

*DME Supplier, Inc.  
17 Main Street  
Anywhere, SC 29999*

## EQUIPMENT WARRANTY INFORMATION FORM

Every product sold or rented by our company carries a 1-year manufacturer's warranty.

\_\_\_\_\_ (*Name of the company*) will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

\_\_\_\_\_ (*Name of the company*) will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

I have been instructed and understand the warranty coverage on the product I have received.

\_\_\_\_\_  
Beneficiary's Signature

\_\_\_\_\_  
Date