

PURCHASE / RENT OPTION LETTER FOR POWER WHEELCHAIRS AND ACCESSORIES

If you meet the Medicare coverage criteria for a power wheelchair prescribed by your physician, Medicare may help pay for it. Upon delivery of the power wheelchair, Medicare requires _____ to give you the option of either purchasing or renting the power wheelchair and certain accessories.

If you choose to purchase the power wheelchair and the accessories, upon approval, Medicare pays 80 percent of the allowed purchase price in a lump sum amount. You are responsible for the 20 percent coinsurance amounts and, for non-assigned claims, the balance between the Medicare allowed amount and the supplier's charge. However, you must elect to purchase the power wheelchair and the accessories at the time your medical equipment supplier furnishes you the item.

If you choose to rent the power wheelchair and the accessories and the Medicare coverage criteria are met, Medicare may pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the power wheelchair and accessories is transferred to you. During the rental period, you will be responsible for the 20 percent coinsurance payment for each month of the rental period, and for non-assigned claims: you will be responsible for the balance between the Medicare allowed amount and the supplier's charge. Medicare requires _____ to convert your rental agreement to a purchase agreement after 13 months of rental. This means once Medicare has made the final 13th rental payment, title to the equipment is transferred to you and you will own the equipment.

Once the power wheelchair and accessories are purchased, you are responsible for 20 percent of the service charge each time your equipment is actually serviced or repaired and, for non-assigned claims, the balance between the Medicare allowed amount and the supplier's charge.

You are receiving the following items. Please indicate below your selection to either purchase or rent the wheelchair and all related accessories listed below.

Items:

Option: Purchase Rental

Beneficiary Signature: _____ Date: _____