

WIGS N MORE, INC: MASTECTOMY & WIG BOUTIQUE

Enclosed are the forms that you will need to fill out and return to us so that we may start the wig purchasing process. Please make sure to fill out your complete doctor's information on client assessment/profile form.

The compliance assurance notification & customer bill of rights forms are yours to keep.

Also needed is the following documentation:

1. Copy of your Driver License or Photo ID
2. Copy of your insurance card(s) Front & Back
3. Prescription from your Doctor with your diagnosis code, if available
4. PLEASE SEND COPIES OF ALL INSURANCES, PRIMARY & SECONDARY
WE NEED A COPY OF YOUR PRIMARY, EVEN IF IT DOESN'T COVER A WIG TO BILL

Please send the required forms back to us at your earliest convenience to get the process started

Email: info@wignmore.net

Fax: 724-532-0701

Mail: 5924 Route 981 Suite 3

Latrobe, PA 15650

We look forward to working with you...

Wigs N More

Please visit our website @ www.wignmore.net

**YOU HAVE 7 DAYS FROM RECEIPT OF WIG(S) TO MAKE ANY
RETURN OR EXCHANGE WIG(S)**

WIGS N MORE, INC. MASTECTOMY BOUTIQUE

Client Assessment/Profile Form

Client: _____ Date: _____ SS# _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Married? Yes ___ No ___ Other ___ EMAIL ADDRESS _____

Employed? Yes ___ No ___ Employer: _____ Gender M F

Next of Kin _____ Relationship to patient _____ Phone _____

Insurance Information

Primary: _____ Secondary: _____

Copy of all cards received: Yes ___ No ___ On File _____ Verification: _____

Insurance Allowable: _____ Co-Pay: _____

Pre Authorization #: _____ Diagnosis code(s) _____

Doctors Name: _____ Phone # _____ NPI# _____

Address _____

Signature: _____

Date: _____

PATIENT CONSENT FORM

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it's appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Print Name: _____ Signature: _____ Date: _____

**WIGS N MORE
MASTECTOMY BOUTIQUE**

RELEASE OF INFORMATION

I, the undersigned, do hereby approve WIGS 'N MORE MASTECTOMY BOUTIQUE to release to insurance companies and doctor's offices the information required to receive authorization to assure payment of any portion of the bill incurred by myself that they are entitled to receive. That information being: my name, address, date of birth, the name of the doctor authorizing prescriptions, my client number, and the code numbers of the products required.

**PRINT
NAME** _____ **DATE** _____

SIGNATURE _____

WIGS 'N MORE INC AND MASTECTOMY BOUTIQUE

5924 Route 981
Suite 3
Latrobe, PA 15650

FAX AND MESSAGE AUTHORIZATION

Dear Patient/Customer,

In accordance with new privacy laws dictated by HIPAA, we can no longer fax medical information or leave messages on your phone or with another person without your written consent.

_____ **I give my permission** for the staff of Wigs 'n More Inc and Mastectomy Boutique to **fax** medical information relating to services provided. NOTE: This is to fax a script to Doctor's office for products to be disbursed.

_____ **I DO NOT give my permission** for the staff of Wigs 'N More Inc and Mastectomy Boutique to **fax** medical information relating to services provided.

_____ **I give my permission** for the staff of Wigs 'n More Inc and Mastectomy Boutique to **call and/or leave a message** at the following phone number _____ concerning the receipt of shipments of products and /or relating to services provided.

_____ **I DO NOT give my permission** for the staff of Wigs 'n More Inc and Mastectomy Boutique to **call and/or leave a message** concerning the receipt of shipments of products and/or relating to services provided.

Patient/Customer's Name (print) _____

Date of Birth _____

Patient/Customer Signature _____

Date _____

Thank you,

Kathleen Hendirckson
Owner

CLIENT FINANCIAL RESPONSIBILITY FORM

Your signature below forms a binding agreement between Wigs 'N More and YOU the client of Wigs 'N More that is receiving services or the Responsible Party for eligible dependants. The Responsible Party is the individual who is financially responsible for payment of insurance bills.

All co insurances and upgrade charges are to be paid within 30 days of receiving a statement from our facility. When Wigs 'N More receives an explanation of benefits (EOB) from your insurance company, any amount stated on that EOB will be billed to you.

- We will bill you insurance company(s) as a service to you. As the responsible party, you are ultimately responsible if your insurance company(s) declines payment for any reason.
- Patient must inform Wigs 'N More of all address, phone number and Insurance changes in a timely manner to ensure proper billing of services.

RETURN CHECK POLICY: If payment is made on your account by check, and the check is returned as Non - Sufficient Funds (NSF), Account Closed (AC, or Refer to Maker (RFT), the patient or Patient's Responsible Party will be responsible for the original check amount plus a \$25.00 Service Charge. Once noticed is received Wigs 'N More will send out a letter to notify you and a response must be made within 15 days of receipt to make alternate payment.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

WIG RETURN POLICY

YOU HAVE **7** DAYS FROM RECEIPT OF WIG(S) TO MAKE ANY RETURNS OR EXCHANGES.

WIGS CAN BE TRIED ON, BUT DO NOT WEAR WIG(S) FOR ANY LENGTH OF TIME WHILE DECIDING IF STYLE AND COLOR IS RIGHT FOR YOU.

ALL TAGS MUST BE KEPT ATTACHED TO WIG(S)

WIG(S) MUST BE SHIPPED BACK IN ORIGINAL PACKAGING

IF ANY HAIR PRODUCT IS USED ON THE WIG(S), INCLUDING WASHING, THEY CAN NO LONGER BE RETURNED (MOUSSE, HAIRSPRAY, ETC...)

IF A WIG(S) HAS BEEN CUT, SEWN OR ALTERED IN ANY WAY IT CAN NOT BE RETURNED

WIGS WILL BE INSPECTED UPON RECEIPT, YOU WILL BE CHARGED IF A WIG(S) IS NOT IN SAME CONDITION AS YOU HAVE RECEIVED IT FROM THE MANUFACTURER.

PLEASE RETURN WIGS TO: WIGS N MORE
5924 RTE 981
LATROBE, PA 15650

PRINT NAME _____

SIGNATURE _____

DATE _____

PATIENT COPY

COMPLIANCE ASSURANCE NOTIFICATION FOR OUR PATIENTS

To Our Valued Patients:

The misuse of Personal Health Information (PHI) has been identified as national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPPA) with particular emphasis on the "Privacy Rule." We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate uses of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosures of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We also know that we are not perfect! Because of the fact, our policy is to listen to our employees and our patients without any thought of personalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients.

Wigs n More Inc.

5924 Rt. 981 - Suite 3

Latrobe, PA 15650

Wigs 'n More, Inc.
&
Mastectomy boutique

CUSTOMER BILL OF RIGHTS

1. The Wignsmore company is committed to serving your needs by providing you with quality products.
2. The Wignsmore company is committed to helping you with your fitting, always with your personal needs in mind.
3. The Wignsmore company welcomes exchanges if necessary to give you a perfect fitting, within a reasonable amount of time. We will refund your money if you are not completely satisfied.
4. The Wignsmore company is committed to always treating you in a caring and professional way.
5. The Wignsmore company will ship as quickly as possible after receiving your order, generally within 72 hours of receipt of your order.
6. The Wignsmore company will provide an explanation of our mastectomy products, prices, care of product, guarantees and warranties.
7. The Wignsmore company welcomes your suggestions and questions. We will address your complaints immediately. Please contact us if you are unhappy in any way.
8. The Wignsmore company will file all Medicare claims as required by law.
9. The Wignsmore company will refer you to the appropriate DMERC when we cannot answer your Medicare questions.
10. The Wignsmore company will provide a copy of Medicare Supplier Standards to each Medicare customer.
11. The Wignsmore company, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), will make your records available to you to view and copy with the right to amend. To make this request, call Kathleen Hendrickson Compliance Officer @ 724-532-1901.
12. The Wignsmore company will protect the privacy as stated in the HIPAA privacy practices brochure you received and acknowledged.
13. The Wignsmore company will review this Bill of Rights with our Fitting counselors in our ongoing training program.

Wigs 'n More, Inc
&
Mastectomy Boutique
5924 RT 981
Latrobe Pa, 15650
724-532-1901

PROPER WIG CARE

1. Before washing short, straight, or wavy wigs, **gently brush out** all tangles and any hairspray build-up. If you have a longer wig or hair add-on with a tight or an all-over-curl, **do not use brush**; finger pick thoroughly and gently remove tangles before washing.
2. Only use products specifically formulated for wigs.
3. Fill sink or basin with cool water, add one capful of shampoo, swish, and let rest for 10 to 15 minutes. Rinse, drain water, press water out between palms of hands.
4. Repeat procedure with conditioner using one teaspoon of conditioner add this to the basin of water. Rinse and then press out excess water between palms of hands. Pat with towel.
5. Allow wig to air dry on wig-saver stand. Do not use Styrofoam head; this will cause the wig to stretch. Apply wig styling products (mousse, gel, spray).
6. Style with metal wide tooth comb. Gently combing the wig. Allow to dry overnight. Shake loose and finger style, then give final spray.
7. **IMPORTANT:** Do NOT use a hairdryer, curling iron, or other curling aid. Cigarette heat and excessive heat and steam from cooking and dishwashers will damage fibers of the wig. Remember the arm's length rule for cooking!
8. If you wear your wig everyday, wash it at your discretion; once a week in hot, humid weather is rule of thumb.
9. **Return of Wigs and Hairpieces is prohibited.**

Wig services: Clean, Condition, Style - \$12.00
Clean, Condition, Recurl - \$15.00
Wig Cuts – Starting at \$15.00

If you have any question, or concerns about your newly purchased piece please do not hesitate to call us, we are here for you!

What not to do while wearing you Wig

1. Do not use a curling iron, straightener or Hair dryer on Synthetic Wigs.
2. Stay away from open flames, such as Fireplaces, Grilling, and Bonfires.
3. While cooking, stay away from boiling pots, opening ovens, and do not open a hot dishwasher.
4. Do not light a cigarette while wearing a wig.
5. Do not blow out candles while wearing a wig.

If you have any questions, or concerns about your newly purchased piece, please do not hesitate to call us. We are here for you!