

CLIENT INFORMATION

CMEDS EQUIPMENT RETURN

(To be completed by the client's therapist)

REQUESTING THERAPIST

* Mandatory Fields Equipment Return Form Submission Date: _____

*Name:	*Name:
*Address: *City:	*Email:
*Phone Number:	*Phone Number:
*DOB (MM/DD/YYYY):	
*By ticking the following box, the therapist confirms that consent has been obtained from the client's legal guardian to allow communication with HME regarding this request.	
*EQUIPMENT INFORMATION	
Was the equipment funded by the "At Home Program"?	☐ Yes ☐ No
If it is not AHP equipment, indicate below the type of equipment that is being returned and its condition:	
Describe the equipment that needs to be returned/picked up: (Photos of equipment is highly encouraged - please attach to the email)	
Does the equipment have a CMEDS barcode (e.g CM-1234)?	Is the equipment damaged?
☐ Yes ☐ No Barcode Number:	*Note: Heavily damaged equipment will not be returned and can be disposed of by the client
*Pick-up Location:	
*Pick-up Contact Information:	
Name: Phone Number:	

Please refer to the second page of this form for instructions on how to submit your CMEDS Equipment Return request.

HME Home Health CMEDS

Email: CMEDSTech@hmebc.com

Phone: 1 (844) 821-0075

#130 - 4011 Viking Way Richmond, BC V6V 2K9

Ministry of Children and Family Development

Email: MCF.MedicalBenefitsProgram@gov.bc.ca

Toll-Free Phone: 1 (888) 613-3232

Fax: 1 (250) 356-2159



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Lower Mainland & Vancouver Island Clients

Submit completed return requests to CMEDSTech@hmebc.com

Lower Mainland HME 1(844) 821-0075

Vancouver Island HME 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

Kelowna HME 1(844) 821-0075

NORTHERN BC DEALERS

Prince George PG Surg Med (250) 564-2243

HME Home Health CMEDS

Email: CMEDSTech@hmebc.com Phone: 1 (844) 821-0075

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