



CMEDS Repair Request Form

Date:

| | |
|----------------------------|-------------------------|
| Client Name: | Client Phone Number: |
| Address: | |
| Requesting Therapist Name: | Therapist Phone Number: |
| Therapist Email: | |

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

Was equipment purchased through At Home Program (not third party like Variety) Yes No
 (only equipment funded by At Home Program is eligible for repair).

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

- 1) Items caused by client damage are not covered (i.e.: wheelchair hit by car, item damaged by airline). For those items, the clients are party that caused it/other funder (ICBC) must cover the repair
- 2) One flat tire repair is covered each year. After one flat tire, it is the client responsibility to have it repaired
- 3) Damaged caused by misuse (i.e.: Item left out in rain and power joystick is damaged)
- 4) Lost items are not covered (i.e.: missing leg-rests) these should be quoted to the MCFD
- 5) Damages caused by fire or floods (should be claimed on home owners insurance)
- 6) All adjustments/changes are not covered, these should be quoted to MCFD at home program
- 7) Clients must put air in tires on their own, this is not a service that is offered

Description of equipment (brand name, model, size):

Please describe how equipment became broken:

Describe issue with equipment:

Is client eligible for the 'At Home Benefits Program'? Yes No
 ** If you selected 'No' this is a private repair and not eligible

Please note that this work order is for repairs only. It only authorizes repair or replacement of the same part. Changing the type of part is considered to be a modification and requires special approval. Equipment modifications must be at the request of a qualified therapist and be requested through the At Home Program- Ministry of Children and Family Development. A quote and letter of justification will be required.

For Lower Mainland and Vancouver Island clients please email requests to: CMEDSrepairs@hmebc.com

For clients located outside of lower mainland please fax request to:

| Dealer (select closest dealer): | Fax #: |
|---|----------------|
| Creative Mobility Kelowna | (250) 765-1362 |
| Creative Mobility Vernon | (250) 542-3747 |
| Creative Mobility Penticton | (250) 492-3698 |
| North Coast Home Medical Equipment- Terrace | (250) 638-0174 |
| PG Surg Med- Prince George | (250) 564-2243 |
| PG Surg Med- Kamloops | (236) 425-1238 |
| Kootenay Columbia Home Medical Equipment- Cranbrook | (250) 489-2400 |
| Kootenay Columbia Home Medical Equipment- Castlegar | (250) 365-7791 |
| Advanced Mobility - Nanaimo | (250) 751-3731 |
| Island Mediquip - Courtenay | (250) 871-0365 |
| Island Mediquip - Duncan | (250) 597-0152 |