Convenience ▪ Affordability ▪ Choice

Byram® HEALTHCARE

New Customer Resource Guide

This Resource Guide will provide you with information on the services we provide for you. Please keep this in a convenient place for easy reference.



An **Accendra Health** Brand

Byram® HEALTHCARE

Dear Valued Customer,

Welcome to Byram Healthcare! We are pleased that you have chosen Byram to deliver your medical supplies and to coordinate claim submissions with your insurance plan to reduce your out of pocket expenses. We simply want you to focus on what is important – living a full and active life!

While convenient home delivery is one great reason to partner with Byram, you are also able to take advantage of the following services we provide:

- **Byram Reminder Program** will notify you when it is time to reorder your supplies via your choice of communication method: phone, email , text and push notification. Of course, we will accomplish this benefit for you according to your doctor's prescription and your insurance guidelines.
- **Trained Reimbursement Experts** are familiar with hundreds of different plans and coverage levels. As a result, we will guide you through your benefits.
- **Product Support Specialists** can answer questions regarding the proper use of your supplies.
- **Multi-Lingual Support** is available to you when you have questions or if you are placing your order by phone.
- **Reorder Supplies** online at **www.mybyramhealthcare.com,** through the **mybyram app**, text or by phone.

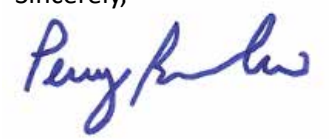
Details about all of our services are included in this Resource Guide. You can also learn more about us at **www.byramhealthcare.com.**

If you run out of supplies, please contact Byram for a supply replacement. If Byram is closed, in an emergency you should contact your nearest hospital emergency room.

We request that you fill out and return to us the Acknowledgment of Receipt of Notice of Privacy Practices found within this Resource Guide.

Your health should be your top priority – and ours as well. We are here to make ordering your medical supplies simple and stress free. I would like to thank you again for your order and for giving Byram Healthcare the opportunity to serve you. We will not let you down.

Sincerely,



Perry Bernocchi | EVP, COO
Byram Healthcare

Welcome to Byram Healthcare

Your Choice for Home Delivery of Medical Supplies.

Over 50 years ago, our company started from humble beginnings when we recognized a need in the Ostomy care market. Today, we are a national leader in providing medical supplies across a broad range of chronic care conditions for more than a million patients.

Our mission is simple – to help improve affordability of care and health outcomes by providing direct and discreet delivery of medical supplies to your home.

At Byram Healthcare, You Are at the Center of All We Do

Every day more people choose Byram and stay with us as a trusted partner in their care. We deliver **Convenience, Affordability and Choice™.** We are working every day to ensure you have the best care experience and simplify the complexities of healthcare reimbursement and insurance.

Getting started with Byram is easy, and reordering is even easier when you manage your account through **mybyramhealthcare.com** or through the **mybyram app** at your convenience 24/7. Text, and phone options are also available – you choose how you want to work with us. We'll remind you when it's time to reorder to help ensure you stay on track with the care plan your health care professional recommends.

Order Reminders

You will receive order reminders from us at least 10 days before your next order is due. You may receive several reminders. This will help to make sure you always have sufficient supplies.

There are a number of ways we are able to contact you to remind that your next order is due. This includes texting, push notification, email, automated phone call and a customer service phone call. You may choose which method(s) you prefer by alerting our Customer Service Team. We request your email address and mobile phone number to improve our service to you. We will never sell or distribute your email address or phone number outside of Byram.

Order Instructions

Online Ordering
Reorder your supplies online at:
www.mybyramhealthcare.com
or through the **mybyram app.**

In order to protect your private information, you are required to enroll online using the email address you have previously provided to us.

Once you are enrolled in mybyramhealthcare, web or app, you can place your order, view your order history, update your account information, add a new item to your order, view your statement, account balance and securely make a payment.

Enroll with mybyramhealthcare web and app by clicking on this QR Code. There is a video available that explains the program.

ENROLL ONLINE TODAY!
mybyramhealthcare.com
SCAN QR CODE

Automated Voice Activated System

You are able to place a reorder through our phone system. You will receive an automated phone call when your next order is due and by following the simple instructions while on the phone, you may conveniently place your reorder.

You may also call our automated voice activated system 24 hours 7 days a week by dialing **1-877-90BYRAM (1-877-902-9726)** to place a reorder, check the status of an existing order or make a payment.

Text Messages
You may be eligible to receive a reorder reminder by text message. Your next order may be placed via the text message you receive. We will require your mobile phone number to activate this service.

Byram prides itself in our extensive insurance contract portfolio, which allows us to service you in-network and in-house. This means lower out of pocket costs for your medical supplies and better, faster service.

Order by Phone
Phone: 1-877-90BYRAM (1-877-902-9726) Our Customer Service Representatives will be happy to assist you with placing your order or answering any other questions.

Monday – Friday: 8:30am – 7:00pm local time
Saturday: 9:00am – 1:00pm local time.

EZ Refill Supply Orders

You may qualify to have your supply order automatically refilled through our EZ Refill program. With our EZ Refill Program, our system alerts us when your next order is due and ships it to you automatically. There's no need to call! We will send you a reminder about 10 days before your upcoming supply order is ready to ship. If at any time you would like to change your order or cancel for any reason, simply contact us before the order ships and we can make any changes. If you need your supplies prior to your ship date, please contact us and we can arrange that also. You may enroll online at **mybyramhealthcare.com, through the mybyram app** or give us a call.

90-Day Supply Orders

You may qualify to receive a 90-day supply order. This will help to make certain you always have supplies on hand. You may enroll online at **mybyramhealthcare.com, through the mybyram app** or give us a call.

Updating Your Account Information

Whenever there is a change in your account information, please let us know as soon as possible to avoid an interruption with the medical supplies we are providing to you. This includes the following:

- A change in your health insurance provider
- A change with your physician – this includes the physician name, address and phone number.
- A change of your address
- A contact change which includes your home phone number, mobile number and email address.
- To inform us of any account information change, you may contact us by phone **1-877-90BYRAM,** email **customerservice@byramhealthcare.com** or by updating your information securely at **www.mybyramhealthcare.com** or **through the mybyram app.**

Home Delivery of Medical Supplies

When you order from Byram, most standard delivery orders are shipped nationwide without additional charges. Most orders will ship the same day, and you will receive your packages within 1-5 business days, depending on your location.

At your request, we can arrange for Next-Day or Second-Day delivery. Please call for pricing and more information.

Your Privacy is Important to Us. We ship products in discreet packaging to ensure privacy.

Payment Information

After receiving your order, we contact your physician's office and insurance company to gather the required information and complete your order. We will bill your primary insurance company (Private Insurance or Medicare) and any secondary insurance you may have.

We work directly with your insurance company to ensure that you receive your full benefit. Since medical supply reimbursement varies by insurance company, you may have questions about what supplies are covered by your plan. Please call us and we will be happy to verify your coverage.

We will ask for co-pays or balance due at the time your order is placed.



We deliver convenience, affordability and choice for you. We are working every day to ensure you have the best care experience. We simplify the complexities of your healthcare insurance.



Online Payments

Make a payment using our secure online reorder portal, **mybyramhealthcare.com or through the mybyram app where you have the option of using Apple Pay, Google Pay or by Credit Card.** You may also access our automated voice activated phone system and make a payment by dialing **1-877-902-9726**.

Society and Associations Resources to Assist You

UOAA -
(United Ostomy Association of America)
www.ostomy.org

UOAA promotes quality of life for people with ostomies and continent diversions through information, support, advocacy and collaboration.

WOCN Society
(Wound, Ostomy & Continence Nurse)
www.wocn.org/page/PatientResources

The WOCN Society is a professional community dedicated to advancing the practice and delivery of expert healthcare to individuals with wound, ostomy, and continence care needs.

American Diabetes Association
www.diabetes.org

To prevent and cure diabetes and to improve the lives of all people affected by diabetes.

American Urological Association
www.auanet.org

AUA promotes the highest standards of urological clinical care through education, research and the formulation of health care policy.

Our manufacturer partners have developed comprehensive programs to educate and assist you. See our complete list of resources at:
www.byramhealthcare.com

Multiple Language Support

When you call us, we are able to support multiple languages so that we may communicate with you in your native language through our partnership with Language Line Services. For Spanish, you may call us at directly at **1-866-302-4295.**

Complete Line of Medical Supplies

Byram Healthcare offers a comprehensive line of medical supplies including: Diabetes, Wound Care, Ostomy, Urology, Incontinence, and Breast Pumps. A Customer Service Representative will be happy to assist you with any products you need.

Office Hours

Our Customer Service Representatives can assist you Monday –Friday: 8:30am - 7:00pm Local Time and Saturday: 9:00am – 1:00pm local time.

Return Policy

15-Day Return Goods Policy (RGA). **Please call 1.877.902.9726 within 15 days of purchase date** and have your package information available to discuss the return policy with a representative and receive a returned goods authorization (RGA).

NO RETURNS or EXCHANGES will be accepted, or credit issued, for:

A) items not returned in original packaging,
B) unauthorized returns (i.e. no RGA), and
C) any of the following products:

1. Continuous Glucose Monitor (CGM) Sensors
2. Breast Pumps & Breast Pump Accessories
3. Personal Care Items (ie, stocking & garments)
4. Custom Cut Items
5. Special Orders (non-stock items)
6. Sterile Packages
7. Unsealed Equipment
8. Bioderm
9. Oral Nutrition

Apria | Byram Affiliated Covered Entity 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.

Both **Apria Healthcare LLC** and **Byram Healthcare Centers, Inc.** ("we") are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify you if a breach of your PHI occurs, in accordance with applicable law. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

This Notice applies to all the information about you that we obtain that relates to your past, present, or future physical or mental health or condition, the provision of healthcare products and services to you or payment for such services.

Upon request, you may obtain a paper copy of this Notice even if you have agreed to receive it electronically.

Uses and Disclosures Without Your Written Authorization.

Except as otherwise described in this Notice, we may use and disclose PHI without your authorization, in order to treat you, obtain payment for equipment and services provided to you, and conduct our "healthcare operations," as well as for the other purposes described below:

• **Treatment.** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, office staff, or other personnel who are involved in your care or healthcare decisions. For example, information provided by your physician or other member of your healthcare team will be recorded in your record and used to determine the equipment, supplies or services that should work best for you, and we routinely disclose information to your healthcare providers to assist them in making decisions related to and coordinating your care. In addition, we may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

• **Payment.** We may use and disclose your PHI to obtain payment for equipment and services that we provide to you. For example, we disclose PHI to make a claim and obtain payment from your health insurer or other company that arranges or pays the cost of some or all of your healthcare ("Your Payor"). We may also use and disclose your PHI to verify that Your Payor will pay for healthcare, including disclosures to Your Payor's eligibility database.

• **Healthcare Operations.** We may use and disclose your PHI in order to run our business (i.e., for our healthcare operations) and to help ensure that you and our other customers receive quality and cost-effective care. In some instances, third party companies help us operate our business and we may disclose your PHI to such companies, subject to contract provisions that protect your PHI. For example: We may use your PHI to contact you to help ensure the quality of our service. We may use or disclose your PHI to conduct cost-management and business planning activities for our company.

We may also disclose your PHI to other HIPAA-covered entities that have provided services to you so that they can improve the quality and effectiveness of the healthcare services that they provide. We may also use your health information to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

Disclosures to Friends and Family Members. Upon your agreement, including agreement by reasonable inference under the circumstances, or if you are not available to agree, in our professional judgement, we may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you that is involved in your care or payment for your care. We may only disclose PHI that is directly relevant to their involvement in your care or payment for that care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death. Such disclosure of your PHI may include to a disaster relief organization, for purposes of coordinating notification efforts.

Disclosures for Public Health Activities. We may disclose your PHI for public health purposes, including (i) reports to public health agencies or legal authorities charged with preventing or controlling disease, injury, or disability, (ii) to report child abuse and neglect to the appropriate authorized authorities; (iii) reports to the U.S. Food and Drug Administration, such as to report adverse events; and (iv) reports to employers for work-related illness or injuries for workplace safety purposes.

Other Uses and Disclosures Without Your Authorization. We may use or disclose your PHI:

• To make reports on abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

• To health oversight agencies or authorities for health oversight activities, such as auditing and licensing.

• In the course of a judicial or administrative proceeding in response to a legal order or other lawful process, in accordance with applicable law.

• To law enforcement authorities for law enforcement purposes as required or permitted by applicable law, including in response to a court order, grand jury subpoena, and investigative demand.

• To a coroner, medical examiner, and funeral director, as authorized by law and as necessary to carry out their duties.

• To organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

• For research purposes, if certain special protections and approval processes by an Institutional Review Board or Privacy Board are followed.

• To prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

• To units of the government with special functions, such as the U. S. military or the U. S. Department of State under certain circumstances.

• As authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

• When required to do so by federal, state or local law.

Specific Uses or Disclosures Requiring Authorization.
We will obtain your written authorization prior to using or disclosing your PHI (i) for marketing activities, and (ii) in exchange for payment, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

Other Uses and Disclosures Requiring Authorization. All other uses and disclosures other than those described in this Notice or otherwise permitted by law, will be made only with your written authorization.
You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.

Uses and Disclosures of Your Highly Confidential Information. There are federal and state laws that provide special protection for certain kinds of health information, including that related to sexually transmitted diseases, HIV, and other communicable diseases, drug and alcohol abuse, mental health and developmental disabilities, genetic testing, abuse, sexual assault, and family planning services, including abortion. These laws may further restrict us from making uses and disclosures of those categories of health information without your explicit written authorization. We will abide by these more protective laws, to the extent they are applicable.

Your Rights Regarding Your PHI.
You have certain individual rights related to your PHI, as described below. You may exercise any of these rights by submitting your request in writing to:

Apria Healthcare LLC
Physician and Patient Relations Department
7353 Company Drive
Indianapolis, IN 46237
Telephone Number: (800) 260-8808
Facsimile Number: (949) 587-0089
Or

Byram Healthcare Centers, Inc.
Attn: Privacy Officer
120 Bloomingdale Rd., Ste. 301
White Plains, NY 10605
Telephone: (877) 902-9726
privacy@byramhealthcare.com

Right to Request Restrictions. You may request, in writing, restrictions on how we use and disclose your PHI for certain purposes. We will consider but are not legally required to accept most requests. After careful review of your request, we will notify you of our determination in writing. We must accept your request only if the request is to restrict the disclosure of PHI to a health plan for the purpose of carrying out payment or healthcare operations (unless such use or disclosure is required by law), and the restricted information pertains to an item or service for which you paid in full out-of-pocket.

Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations, such as using an alternative mailing address, e-mail address, or telephone number.

Right to Inspect and Copy Your Health Information. With a few exceptions, you have the right to request in writing, access to and to obtain a paper or electronic copy of the PHI that we maintain about you and to direct us to send your PHI to a third party. Under limited circumstances, we may deny your request for access to your PHI. In some instances, if you are denied access to your PHI, you may request that the denial be reviewed. We may charge a reasonable, cost-based fee.

Right to Amend Your Records. You have the right to request in writing that we correct information in your record that you believe is incorrect or add information that you believe is missing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during the six-year period prior to the date of your request. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

For Further Information; Complaints. If you have questions about this Notice, desire further information about your privacy rights, would like to request a written copy of the current notice, or are concerned that we have violated your privacy rights, you may contact us as set forth below. If you would like to file a complaint, we may request that you file the complaint in writing.

Apria Healthcare LLC
Physician and Patient Relations Department
7353 Company Drive
Indianapolis, IN 46237
Telephone Number: (800) 260-8808
Facsimile Number: (949) 587-0089

Byram Healthcare Centers, Inc.
Attn: Privacy Compliance Officer
120 Bloomingdale Rd., Ste 301
White Plains, NY 10605
Telephone: (877) 902-9726
Email: privacy@byramhealthcare.com

You also may file a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. See www.hhs.gov/hipaa/index.html for information on how to file a complaint with the Office for Civil Rights.

We will not retaliate against you if you file a complaint.

Changes to this Notice. We may change the terms of this Notice at any time. The new Notice will be effective for all PHI that we maintain, including any information created or received prior to the date of the new Notice. The revised Notice will be posted at our places of service and on our Web site at www.byramhealthcare.com and www.apria.com.

Effective Date: January 1, 2026

Acknowledgment of Receipt of Notice of Privacy Practices
I acknowledge that I have received a copy of the Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills, or in the performance of Apria Healthcare LLC's and Byram Healthcare Centers, Inc.'s healthcare operations. The Notice of Privacy Practices also describes my rights and Byram's and Apria's duties with respect to my protected health information.

Please fill out the box to the right and return to:
Byram Healthcare, Privacy and Compliance Officer,
120 Bloomingdale Rd, Suite 301, White Plains, NY 10605
or email to: privacy@byramhealthcare.com

Customer Account Number Date

Print Name of Customer

Signature of Customer or Personal Representative

Printed Name o Personal Representative

Client Bill of Rights

The Client Bill of Rights is designed to recognize, promote, and protect, an individual's right to be treated with dignity and respect within the health care system. Before service is initiated an individual has the right to be fully informed verbally and in writing of their rights as a client or patient by the providers of health care or services. The individuals receiving services or their designated representatives may exercise these rights.

As our client you have the right to:

1. Receive information in a way that is understandable to you regarding:
   a) organization ownership and control
   b) services/products we provide directly or by contract
   c) any specific charges for supplies to be paid by you in addition to those charges covered by insurance third party payment or public benefit programs
   d) billing policies, payment procedures and any changes in the information provided at time of initial purchase
   e) instructions and warranty available for purchased products; every product sold by our company carries manufacturer warranty and Byram will honor all warranty coverage under applicable law
   f) who to contact, when and how to communicate problems with products or service
   g) availability, purpose and appropriate use of Medicare Hotline numbers: Medicare: Toll Free 1-800-633-4227 during business hours
   h) information regarding the organizations liability insurance upon request
2. Receive and access services consistently in a timely manner in accordance with our operational policy; without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle.
3. Make informed decisions with your health care provider about your treatment plan and use of supplies ordered.
4. Be notified in advance of product options, when and why delivery will not occur.
5. Be referred to another organization if Byram is unable to meet your needs or if you are not satisfied with the products, you are receiving.
6. Participate in the selection of options for alternatives or referral to other organizations, as indicated by your need for care.
7. Receive disclosure information regarding any beneficial relationship between Byram and referred organizations.
8. Direct questions or concerns regarding the performance of your equipment, supplies and/or service to Byram Healthcare at **1-877-90-BYRAM.** Please be advised that Byram is responsible for resolving your questions or concerns, and it is the company's goal to respond to questions and concerns in a timely manner. However, you may direct any questions or concerns regarding Byram Healthcare to the **Community Health Accreditation Partner (CHAP)** an independent non-profit accrediting body at 800-656-9656. Business hours for CHAP are 8:00 A.M. to 5:00 P.M., Monday through Friday. A twenty-four hour hot-line is available by dialing the same phone number after normal business hours.
9. Voice grievances or complaints without reprisal.
10. Receive a response from Byram regarding investigation and resolution of complaints.
11. Not receive any experimental products without your specific agreement and full understanding of information explained.
12. Be free from any abusive behavior, neglect or exploitation of any kind by Byram staff.
13. Confidentiality of your records and Byram's policy for accessing and disclosure of records.

Please acknowledge your receipt of the Resource Guide and Product Warranty & Instructions by signing below and returning to: **Byram Healthcare, 120 Bloomingdale Road, White Plains, NY 10605.**

_____ _____

Customer Name (print) Customer Signature

_____ _____

Account Number Date

Acknowledgment of Receipt of Notice of Privacy Practices

1. Fill out and sign the form on the flip side of this card
2. Detached acknowledgment form from the Notice of Privacy Practices
3. Cut out and place in a stamped envelope
4. Mail to:

Byram Healthcare
Privacy Compliance Officer
120 Bloomingdale Road, Suite 301
White Plains, NY 10605

Medicare DMEPOS Beneficiary Statement

Our website www.byramhealthcare.com has a listing of community and healthcare resources to enhance your medical care. If you cannot access the internet and would like a listing of these resources, please call 1-877-902-9726 to request a copy. The products and/or services provided to you by Byram Healthcare 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 http://ecfr.gpoaccess.gov. Upon request we will furnish you a written copy of the standards.

Capped Rental Notice

If you order a capped rental item from Byram, Medicare pays monthly for up to 13 months. After that, you own the equipment at no extra cost and are responsible for service or repairs. Not all items are eligible for rental—please check with us for details.

About Byram Healthcare

Byram Healthcare is a national leader in home medical supply delivery. We provide convenience, affordability and choice to make a positive difference in the lives of the people we serve. For over 50 years, Byram has provided quality products, services and support, specializing in diabetes, ostomy, wound care, urology, breast pumps, incontinence and enteral nutrition.

Convenience

Fast, home delivery, with most orders shipped within 2-3 days. *Our Caring Touch at Home™* Programs offer clinical & educational support at your fingertips. Our Centers of Excellence provide an efficient order process, including options for phone, web, email and text.

Affordability

We make it simple to maximize your insurance benefit, across Medicare, Medicaid and most private insurance plans. More in-network coverage through Byram means less out of pocket expense for medical supplies.

Choice

Vast product selection helps ensure you get the products you need, as prescribed.

Byram® HEALTHCARE

An **Accendra Health** Brand

Diabetes | Wound Care | Urology | Ostomy | Incontinence | Breast Pumps

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