

## Recycled Durable Medical Equipment Ownership, Operation, and Maintenance Agreement

### Form Instructions:

Supplying provider and member/legal guardian must sign this sheet on or before the date of service delivery for the following recycled devices: Standers, manual wheelchairs, power operated vehicles, hospital beds, rehab shower and/or commode chairs, positioning seats or “activity chairs” with the exception of car seats, gait trainers, augmentative communication devices/speech generating devices, and lifts. The supplying provider must keep this form on file and provide a copy to the member/legal guardian.

Your checkmark or initials for each comment below, and your signature at the bottom of the form, indicate agreement with each statement.

**Equipment type:** Enter equipment type.

### Supplying Provider Acknowledgement (Please check or initial each statement):

- I have determined that this device meets the member’s medical needs and is safe for their use.
- I have instructed the member/caregivers on the safe and proper use of the device.
- I have instructed the member/caregiver on proper maintenance of the device.
- I have explained to the beneficiary that, should the device no longer fit or no longer be needed, it is the property of Medicaid and should be returned to Medicaid; and that the member must call the number on the sticker that has been affixed to the device.
- I have explained to the member that, should any defects develop in the device, the beneficiary should report the defects to the supplying provider.
- I have explained to the beneficiary that no repairs or modifications should be done to this device that would void the warranty.

### Member/Legal Guardian Acknowledgement (please check or initial each statement):

- I accept the specific device and/or components that have been provided by the medical professional working with the me.
- I have had an opportunity to try the device so that I know it will work for me and fit properly in my home and environment.
- I understand how to properly care for and maintain the device.
- I understand how to properly operate the device.
- To return the device, I understand that I should call the number on the sticker that is on the device.
- I understand that no repairs or modifications should be done to this device that would void the warranty.

### Supplying provider signature:

[Click here to enter text.](#)

**Date:** \_\_\_/\_\_\_/\_\_\_

### Member/Legal Guardian signature:

[Click here to enter text.](#)

**Date:** \_\_\_/\_\_\_/\_\_\_



