



DISPENSED SUPPLY FORM

I hereby acknowledge that I have received the following durable medical equipment

Name of Product: HCPCS Code Serial Number/Model # if applicable:

I have received specific written instructions on its use and warranty coverage on the product, and instructions on inspecting the device prior to use. I have been provided with written copies of the current Medicare DMEPOS Supplier Standards and the practice's Complaint Protocol.

I affirm the products dispensed have been inspected and are in good working order. I also affirm that the devices above when fitted can be comfortably worn and that I can apply and remove them without assistance.

I request payment of authorized Medicare benefits to me or on my behalf for any services furnished me by or by Dr John Smith. I authorize any holder of medical information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.

NOT Medicare: I understand that if Dr Smith has informed me that my insurance may not cover this, that I will be responsible for all charges for the above device.

Medicare: If the doctor feels it may not be covered I have signed an Advanced Beneficiary Notice (ABN) and I will be responsible for all charges. If the doctor has informed that this item is excluded from coverage I have received and signed a notice of exclusion from Medicare Benefits form.

Cam Walkers, Non-custom Orthotics or Ankle Supports: As per the manufacturer's warranty for manufacturer's defects. The above items will be exchanged if they are found to be defective within this time period.

Canes and Crutches: Against manufacturers defects as per the manufacturer's warrantee. I understand that Doctor Smith have given me the option to rent these items and I have chosen to purchase them.

Custom Made Shoes, Orthotics, and Braces will be repaired or replaced at our discretion within 90 days at no charge if found to be defective. If patient's medical condition changes necessitating a new orthotic or the patient modified the device in any way, the warranty is void.

Wound Care Products: If defective prior to their expiration date will be exchanged.

TENS: As per the manufacturer's warranty

In addition, an owner's manual with warranty information will be provided for all durable medical equipment where this manual is available.

Print Patient Name

Patient's Signature

Date