

Upgrading your homecare bed patients from a semi-electric bed is as easy as 1, 2, 3

1. Start by asking your potential customer these questions to get the conversation started:

- "How familiar are you with the semi-electric bed that Medicare will cover?"
- "How important will it be for your loved one to get up and out of their bed during recovery"?
- "What challenges are you aware of that many patients deal with when receiving a hospital bed in the home?"

2. Show empathy by discussing the challenges expected below:

- Many caretakers find it difficult to raise and lower the height of a semi-electric bed, causing many patients to spend too much time in the bed.
- During bed rest muscle mass decreases at a rate of 1%-2% per day, the risk of blood clots increases, and a person's range of motion (the ability to move joints like knees, elbows and shoulders) is likely to get worse.
- Patients using homecare beds are at an increased risk of developing pressure wounds and deep vein thrombosis (blood clots). It is recommended that each patient be repositioned every two hours to keep blood effectively flowing

3. Show differentiation by presenting each homecare bed, their advantages and the upgrade cost associated:

- More likely to remain independent in the home
- · Increased confidence in their ability to accomplish mobility-related activities of daily living (MRADLs)
- Improved attitude and outlook on recovery

Semi-Electric:

For patients not needing a lot of support to get in and out of their own bed (covered at 80% with Medicare ONLY) - Hand crank

Full-Electric:

of \$ _

For patients needing support to transfer in and out of their own bed due to low confidence in transfer ability. \$ (upgrade cost covered by Medicare **Beneficiary**)

What we have found in the past is that patients do not understand the functionality of the bed that Medicare covers. Medicare only covers a semielectric bed, which means the head and foot are controlled by a motor. The height of the bed is changed by a crank on the foot section of the bed. This can make adjusting the height of the bed to accommodate safe transfers and

full-electric bed, which eliminates the crank, and adds an additional motor to change the height of the bed easily. This upgrade is not covered by Medicare

ABN.Would you like to upgrade today with a credit card or accept the Medicare-

 $_$, and most importantly signed authorization form known as an

efficient caretaking very difficult and cumbersome.

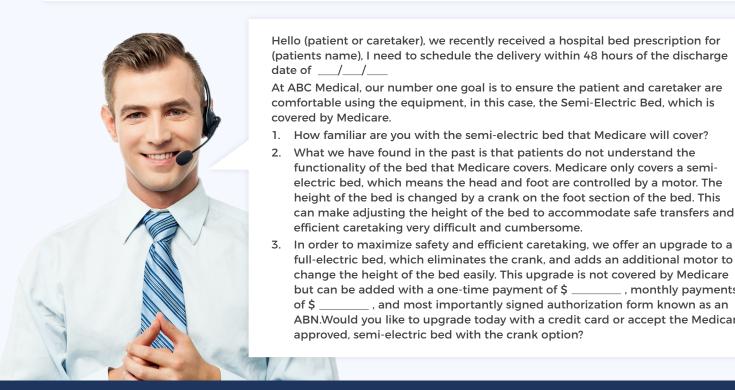
but can be added with a one-time payment of \$ _

approved, semi-electric bed with the crank option?

Full-Electric Low:

For patients needing support to transfer in and out of their own bed due to low confidence in transfer ability AND at risk of falling. (upgrade cost Ś

covered by Medicare Beneficiary)



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