



# **ActiveCare<sup>®</sup>**

**SAFE DVT PREVENTION**

## Patient Reference Guide

24/7 Customer Service Center 1-800-377-5804

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## Post Therapy Device Return Instructions

### Step 1:

You have been provided with a box and a prepaid FedEx label at the hospital by the ActiveCare patient care representative. If the box or label has been lost or is unusable, call the Customer Care Center at **1-800-377-5804** or email **[customercarecenter@mcsmed.com](mailto:customercarecenter@mcsmed.com)**

### Step 2:

The following items should be shipped back in the provided FedEx box:

- ActiveCare Device
- ActiveCare AC/DC adapter
- A pair of blue extension tubes
- Compression sleeves

### Step 3:

If you would like us to arrange for your package to be picked up from your home, call the ActiveCare Customer Care Center line at **1-800-377-5804**. You may also choose to drop off the package at a FedEx location or any FedEx drop box.

**Please return all four items listed no later than seven days after your treatment end date.**

## Customer Care Hotline

### 24/7 Customer Care Line 1-800-377-5804

Our hotline is available 24 hours a day, 7 days a week for common questions, concerns or service on your equipment.



### Emergency Preparedness

In cases of environmental disaster or emergency resulting in electrical power failure at your home, the ActiveCare+S.F.T.® System, when fully charged, will continue to operate up to 5 hours on battery power. In instances of electrical power failure in excess of 4 hours, it will be necessary for you to find another electrical power source to operate the unit, and recharge the internal battery.

In the event of a natural disaster (earthquake, blizzard, or flood), every possible effort will be made to assure that your medical needs are met. Please tune to Local Radio broadcasts for any event that may cause telephone and power outage for any additional instructions.



# Home Safety Checklist

## House in general

- Remove throw rugs and tack down loose carpeting
- Remove electrical cords, telephone cords, toys, and other tripping hazards
- Fix or be aware of uneven flooring and surfaces
- Provide good lighting
- Cover slippery surfaces with carpets that have nonskid backs
- Place regularly used items such as remote controls, medications, and reading materials in convenient and easy-to-reach locations
- If your mail is delivered to an outdoor box, contact your post office to request delivery to your door

## Kitchen

- Stock up on canned and frozen foods
- Prepare meals ahead of time and freeze them
- Store food in a cupboard that's waist to shoulder level
- Place frequently used cooking supplies, pots, pans, plates, and utensils on the counter or where they can be easily reached

## Bathroom

- Stock up on toilet paper, shampoo, toothpaste, medications, and other personal items
- If your shower has doors, replace them temporarily with a curtain
- Put a chair in your shower
- Get a hand-held shower head
- Get a raised toilet seat
- Get a shower sponge with a long handle
- Put handrails in the shower and next to the toilet
- Place a slip-proof mat in the shower
- Install a nightlight

## Home Safety Checklist (cont.)

### Bedroom

- Set up your bed on the first floor if you can
- Place loose clothing and pajamas in waist- to shoulder-level drawers or closets
- Install a nightlight

### Other

- Make sure you have easy access to a phone. Consider using a cordless or cell phone
- To keep your hands free to use for balance, consider using a walker basket, fanny pack, small backpack, or an apron with large pockets to hold things you'll want nearby

### What is deep vein thrombosis (DVT)?

Deep Vein Thrombosis (DVT) is a blood clot that forms in a vein, deep in the tissues of the lower extremity. Blood clots commonly form in the deep veins of the calf or thigh, following total joint replacement or prolonged immobilization if not treated prophylactically. Left untreated, these clots can cause disability or become life-threatening if they become mobile (pulmonary embolism) and travel throughout the body.

### How does ActiveCare+S.F.T. prevent DVT?

The ActiveCare+S.F.T. System is designed to improve blood flow in the veins and to help prevent DVT. The system delivers continuous enhanced circulation therapy (C.E.C.T.) to the lower extremities. It works by applying intermittent, sequential compression to the legs in a systematic pattern, increasing the speed of blood flow in the veins and reducing the risk of clot formation.

### How is ActiveCare different?

The ActiveCare System determines the venous phasic flow of each patient and synchronizes the compressions to the patient's individual flow pattern. This synchronization ability is clinically proven to be effective and safe DVT prevention.

### **I have just undergone a major surgery and am presently immobile. My doctor has explained to me that I am at high risk for DVT development and has strongly advised me that I need pneumatic therapy to minimize the danger. Does this mean that I am confined to my bed for the duration of treatment?**

No, unless your health care provider advises you otherwise, you will NOT need to be confined to your bed during treatment with the device. The ActiveCare+S.F.T. System is designed to prevent the onset of DVT. When a patient has a problem that limits ambulation, the ActiveCare+S.F.T. System enables the body to simulate venous flow. This unique battery-powered system is lightweight, portable and comfortable to wear, so that you can disconnect the device from the mains supply for up to 5 hours. You can take the device with you wherever you go: Walk around, sit outside, and even travel. Be careful to follow all of your physician's instructions regarding post-surgical care.

### What should I do if there are problems with the device?



## FAQs (cont.)

Please follow the instructions and Help Menu on your Error Screen or in the PATIENT MANUAL. If any problem persists or cannot be solved, please contact your local ActiveCare+S.F.T. provider.

### How do I wear the ActiveCare+S.F.T.?

You may use the device's carrying strap in order to wear the device. The strap may be worn diagonally across the shoulder, to prevent slipping or discomfort. You may also adjust the carrying strap and use it to hang the device over a cart or bed side bar. The device should always be worn together with the sleeves. Sleeves may be worn directly on the skin and/or under sweat pants to hide the tubing connected to the sleeve.

### How do I charge the batteries?

The batteries in the device recharge themselves from the moment the mains to the device is connected to the power supply. If the battery level indicator displays "Battery Low", all you need to do is re-connect the device to the power supply until it is recharged. Once the batteries are fully charged, a message on the device screen will display that the battery charging has been completed. The device may be used while the batteries are charging.

### What are common problems I may encounter while using the device?

Low battery level (battery lasts up to 5 hours): Re-connect the device to the power supply and recharge the battery.

Air blockage (usually due to a kink in the tubing): Make sure the air can move freely through the tubing and that there are no kinks or blockages. In case of Air blockage please contact your service provider.

Air Leakage (usually due to poorly connected tubing): Make sure the tubing is well connected to the sleeves and to the device.

### How do I track compliance (usage) level?

The device is equipped with an easy to read LCD screen, to assist you in keeping track of your personal usage and to closely follow your doctor's instructions.



## FAQs (cont.)

### How do I know that my compliance level is OK?

ActiveCare+S.F.T is designed to be comfortably used on a 24-hour basis. You may use the device during normal daily activities, except in the shower or bath. You may take breaks from using the device for no longer than 30 minutes at a time.

### Is the device sensitive to heat or water?

The device is sensitive to both heat and water. It should not be covered by pillows or blankets or taken into a wet or steamy environment, such as in the shower, swimming pool or rain. Make sure it is used in temperatures between -10°C to +30°C / 14°F to +86°F.

### Is it necessary to clean the device or leg sleeves?

There should be no need to clean ActiveCare+S.F.T. The device, tubing and charger have been cleaned beforehand. If you choose to clean any part of the system, you may use a damp towel with 70% alcohol, but do not wet the pump. Your disposable leg sleeves are for your personal use only. You may clean the sleeves as explained above but do not machine wash them.

### Is it necessary to use a different AC/DC charger adapter than the one that I received with the device?

You must only use the ActiveCare+S.F.T. charger that you received together with the device. Make sure to take the adapter with you on the day of your discharge or when you are traveling.

### What if I experience difficulty in operating the device?

Refer to the User Manual or call our 24/7 Customer Care line at 1-800-377-5804.

## ActiveCare+S.F.T. System Equipment Warranty

The proper construction, workmanship and materials of the Leased Units and Sleeves are guaranteed by MCS throughout the term of the Agreement. Throughout the term of the Agreement, MCS agrees to service and/or adjust any device or transformer as required if returned for that purpose, and to replace and/or repair any part that is proven to be defective, without labor or parts charges. All such replacement and/or repair services provided by MCS will be performed in a professional and workmanlike manner, and consistent with applicable industry standards, and all replacement parts provided by MCS under this warranty, and all Leased Units and Sleeves repaired by MCS under this warranty, are guaranteed by MCS as to their proper construction, workmanship and materials.

This guarantee does not cover any of the following:

1. Transportation costs and risks.
2. Periodic check-ups, maintenance and repair.
3. Failure or wear of accessories or other attachments, including, but not limited to, tubing, batteries or individual disposable thigh, calf or foot sleeves.
4. Damages of any kind caused accidentally or through shipping, tampering, negligence and/or misuse, including liquid immersion, autoclaving, or ETO sterilization.
5. Costs for repairs and/or defects resulting from repairs carried out by unauthorized persons.

The MCS obligation to Lessee under this warranty is limited to the repair or replacement of Leased Units and Sleeves returned to the indicated service address, transportation charges prepaid, during the term of the Agreement. To repair or replace a defective Leased Unit and Sleeve covered by this warranty, please send it, transportation charges prepaid, to:

Medical Compression Systems, Inc.  
Attn: RGA center  
2352 Main St., Suite 102  
Concord, MA 01742  
1-800-377-5804

# Patient Rights and Responses

## Patient Rights and Responsibilities Overview

Medical Compression Systems, Inc. acknowledges that having a list of Patient Rights is not enough to ensure that patients or caregivers are treated with the dignity they deserve. Our representatives must also create a caring environment through appropriate and effective communication, respecting our patients' position on the health care team, and prevention from abuse or fraud.

## Patient Rights and Responsibilities Communication

Communication is the most important piece of the puzzle, which is patient care. If effective, proper communication will ensure participation by the patient or caregiver. This will, in turn, maintain safe quality care. It is the right of all individuals that we speak to them in a way that fosters this important factor. If needed, it is the duty of the employee in each patient interaction to seek out alternative methods of communication in order to aid conveying information. Such alternatives maybe; pen and paper, written materials, or even translators.

Medical Compression Systems, Inc. also recognizes that feedback from our patients or caregivers is just as important. Each patient is provided with a communication form as a way to document any questions, concerns, or suggestions. Also whenever provision of care is stopped, an evaluation form is given to the patient or caregiver in order to further improve service and guide future practice.

## Patient Rights and Responses (cont.)

### Patient Bill of Rights

MEDICAL COMPRESSION SYSTEMS, INC. wants you, the consumer, to make an informed decision relative to the home care services you are receiving. Medical Compression Systems Inc. will utilize the following guidelines while providing patient care. The patient has the following rights:

- To receive equipment or supplies in a timely manner.
- To choose which home care provider they receive services.
- To receive the prescribed services without regard to age, sex, race, religion, physical or mental handicap, veteran status or lifestyle.
- To be provided with the necessary information so that he/she can give informed consent to receive service, the continuation of service or the termination of service.
- To participate in decision regarding care.
- To have care provided by qualified personnel who are knowledgeable to provide level of care required.
- To receive and review all company documentation relative to the service being provided.
- To have the right to privacy in your home.
- To voice grievance.
- To receive, at admission, information regarding the payment of service.
- Be free from any mental, physical abuse, neglect or exploration of any kind by Medical Compression Systems, Inc. staff.
- To have his/her property treated with respect.

## Patient Rights and Responses (cont.)

### Patient Rights and Responsibilities Patients Responsibilities

Medical Compression Systems, Inc. leadership expects our patients to:

- Give accurate and complete information concerning your past illnesses, hospitalization, medications, allergies, infections, diseases and other pertinent information.
- Maintain a safe environment.
- Participate in the development of and adhere to your homecare plan.
- Contact your physician whenever you notice any change in your condition.
- Inform Medical Compression Systems, Inc. if you are admitted to the hospital or nursing home.
- Inform Medical Compression Systems, Inc. if you are having trouble with your equipment.
- Inform Medical Compression Systems, Inc. if you change physicians or there are any changes in your homecare prescription.
- Maintain all equipment as instructed by Medical Compression Systems, Inc. personnel as outlined in procedure manual.
- Ensure that the financial obligation for your equipment is fulfilled promptly.

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next visit.

## Understanding Your Health Record/Information

Each time you visit with a healthcare provider, a record of that visit is made. Typically, this record contains your symptoms, any examination or test results, diagnoses, treatment, equipment or supplies necessary for your care, and a plan for future care or visits. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
  - means of communication among the many health professionals who contribute to your care
  - legal document describing the care you received
  - means by which you or a third-party payer can verify that services billed were actually provided
  - a tool in educating health professionals
  - source of data for medical research
  - source of information for public health officials charged with improving the health of the nation
  - source of data for facility planning and marketing
  - a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- Patient Privacy Practice.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others.

## Patient Privacy Practice (cont.)

### Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of information practices upon request
- 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 or at alternative locations • revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### Our Responsibilities

This organization 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
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Treat all clients/patients with dignity and respect, including the patients' right to privacy

We will not use or disclose your health information without your authorization, except as described in this notice.

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Officer, at 1-800-377-5804 or email [privacy@mcsmed.com](mailto:privacy@mcsmed.com) for further information about the complaint process.



## Patient Privacy Practice (cont.)

### Examples of Disclosures for Treatment, Payment and Health Operations

#### We will use your health information for treatment.

**Example:** Information obtained by a therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

**Example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

**Example:** Members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business Associates:** There are services provided within our organization through specific contacts with business associates.

**Example:** Contracted billing entity and copy service utilized for health records.

When these services are contracted, we may disclose protected health information to our business associate(s) so that they may perform the service contracted and your third-party payer or you directly for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information per federal regulations.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

**Communication with family:** Health professionals may disclose to a family member, other relative, close personal friend or other person you may identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

## Patient Privacy Practice (cont.)

### Patient Privacy Practice

**Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement. **Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

This notice was published and becomes effective in Jun-2016.

## Medicare DMEPOS Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.

## NSC Supplier Standards (cont.)

10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.

## NSC Supplier Standards (cont.)

22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).—  
Implementation date- May 4, 2009
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

## Protocol For Resolving Complaints From Clients

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Client.

Complaint Log, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint. All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company. The patient will be informed of this complaint resolution protocol at the time of set-up of service.

## Client/ Beneficiary Complaint Form

Date of receipt of complaint: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Patient's address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Patient's telephone number: \_\_\_\_\_

Patient's Medicare or Health Insurance Claim Number: \_\_\_\_\_

Description of complaint: \_\_\_\_\_

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Signature of Patient Date: \_\_\_\_\_

Complaint Telephonic, Signature of Representative Taking the Call

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### PROTOCOL FOR RESOLVING COMPLAINTS FROM CLIENTS/MEDICARE BENEFICIARIES

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Client/ Medicare Beneficiaries Complaint Log, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company. Compliance Officer: (800) 377-5804 or [privacy@mcsmed.com](mailto:privacy@mcsmed.com)

The patient will be informed of this complaint resolution protocol at the time of set-up of service.



# Medical Compression Systems, Inc

## Patient/Caregiver Satisfaction Survey

Patient/Caregiver (Optional): \_\_\_\_\_

City: \_\_\_\_\_ Date: \_\_\_\_\_

It is our desire to provide you with the best quality home care services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and note the response that most closely matches your experience.

Regarding Medical Compression Systems, Inc.	Extremely Satisfied	Satisfied	Dissatisfied	Dissatisfied Extremely
Services/Equipment were provided in a timely manner				
The staff discussed my rights and responsibilities and financial obligations				
My home care needs were met through the services/equipment provided				
The staff informed me how to contact the office during and after hours				
I would utilize/recommend Medical Compression Systems to my friends				

Regarding the staff of Medical Compression Systems, Inc.	Extremely Satisfied	Satisfied	Dissatisfied	Dissatisfied Extremely
The representatives were courteous and professional				
Explanations and instructions offered by representative were adequate				
All procedures/services were explained prior to performing them				
Equipment was delivered clean and in good working order				
My personal property was treated with respect				

### Comments:

Please return the survey to:  
Medical Compression Systems, Inc  
2352 Main St., Suite 102  
Concord, MA 01742  
T (800) 377-5804, F (844) 615-5268



**ActiveCare<sup>®</sup>**  
SAFE DVT PREVENTION

MCS, Inc. 2352 Main Street Suite 102 | Concord, MA 01742 | 1-800-377-5804

Medical Compression Systems, Inc. is a subsidiary of Zimmer Biomet.



**Legal Manufacturer:** Zimmer Surgical, Inc.  
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