



# CMEDS REPAIR REQUEST

(To be completed by either the client's therapist/caregiver)

CLIENT INFORMATION	REQUESTING THERAPIST/CAREGIVER
Name:	Name:
Address:	Email:
Phone Number:	Phone Number:
DOB (MM/DD/YYYY):	School Name:

Does the therapist want to be notified about every repair via email?  Yes  No

Is the equipment outside of the manufacturer's warranty and over 2 years old (check with original dealer)?  Yes  No  
*If you selected "No", please return to the dealer for warranty repair of equipment.*

Was equipment purchased through the At Home Program (not a third party i.e. Variety)  Yes  No  
*(Only equipment funded by the At Home Program is eligible for repair)*

To be eligible, a client must be 17 years old or younger (or if CIC, 18 years old or younger)  
Client's Birthdate: \_\_\_\_\_

Is the client eligible for the "At Home Program"?  Yes  No  
*If you selected no, this is a private repair, and the client is not eligible.*

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

1. 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.
2. 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.
3. 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.
4. Damage caused by misuse (i.e. item left out in rain and power joystick is damaged).
5. Lost items are not covered (i.e. missing leg rests), these should be quoted to the AHP.
6. Damage caused by fire or floods should be claimed on homeowner's insurance.
7. All modifications (i.e. permanent alteration and new parts required) are not covered, these should be quoted to AHP.

Description of equipment (brand name, model, size, serial #, approximate age of equipment, etc.):

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)*

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



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### Lower Mainland & Vancouver Island Clients

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

Lower Mainland	HME Home Health	(604) 821-0075
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Vancouver Island	HME Home Health	(604) 386-0075
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Families can contact HME for repairs directly with our service technicians via Zoom or Facetime if there are questions that can be addressed virtually.

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

Submit completed repair requests via fax to a local dealer.

#### INTERIOR & KOOTENAY DEALERS

Cranbrook	Kootenay Columbia Home Medical Equipment	(250) 489-2400
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Kamloops	National Seating & Mobility Canada	(236) 425-1238
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Kelowna	Motion	(250) 765-1362
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Kelowna	National Seating & Mobility Canada	(250) 420-7288
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Penticton	Motion	(250) 492-3698
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Vernon	Motion	(250) 542-3747
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Vernon	National Seating & Mobility Canada	(250) 549-7288
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#### NORTHERN BC DEALERS

Prince George	PG Surg Med	(250) 564-2243
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Terrace	North Coast Home Medical Equipment	(250) 638-0174
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#### NORTHERN VANCOUVER ISLAND DEALERS

Courtenay/Nanaimo	Island Mediquip	(250) 871-0365
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Nanaimo	National Seating & Mobility Canada (Advanced)	(250) 751-3731
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