

***DME Supplier, Inc.
17 Main Street
Anywhere, SC 29999***

EQUIPMENT WARRANTY INFORMATION FORM

_____ (*Name of the company*) honors all warranties expressed and implied under applicable State Law. _____ (*Name of the company*) will notify all Medicare beneficiaries regarding warranty coverage of any supplies sold or rented. _____ (*Name of the company*) will not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or services covered under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

I hereby acknowledge that I, _____ (*patient name*) received instruction and understand the warranty coverage on the product I received.

Beneficiary's Signature

Date