



Medicare Equipment Warranty Information

Any equipment sold or rented by our company carries a manufacturer's warranty. We notify all Medicare beneficiaries of the warranty coverage and that we honor all warranties under applicable law. Our company will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided with all durable medical equipment where this manual is available. Information regarding the proper use of your supplies and warranty information, if applicable, is located inside the original manufacturer packaging. Please take the time to read this material carefully. If your supplies/ products do not include the manufacturer's instructions, please call us and we will help you get the instructions you need.

Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification for Services on or after January 1, 2006

I received instructions and understand that Medicare defines the _____ that I received as being either a capped rental or an inexpensive or routinely purchased item.

For Capped Rental Items:

Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.

After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.

Examples of this type of equipment include: Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

For Inexpensive or Routinely Purchased Items:

Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.



Examples of this type of equipment include: Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

I select the:

Purchase Option : _____ Rental Option: _____

Beneficiary Signature: _____ Date: _____