Dear [**MEDICARE BENEFICIARY**],

[FOR CURRENTLY RENTING CUSTOMERS] Our records indicate that you are currently renting _____ [**NAME OF ITEMS & SUPPLIES AND DATE RENTAL STARTED**).

[FOR PAST CUSTOMERS] Our records indicate that we have in the past provided you with _____ [**NAME OF ITEMS & SUPPLIES AND DATES RENTALS STARTED AND ENDED**].

We have chosen not to be a Medicare supplier effective October 1, 2009 and therefore will no longer be providing you with _____ [**NAME OF ITEMS & SUPPLIES**]. As a result, you will need to choose a new supplier to obtain your supplies. [**FOR CURRENTLY RENTING CUSTOMERS ADD THE FOLLOWING]**: We will contact you by _____[**DATE WITHIN 10 DAYS OF THE DATE OF EQUIPMENT PICKUP**], to arrange a date and time to pick up our equipment.

Please choose one of the following methods to find a new Medicare supplier:

- If you have internet access, you can visit www.medicare.gov. Under "Search Tools" select "Find Suppliers of Medical Equipment in Your Area" and follow the instructions.
- If you do not have internet access, please call 1-800-Medicare (1-800-633-4227) for assistance in choosing an accredited supplier in your area.
- You may contact us at _____ [**PHONE NUMBER**] so that we can assist you with continued service from another provider.

Thank you for allowing us to serve you.

Sincerely,