



NEXUS DME DIRECT™

Personalized Medical Equipment Services



1352 Combermere Dr. Ste. A Troy, MI 48083 | 248-632-1700
NexusMedicalEquipment.com | A BOC Accredited Facility

Welcome To DME Direct™ - A More Personalized, Convenient Way For Seniors to Get The Equipment and Supplies they need.



What is DME Direct?

Nexus has spent four years visiting senior living facilities performing free maintenance on mobility equipment and listening to the needs of the residents. The data we have collected points to a need for an easier way of obtaining and maintaining medical equipment.

Most senior living facilities include complimentary services like a salon, café, organized activities and even visiting physicians. We propose adding a trusted medical equipment supplier to your list of amenities.

Program Benefits

There are many benefits for your residents including:

- Preventative Maintenance for Mobility Equipment Leading to Fewer Fall Injuries
- Checking for Insurance Eligibility for Equipment Upgrades or Replacements
- Informative Educational Clinics
- Personal Environment Mobility Equipment Demonstrations
- No Waiting for Family or Facility Trips to Expensive Retail Stores
- Private One on One Consultations for Incontinence / Diabetic / Orthotic Supplies and Hassle-Free, Discrete Recurring Delivery
- Quick Response for Emergency Needs.
- Nexus Care Advisor Specifically Assigned to Your Facility For the Comfort and Convenience Of Your Residents

The biggest benefit of all is offering your residents and their family's peace of mind knowing that they have their needs covered by an experienced, compassionate familiar face.

How the Program Works

DME Direct™ is designed to provide low-cost regular visits to your facility. During each visit, we can address the medical equipment and supplies needed by your residents. You simply put the date on your calendar then let your staff, medical team, residents and their families know when we will be there.

Services Provided During Scheduled Visits

- Mobility Maintenance - Tighten screws, calibrate brakes, minor repairs. Major repairs where off-site service and parts are needed are offered a 30% discount with no delivery fees.
- Equipment Replacement Eligibility - Check patient's insurance to see if they qualify for new equipment, repairs or supplies.
- Medical Equipment Prescription Handling - Nexus can handle all new prescriptions for DME related items provided to your patients.
- Patient Intake - Complete HIPAA Compliant medical history intake to provide personalized, accurate service.
- Equipment Demos - Nexus will bring equipment at the patients request to allow them to see if it's a good fit for their environment before purchasing.
- Incontinence Support - One on one consultation, free samples and discrete recurring delivery.
- Educational Clinics - Scheduled group showcases to educate on the latest equipment technology.
- Financing Options - Nexus can help find program or financing options to help pay for items that are not covered by insurance and lessen the initial out of pocket expense.
- Home Safety Discharge Planning - For residents who are moving back home, we provide a free home safety evaluation with full report and lost cost solutions.

Program Cost Tiers

Each cost tier provides a specified number of scheduled and "emergency" visits.

Scheduled Visits

The scheduled visits are done using a two-member team: an intake specialist and a certified technician. Nexus will provide a sign-up sheet for residents that details the needs and expectations for the next visit. This will allow us to pre-order parts to shorten repair times and be more effective at every appointment. We will gladly meet with your residents in the setting that is most comfortable for them. (Common area or in-room)

Emergency Visits:

Emergency visits can be used for situations where a resident has a critical need that can't wait until he next scheduled visit. Each cost tier comes with at least 1 emergency visit and more can be purchased when needed.

Ready to Add This Amenity?

Simply choose the plan that is best suited to your facility's needs. The cost is based on the number of beds you have. Each plan has a base package for those with fewer than 100 beds. You can add this program for as little as \$2.50 per bed, per month.

BRONZE:

One monthly scheduled visit per month plus one emergency visit.

Bronze Per Bed Monthly Cost - \$2.50	Total # of Beds	Total Cost
	Base	\$250.00
	100	\$250.00
	120	\$300.00
	150	\$375.00
Extra Emergency Visits	Per Visit	\$75.00

SILVER:

Two scheduled visits per month plus one emergency visit and 1 Consignment Closet*.

Silver Per Bed Monthly Cost \$5.00	Total # of Beds	Total Cost
	Base	\$500.00
	100	\$500.00
	120	\$600.00
	150	\$750.00
Extra Emergency Visits	Per Visit	\$75.00

GOLD:

Three scheduled visits per month plus two emergency visits and 1 Consignment Closet*.

Gold Per Bed Monthly Cost \$7.00	Total # of Beds	Total Cost
	Base	\$700.00
	100	\$700.00
	120	\$840.00
	150	\$1,050.00
Extra Emergency Visits	Per Visit	\$75.00

* Gold and Silver packages includes an onsite Nexus maintained equipment closet that contains 1 walker, 1 rollator, 1 cane, 1 pair of Crutches and 1 bath chair. These items can be used as loaners until a new item can be purchased.

DME Direct™ Service Agreement

THIS AGREEMENT is made on _____ Between Nexus, LLC herein referred to as the "service provider" and _____ herein referred to as the "facility", then collectively referred to as the "Parties".

Terms and Conditions

The Facility wishes to be provided with the Services (defined below) by the Service Provider and the Service Provider agrees to provide the Services to the Facility on the terms and conditions of this Agreement.

1. Key Terms

1.1 Services

The service provider shall agree to provide the services as listed above and based on the package selected. All on-site visits and interactions with residents shall be in accordance to the guidelines of the facility and be conducted in a manner deemed appropriate by the appointed facility representative. All service provider persons for on-site visits shall be employees of the service provider.

1.2 Delivery of the Services

- a. **Start date:** The Service Provider shall commence the provision of the Services based on the signing date.
- b. **Service dates:** The Service Provider will schedule the number of visits based on the package purchased and will commence within 14 days of signed contract. Service dates will be prescheduled in advance to allow for maximum participation. Priority scheduling is available with pre-paid packages.
- c. **Emergency Service:** Emergency service requests will be responded to within 24 hours of the request during the service providers business hours.

1.3 Site

The Service Provider shall provide the Services at the following site(s): _____

1.4 Price

- d. Program cost shall be determined by the package selected by the facility.
- e. The facility will be automatically rebilled by the service provider until the facility cancels the service.
- f. Cancellation of contract must be provided 15 days before the next bill is due to avoid billing. Pre-paid package cancellations will not be refunded.
- g. Package level may be changed at any time without penalty. Any pre-paid funds for downgrades will be refunded monthly based on the remainder of the term.

1.5 Payment

- h. Payments can be made using any of the methods specified below. Service will not be provided to the facility if payment is past due.
- i. The Facility shall pay such invoices within 15 days of their receipt from the Service Provider.
- j. The method of payment to the Service Provider shall be by:
 - i. Company Check sent to: Nexus 1352 Combermere Dr. Suite A Troy, MI 48083
 - ii. Recurring credit card payment or ACH transfer – 2% fee added to all credit card transactions
- k. Any charges payable under this Agreement are exclusive of any applicable taxes, tariff surcharges or other like amounts assessed by any governmental entity arising as a result of the provision of the Services by the Service Provider to the Facility under this Agreement and such shall be payable by the Facility to the Service Provider in addition to all other charges payable hereunder.

2. **General terms**

2.1 **Intellectual Property Rights**

The Service Provider agrees to grant to the Facility a non-exclusive, irrevocable, royalty free license to use, copy and modify any elements of the Material not specifically created for the Facility as part of the Services. In respect of the Material specifically created for the Facility as part of the Services, the Service Provider assigns the full title guarantee to the Facility and any all of the copyright, other intellectual property rights and any other data or material used or subsisting in the Material whether finished or unfinished. If any third party intellectual property rights are used in the Material the Service Provider shall ensure that it has secured all necessary consents and approvals to use such third party intellectual property rights for the Service Provider and the Facility. For the purposes of this Clause 2.1, "Material" shall mean the materials, in whatever form, used by the Service Provider to provide the Services and the products, systems, programs or processes, in whatever form, produced by the Service Provider pursuant to this Agreement.

2.2 **Service Guarantee**

- a. The Service Provider represents and guarantees Service Unless:
 - i. Service date is cancelled by the facility for any reason
 - ii. The service provider is unable to provide the service due to an act of God..
 - iii. Monthly cost can be reduced for the following month based on a per visit cost for any missed visits by the service provide that do not fall under the pretense of section 2.2 subsection A, items I or II.

2.4 **Term and Termination**

- b. This Agreement shall be effective on the date hereof and shall continue, unless terminated sooner in accordance with Clause 2.4(b), until the Completion Date.
- c. Either Party may terminate this Agreement upon notice in writing if:
- d. Termination by facility must be within 15 days of next payment due date to avoid paying the next billing cycle.

2.5 **Relationship of the Parties**

The Parties acknowledge and agree that the Services performed by the Service Provider, its employees, agents or sub-contractors shall be as an independent contractor and that nothing in this Agreement shall be deemed to constitute a partnership, joint venture, agency relationship or otherwise between the parties.

2.6 **Confidentiality**

Neither Party will use, copy, adapt, alter or part with possession of any information of the other which is disclosed or otherwise comes into its possession under or in relation to this Agreement and which is of a confidential nature. This obligation will not apply to information which the recipient can prove was in its possession at the date it was received or obtained or which the recipient obtains from some other person with good legal title to it or which is in or comes into the public domain otherwise than through the default or negligence of the recipient or which is independently developed by or for the recipient.

AS WITNESS the hands of the Parties hereto or their duly authorized representatives the day and year first above written.

SIGNED BY _____

for and on behalf of: _____ **[the Facility]**

SIGNED BY: _____

for and on behalf of _____ Nexus LLC



YES!

I want to save 10% by purchasing an annual contract of any package level. As a bonus you receive priority scheduling for your visits. You may change your level of service at any time without penalty.

Choose Payment Method

Recurring Credit Card

Monthly Annual

CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME ON CARD: _____



Note: a 2% Processing fee will be added to all credit card transactions.

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INVOICING

Monthly Annual

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Note: All invoices must be pre-paid 15 days prior to service.

ACH PAYMENT AUTHORIZATION

Monthly Annual

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for recurring transaction and is cancellable by either party. This does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize _____ to charge my
(Full Name) (Merchant’s Name)

bank account indicated below for \$_____ recurring on _____.
(Amount \$) (day of the month)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

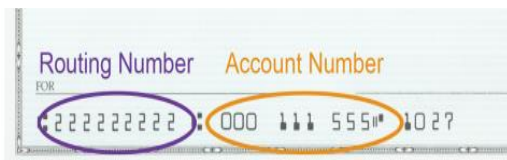
Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that Nexus llc, may at its discretion, attempt to process the charge again within 30 days, and I agree to an additional \$29 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Nexus billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

SIGNATURE _____

DATE _____