**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, wheelchairs, power operated vehicles, hospital or special needs beds, rehabilitation shower and/or commode chairs, rehabilitation toileting devices positioning seats or “activity chairs,” 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 member 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 member should report the defects to the supplying provider.

I have explained to the member 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 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.

**Vendor’s Signature:** Insert signature

**Date:** Insert date

**Beneficiary/**

**Legal Guardian Signature:** Insert signature

**Date:** Insert date

**Supplying provider signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member/legal guardian signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Supplying provider signature:**

Click here to enter text.

**Member/Legal Guardian signature:**

Click here to enter text.

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

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