

**McFee Medical Technologies**  
**2010 Price List & Terms**  
**Call 1-800-669-5323 to order**

Description	1 Week Min. Rental	Additional Weeks	Daily Rate	Round Trip Shipping
<b>Best Value Comfort Package *</b> <ul style="list-style-type: none"> <li>▪ EZ Sleep <i>w/ disposable face cushion</i></li> <li>▪ Seated Support w/ Work Desk <i>w/ plush face cushion</i></li> <li>▪ Face Support <i>w/ disposable face cushion</i></li> <li>▪ MajicView™ Mirror</li> </ul>	\$235	\$140 per week	\$20 per day	<b>Free Shipping</b>  See back for <b>Shipping Terms &amp;            Conditions</b>
<b>Standard Comfort Package *</b> <ul style="list-style-type: none"> <li>▪ EZ Sleep <i>w/ disposable face cushion</i></li> <li>▪ Seated Support w/ Work Desk <i>w/ disposable face cushion</i></li> <li>▪ MajicView™ Mirror</li> </ul>	\$175	\$135 per week	\$19 per day	
<b>Flex-System Comfort Package *</b> <ul style="list-style-type: none"> <li>▪ EZ Sleep <i>w/ disposable face cushion</i></li> <li>▪ MajicView™ Mirror</li> </ul>	\$100	\$75 per week	\$12 per day	

\*Travel Cushion, Cotton Flannel Covers, and a Water Bottle comes **free** with every package ordered.

\*\*Instructional DVD or VHS and written instructions come with all orders. Free Telephone Consultation for set up is available.

Accessories	Description	Price	Shipping
<b>SS</b>	<b>Seated Support w/ Work Desk</b> <i>w/ disposable face cushion</i>	\$115 week 1 \$89 additional weeks	<b>Free Shipping</b>
<b>TS</b>	<b>Travel Support Cushion</b>	Included <b>free</b> in every package!	
<b>AR</b>	<b>Vitrectomy Arm Rest Support</b>	\$15.00 per week	
<b>MIR</b>	<b>MajicView™ Mirror</b>	\$15.00 per week w/ rental of Seated Support or \$44.95 to purchase	See back for <b>Shipping Terms            &amp; Conditions</b>
<b>SHR</b>	<b>Natural Shearling Crescent Pad Cover</b> Almost like resting your face on a cloud!	\$49.95 / purchase	
<b>FLC</b>	<b>Synthetic Fleece Crescent Pad Cover</b>	\$24.95 / purchase	



**Eastern USA Office:**  
 2821 Wilbur Ave.  
 Battle Creek MI 49037  
 1-800-669-5323 (Toll-Free)  
 1-269-968-4240  
 1-269-968-8561 (Fax)

**Western USA Office:**  
 1711 Plaza Del Sur  
 Newport Beach CA 92661  
 1-877-501-4684 (Toll-Free)  
 1-949-723-5182  
 1-949-723-5191 (Fax)

## Shipping Terms & Conditions:

Free shipping charges apply to all rentals and are for UPS Ground shipments with normal weekday delivery. Unit(s) are shipped to the patient's shipping address. Pre-paid return labels are included with the shipment. Unit(s) are to be taken to the nearest UPS location at the end of the rental. If the patient is unable to return the equipment to a UPS location, UPS will pick up the equipment for an additional fee to the patient. Other shipping options are available at an additional cost to the patient. Please contact McFee Medical Technologies for more information.

## Rental Terms & Conditions:

McFee Technologies accepts the following credit cards:



Rental charges must be pre-paid before the unit(s) is shipped or a credit card can be used to secure the rental charges. All rental fees will be applied to the credit card on file at end of rental. If you do not have a credit card, you can pay by Debit Card, Check, Money Order or COD (cash on delivery) for the full amount before the equipment is shipped. The rental unit (s) will be shipped two (2) business days before date of surgery if time permits; rental begins on date of surgery. All rental fees will be charged to the patient first before we can submit an insurance claim for possible reimbursement. All preauthorized Insurance Claims submitted on behalf of the patient are ultimately the responsibility of the patient. After 90 days, the patient's credit card will be billed for all outstanding amounts including co-pays and deductibles. A signature on file is required for billing your credit card and submitting your claim.

All units must be returned to McFee Medical Technologies in good condition, allowing normal wear and tear, within five (5) business days after the end of the rental. The patient has one (1) business day to return the equipment to a UPS location at the end of rental. If the unit is not returned within this time the remaining balance of the purchase price (less the rental fee) will be charged. If the units are needed for additional periods of time please contact our office to make arrangements. If the order is cancelled after the units have been shipped, the one week rental fee and Shipping & Handling will be charged.

## INSURANCE INFORMATION:

### “Will my insurance cover the rental cost?”

This question can best be answered by the patient's insurance company, but our experience has shown that rental fees are often covered by private insurance companies, at least partially, provided that a pre-certification or prior authorization is obtained. Prior authorization can take a few days, and occasionally requires review by the medical director. It is not always possible to obtain prior authorization before the equipment is needed, but we can ship equipment with guarantee of payment by credit card, or prepayment, and continue the authorization process. The patient's insurance company can still be billed if the authorization or pre-certification is completed prior to the conclusion of the rental.

McFee Technologies has been informed by Medicare that the post-operative Vitrectomy support equipment, which we provide is “Not Reasonable and Necessary” and will not be covered. Medicare will deny all payments for this equipment. .

### “Will McFee Technologies bill my insurance company?”

We are happy to bill the patient's insurance company for the rental costs when we have a prior authorization or pre-certification on file. Our staff is able to assist with obtaining the preauthorization. In all cases, in order to obtain preauthorization we must have the following information:

- ✓ Patient's full name and date of birth
- ✓ Insured's full name, insurance company, I.D. number and group number, and date of birth
- ✓ The date of surgery and estimated duration of equipment need
- ✓ Specific equipment, i.e. the package name from the McFee Technologies price list / brochure
- ✓ PCP referral if insurance is through an HMO
- ✓ Letter of medical necessity from the ordering physician