



DiaperFetch

By KKMS

Home Delivery Incontinence Supply

KKMS INFORMATION PAMPHLET

Location

165 Lewis Road, Suite 10
San Jose, CA 95111

Hours of Operation

Monday-Friday 7:00 am-3:30 pm

Contact information

1.800.971.1034 toll-free phone

1.888.726.6777 fax

<http://securemail.diaperfetch.com> e-mail

*new users must register the first time



ACCREDITED

Welcome and thanks for allowing KKMS to meet your incontinence needs!

Please find the attached paperwork containing our Client/Patient Service Agreement, Notice of Privacy Policy, and Client's Bill of Rights/Responsibilities Notice. Also, you will find important educational information such as, "How To Make Your Home Safe For Medical Care" and "Emergency Planning For The Homecare Client /Patient". Please read all paperwork and retain for your records.

We must have a signed copy of the Client/Patient Service Agreement received in our office before we can begin dispensing your incontinence supplies to you. Please return the Service Agreement to us as soon as possible via mail, e-mail or fax.

Our mailing address is Attn: KKMS, 165 Lewis Rd, Suite 10, San Jose, CA 95111. Our fax number is 408-971-6665, and our e-mail is <http://securemail.diaperfetch.com>. First time visitors need to register.

If you should have any further questions, our customer service representatives are happy to answer any questions that you may have during the hours of 7 am -3:30 pm Monday –Friday, or you may leave a message on our confidential voicemail. Please note all calls are returned within the next business day. Our toll-free phone number is 1-800-971-1034.

Lastly, we have included a customer service survey for you to complete. We would appreciate your feedback on our service.

Thanks for your cooperation!

-KKMS STAFF

NOTE: THIS SIGNED FORM IS REQUIRED IN ORDER TO RECEIVE SERVICE FROM US!

**KIDS KORNERMEDICAL SUPPLY (KKMS)
CLIENT/PATIENT SERVICE AGREEMENT**

Client/Patient Name: _____ Client # _____

Authorization/Consent for Care/Service: I have been informed of the other incontinence suppliers available to me and of the selection of providers from which I may choose. I authorize Kids Korner Medical Supply (KKMS) under the direction of the prescribing physician, to provide incontinence supplies to me as prescribed by my physician.

Assignment of Benefits/Authorization for Payment: I hereby assign all benefits and payments to be made directly Kids Korner Medical Supply (KKMS) for any incontinence supplies furnished to me in conjunction with my home care. I authorize Kids Korner Medical Supply (KKMS) to seek such benefits and payments on my behalf. It is understood that, as a courtesy, Kids Korner Medical Supply (KKMS) will bill Medi-Cal or other payers and insurer(s) providing coverage. I understand that I am responsible for providing all necessary information and for making sure all certification and enrollment requirements are fulfilled. Any changes in the policy must be reported to Kids Korner Medical Supply (KKMS) within 30 days of the event. I have been informed by Kids Korner Medical Supply (KKMS) of the medical necessity for the services prescribed by my physician.

Release of Information: I hereby request and authorize Kids Korner Medical Supply (KKMS), the prescribing physician, hospital, and any other holder of information relevant to service, to release information upon request, to Kids Korner Medical Supply (KKMS), any payor source, physician, or any other medical personnel or agency involved with service. I also authorize Kids Korner Medical Supply (KKMS) to review medical history and payor information for the purpose of providing incontinence supplies to me.

Returned Goods: I understand that, due to Federal and State Regulations opened and/or used packages/bottles prescribed for home health care cannot be re-dispensed due to infection control reasons. Therefore, opened and/or used packages cannot be returned for credit. Exchanges of unopened product due to size changes will be made on a case-by-case basis and require supervisor approval. Kids Korner Medical Supply (KKMS) must be notified within 24 hours of delivery if the incontinence supplies received are defective. In the case of defective supplies, a replacement will be made for the defective item.

Client/Patient Handouts: I acknowledge that I have received a copy of the Client/Patient Handouts that contain Client/Patient Rights and Responsibilities and HIPPA Privacy Standards, and "How To Make Your Home Safe for Medical Care" and "Emergency Planning for the Home Care Client/ Patient". Advance directive information is available upon request only. I acknowledge that the information in the Client/Patient Handouts has been explained to me and that I understand the information provided.

Grievance Reporting: I acknowledge that I have been informed of the procedure to report a grievance should I become dissatisfied with the incontinence supply service. I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 1-800-971-1034 and speak to the Customer Services Supervisor. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing, and forward it to the Governing Body. You can expect a written response within 14 working days of receipt.

Home Health Hotline: You may also make inquiries or complaints about this company by calling your local Social Services Department and/or ACHC at 919-785-1214.

Porch Delivery: If you are not at home at the time of the delivery to sign the delivery receipt, we will leave the deliveries on your porch if the driver feels the area is safe. By signing the authorization below, you are giving us permission to leave the incontinence supplies on your porch or any other safe area that you indicate to us.

No Inside Delivery: Due to insurance guidelines, our drivers are not allowed to enter into the home. Please make arrangements to have someone bring the supplies inside your home if you are not able to do so on your own.

Delivery Procedure: If you request delivery, you are assigned to a delivery group based on the area where you live. KKMS delivers these areas in the same order each month. To find out the approximate date we will deliver your supplies, you may contact the office at 1-800-971-1034. Alternatively, you may pick up your supplies monthly at 165 Lewis Rd, Suite 10, San Jose, CA 95111. Hours are M-Th 7-3:30 pm and Friday 8-3:30 pm.

Changes to Existing Orders: At KKMS, we pull your orders in advance of the delivery date. If you must make a change to the delivery that you receive, please call at a minimum of 1 full week before your regularly scheduled delivery date to allow us to make the change before the order is pulled.

Print Name: _____ Date: _____

Signature: _____

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information: We never market or sell personal information.
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- Effective date of this notice: **9/23/2013**
- Privacy and Compliance Officer: Kristina L Weyhe, Esq.
- Contact info: Phone 1.800.971.1034 , Email: <http://securemail.diaperfetch.com>

KIDS KORNER MEDICAL SUPPLY (KKMS)
CLIENT RIGHTS & RESPONSIBILITIES NOTICE

We believe that all client/patients receiving services from Kids Korner Medical Supply (KKMS) should be informed of their rights. Therefore, you are entitled to:

CLIENT RIGHTS:

- Be fully informed in advance about incontinence supplies to be provided, as well as any modifications to the incontinence plan. (DRX2-1A)
- Participate in the development and periodic revision of the incontinence plan. (DRX5-4C)
- Refuse service if the consequences are fully presented (DRX2-6A)
- Be informed, both orally and in writing, in advance of service being provided, of the charges, including payment for service expected from third parties and any charges for which the client/patient will be responsible. **(N/A) Patient not responsible for charges per Medi-Cal guidelines** (DRX3-4C)
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality. (DRX2-2B)
- Be able to identify visiting staff members through proper identification (DRX2-2B)
- Be free from mistreatment, neglect, verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property (DRX2-3A)
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal. (DRX2-4A)
- Have grievances/complaints regarding incontinence supplies that are (or fails to be) furnished, or lack of respect of property investigated. (DRX2-4A)
- Choose a health care provider, including choosing an attending physician (DRX2-2B)
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information. (DRX2-5A)
- Be advised on agency's policies and procedures regarding the disclosure of clinical records. (DRX2-5A)
- Receive appropriate service without discrimination in accordance with physician orders. (DRX2-2B)
- Be informed of any financial benefits when referred to an organization. (DRX2-2B)
- Be fully informed of one's responsibilities. (DRX2-2B)
- Be informed of provider scope of service/care limitations. (DRX2-1A)

CLIENT RESPONSIBILITIES

- Client agrees to notify Kids Korner Medical Supply (KKMS) of any hospitalization, change in customer insurance, address, telephone number, or physician.
- Client agrees to assist Kids Korner Medical Supply (KKMS) in obtaining prescriptions and insurance denials if we are unable to get a response from the physician or insurance company.
- Client understands that Kids Korner Medical Supply (KKMS) retains the right to refuse delivery of service to any client at any time.
- Client agrees to contact Kids Korner Medical Supply (KKMS) in a timely manner (48 hours) if there is a mistake with their order or an order has been stolen. Otherwise, it is at the discretion of Kids Korner Medical Supply (KKMS) to replace or exchange the items received.
- Client agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

*** All staff members will understand and be able to discuss the Client Bill of Rights and Responsibilities with the client/patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Client Bill of Rights and Responsibilities.*

HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

At Kids Korner Medical Supply (KKMS), we want to make sure that your home medical treatment is done conveniently and safely. Many of our client/patients are limited in strength, or unsteady on their feet. Some are wheelchair- or bed-bound. These pages are written to give our client/patients some easy and helpful tips on how to make the home safe for home care.

Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

Safety in the Bedroom

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:

- Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
 - Basic electric can openers
 - Bottle and jar openers
 - Large-handled utensils

➤ When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

Getting Around Safely

If you are now using assistive devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

What To Do If You Get Hurt ... In case of emergency, contact: Fire, Police, Ambulance: **911**

Hospital: _____ Phone: _____

Home Care Agency: _____ Phone: _____

Doctor: _____ Phone: _____

Kids Korner Medical Supply (KKMS).....Phone: 1-800-971-1034

EMERGENCY PLANNING FOR THE HOME CARE CLIENT/PATIENT

This pamphlet has been provided by Kids Korner Medical Supply (KKMS) to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every client/patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent.

Find out when you should evacuate, and when you shouldn't.

Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

Know What to Take with You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.

During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

Reaching Us if There Are No Phones

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)

If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from Kids Korner Medical Supply (KKMS) or from a local store. It comes in very handy if you don't have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with Kids Korner Medical Supply (KKMS) and your home nursing agency.
- When you return to your home, contact your home nursing agency and Kids Korner Medical Supply (KKMS) so we can visit and see what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster.

To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency.

An Important Reminder!!

*During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment or supplies, **you must go to the nearest emergency room or other treatment facility for treatment.***

KKMS CLIENT/PATIENT SATISFACTION SURVEY

Client/patient Name (Optional): _____ Date: _____

It is our desire to provide you with the best customer service and quality incontinence supplies available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing.

Please complete this form and note the numbered response that most closely matches your experience. **The scale is as follows: 5(excellent), 4(extremely satisfied), 3(satisfied), 2(below average), and 1(extremely dissatisfied).**

REGARDING Kids Korner Medical Supply (KKMS)	5	4	3	2	1
Supplies were provided in a timely manner					
I received the KKMS informational pamphlet <u>BEFORE</u> my first order and signed the KKMS service agreement (contract for service)					
The staff verbally informed me of all the incontinence supplies that I qualify for under the Medi-cal program upon initiation of service					
I would recommend Kids Korner Medical Supply (KKMS) to my friends or family					
REGARDING THE STAFF OF Kids Korner Medical Supply (KKMS)	5	4	3	2	1
The customer service representatives were courteous and professional					
Explanations and instructions offered by customer service representatives were adequate					
Drivers asked for my signature b/f leaving delivery <u>OR</u> left order in a safe area if I was not at home at the time of delivery					
Any complaints were handled promptly to your satisfaction					

Comments:

Please return the survey AFTER YOUR FIRST ORDER to your driver , or via mail to KKMS at: 165 Lewis Rd, Suite 10, San Jose, CA 95111, or fax it to 408-971-6665, or e-mail at: contact@diaperfetch.com.

Thank you for choosing Kids Korner Medical Supply (KKMS). We appreciate your business!!!

*We always welcome your new client referrals, so please contact the office at 1.800.971.1034, and we would be happy to help!