



# CMEDS REPAIR REQUEST

(To be completed by the client's therapist)

\* Mandatory Fields

Equipment Repair Request Form Submission Date: \_\_\_\_\_

CLIENT INFORMATION		REQUESTING THERAPIST	
*Name:		*Name:	
*Address:	*City:	*Email:	
*Phone Number:		*Phone Number:	
*DOB (MM/DD/YYYY):		School Name:	
Does the therapist want to be notified about every repair via email?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the equipment outside of the manufacturer's warranty and over 2 years old (check with original dealer)? <i>If you selected "No", please return to the dealer for warranty repair of equipment.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was equipment purchased through the At Home Program (not a third party i.e. Variety) <i>(Only equipment funded by the At Home Program is eligible for repair)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client eligible for the "At Home Program"? <i>If you selected no, this is a private repair, and the client is not eligible.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please note that the following are examples of repair requests that are not eligible for a repair:

1. Growth of equipment does not fall under the CMEDS Program, these should be quoted to AHP.
2. Damages caused by the client or third-party damage are not covered (i.e. wheelchair hit by a car, item damages by airline). For those items, the clients/other funders (i.e. ICBC) must cover the repair.
3. One flat tire repair is covered each year. After one flat tire, it is the client's responsibility to have it repaired. Clients must put air in tires on their own, this is not a service that is offered.
4. Batteries have a useful life of 3-5 years. As such, one battery change every 2 years is covered under CMEDS. In the event the batteries become discharged due to lack of charging (i.e. powerchair not used over summer), CMEDS will not cover this and alternative funding will be required.
5. Damage caused by misuse (i.e. item left out in rain and power joystick is damaged).
6. Lost items are not covered (i.e. missing leg rests), these should be quoted to the AHP.
7. Damage caused by fire or floods should be claimed on homeowner's insurance.
8. All modifications (i.e. permanent alteration and new parts required) are not covered, these should be quoted to AHP.

To be eligible, a client must be 17 years old or younger (or if CIC, 18 years old or younger)

## CMEDS REPAIR REQUEST

(To be completed by the client's therapist)

Description of equipment (**brand name, model, size, serial #, approximate age of equipment, etc.**):  
(**Photos of the equipment is highly encouraged** – *please attach to email*)

Describe how the equipment was damaged or became broken:  
(*Photos of the equipment is highly encouraged – please attach to email*)

Describe issue with equipment:  
(*Photos of the equipment is highly encouraged – please attach to email*)

Location of equipment for repair:

**CMEDS REPAIR REQUEST**  
(To be completed by the client's therapist)

**Lower Mainland & Vancouver Island Clients**

Submit completed return requests to [CMEDSTech@hmebc.com](mailto:CMEDSTech@hmebc.com)

Lower Mainland	HME Home Health	1(844) 821-0075
Vancouver Island	HME Home Health	1(844) 821-0075

**Clients Outside of the Lower Mainland & Vancouver Island**

Submit completed return requests via fax to a local dealer.

**INTERIOR & KOOTENAY DEALERS**

Cranbrook/Castlegar	Kootenay Columbia Home Medical Equipment	(250) 489-2400
---------------------	--	----------------

**NORTHERN BC DEALERS**

Prince George	PG Surg Med	(250) 564-2243
---------------	-------------	----------------