probably (or certainly) won't pay for the items or services you got.

The ABN lists the items or services that Medicare isn't expected to pay for, along with an estimate of the costs for the items and services and the reasons why Medicare may not pay.

You'll be asked to choose an option box and sign the notice to say that you read and understood it. You must choose one of these options:

- Option 1: You want the items or services that may not be paid for by Medicare. Your provider or supplier may ask you to pay for them now, but you also want them to submit a Claim to Medicare for the items or services. If Medicare denies payment, you're responsible for paying, but, since a claim was submitted, you can appeal to Medicare. If Medicare does pay, the provider or supplier will refund any payments you made (minus the copayments and deductibles you paid).
- Option 2: You want the items or services that may not be paid for by Medicare, but you don't want your provider or supplier to bill Medicare. You may be asked to pay for the items or services now, but because you ask your provider or supplier to not submit a claim to Medicare, you can't file an appeal.
- Option 3: You don't want the items or services that may not be paid for by Medicare, and you aren't responsible for any payments. A claim isn't submitted to Medicare, and you can't file an appeal.

An ABN isn't an official denial of coverage by Medicare. You have the right to file an appeal if payment is denied when a claim is submitted.

If you have Original Medicare, start by looking at your "Medicare Summary Notice" (MSN). You must file your appeal within 120 days of the date you get the MSN.

- Fill out a "Redetermination Request Form" and send it to the company that handles claims for Medicare. Their address is listed in the "Appeals Information" section of the MSN.
- Or, send a written request to company that handles claims for Medicare to the address on the MSN.
- Include this information in your written request:
  - Your name, address, and the Medicare Number on your Medicare card.
  - Circle the items and/or services you disagree with on the MSN. Or, list the specific items and/or services for which you're requesting a redetermination, and the dates of service.
  - An explanation of why you think the items and/or services should be covered.
  - The name of your representative, if you've appointed a representative.
  - Any other information that may help your case.

You'll generally get a decision (either in a letter or an MSN) called a "Medicare Redetermination Notice" within 60 calendar days after they get your request.

**If you have been setup on oxygen, Cpap/Bipap, or nebulizer equipment and have signed an ABN please contact our office at (406) 447-2739 as soon as possible to talk to our staff about what you will need to do to get your equipment rental or supplies covered by your Medicare insurance.**

## REFERENCE LINKS:

[medicare.gov/claims-appeals/your-medicare-rights/advance-beneficiary-notice-of-noncoverage](https://www.medicare.gov/claims-appeals/your-medicare-rights/advance-beneficiary-notice-of-noncoverage)  
[medicare.gov/claims-appeals/how-do-i-file-an-appeal](https://www.medicare.gov/claims-appeals/how-do-i-file-an-appeal)

# CALLING FOR HELP

The following list is intended as a guideline to help you determine what to do when certain events occur.

## GO TO THE NEAREST EMERGENCY ROOM OR CALL "911" FOR:

- Unconsciousness or decreasing level of consciousness
- Severe breathing difficulty
- Chest pain that does not stop
- Bleeding that does not stop
- Fall with suspected injury
- Other \_\_\_\_\_

## CALL HOME OXYGEN AT (406) 447-2739 DURING BUSINESS HOURS FOR:

- A message for your Respiratory Therapist or Delivery Driver
- Need to cancel or change an appointment
- Questions about equipment needs
- Information about other services
- Questions about charges
- Admission to the hospital

## ON-CALL SYSTEM

**Call (406) 447-2739.** Your call will be directed to the delivery driver on call. Please have the following information available: Patient name, address, who is calling and relationship, and the problem. The delivery driver may have to call you back shortly, so please leave a message. It is the on-call person's goal to help the patient to solve the problem over the phone. The on-call person will determine if a visit is needed and get there as soon as possible depending on travel time.

## YOUR PRESCRIPTION:

Your provider has ordered your oxygen to be used in the following manner:

\_\_\_\_\_ liters per minute during normal activity.

\_\_\_\_\_ liters per minute at night.

\_\_\_\_\_ liters per minute when exercising.

\_\_\_\_\_ liters per minute continuously.



## ST. PETER'S HEALTH HOME OXYGEN & SLEEP SUPPLIES

Call **(406) 447-2739**

Office hours: Monday - Friday from 8:00 am - 4:30 pm (except holidays)

After hours, holidays: There is a delivery driver on-call 24/7

**For Ambulance, Police, Fire or Emergencies call: 911**



St. Peter's Health  
HOME OXYGEN &  
SLEEP SUPPLIES