



CMEDS REPAIR REQUEST FORM

To be completed by either the client's therapist or caregiver

CLIENT INFORMATION	REQUESTING THERAPIST/CAREGIVER
Name:	Name:
Address:	Email:
Phone Number:	Phone Number:

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)



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For clients located outside of the Lower Mainland, please fax requests to:

CITY	DEALER	FAX #
INTERIOR & KOOTENAY DEALERS		
Castlegar	Kootenay Columbia Home Medical Equipment	(250) 365-7791
Cranbrook	Kootenay Columbia Home Medical Equipment	(250) 489-2400
Kamloops	National Seating & Mobility Canada	(236) 425-1238
Kelowna	Motion	(250) 765-1362
Kelowna	National Seating & Mobility Canada	(250) 420-7288
Penticton	Motion	(250) 492-3698
Vernon	Motion	(250) 542-3747
Vernon	National Seating & Mobility Canada	(250) 549-7281
NORTHERN BC DEALERS		
Prince George	PG Surg Med	(250) 564-2243
Terrace	North Coast Home Medical Equipment	(250) 638-0174
NORTHERN VANCOUVER ISLAND DEALERS		
Courtenay/Nanaimo	Island Mediquip	(250) 871-0365
Nanaimo	National Seating & Mobility Canada (Advanced)	(250) 751-3731

Lower Mainland and Vancouver Island clients must email requests to CMEDSrepairs@hmebc.com