



EQUIPMENT WARRANTY INFORMATION FORM

Every product/equipment sold or rented by our company carries a 1 –year manufacturer’s warranty.

_____ (Name of Company) will notify all Medicare Beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

_____ (Name of 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 to beneficiaries for all durable medical equipment provided.

I have been instructed and understand the warranty coverage on the product/equipment I have received.

Beneficiary Signature

Date