

**Example of Warranty Information Form**

*ABC Company  
Anywhere USA*

**EQUIPMENT WARRANTY INFORMATION FORM**

Every DME product sold or rented by \_\_\_\_\_ (*Name of the company*) that carries a warranty will be identified by our staff and beneficiaries will be notified of the warranty coverage.

\_\_\_\_\_ (*Name of the company*) will honor all warranties under applicable law.

\_\_\_\_\_ (*Name of the company*) will repair or replace, free of charge, parts for Medicare covered equipment that is under warranty. Labor is not included in most manufacturers warranties. You will receive information relating to the applicable warranty on products you receive from our company.

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

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

\_\_\_\_\_  
Date: