



CMEDS BIOMEDICAL REPAIR REQUEST

(To be completed by the client's therapist)

* Mandatory Fields

Equipment Return Form Submission Date: _____

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

☐ *By ticking the following box, the therapist confirms that consent has been obtained from the client's legal guardian to allow communication with HME regarding this request.

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

1. Type of damage caused by the client is not covered (i.e. pump is dropped and breaks).
2. Damage caused by misuse (i.e. item left out in the rain, resulting in water damage).
3. Lost items are not covered by MCFD. The client can contact MCFD for vendor contacts to purchase replacement items.
4. Damage caused by fire/floods – can be claimed on homeowner's insurance.

*EQUIPMENT INFORMATION

Was the equipment funded by the "At Home Program"? (only equipment funded by At Home Program is eligible for repair). ☐ Yes ☐ No

Is the client eligible for the "At Home Benefits Program"? ☐ Yes ☐ No

Description of equipment (**brand name, model, size, serial #, approximate age of equipment, etc.**):
(Photos of the equipment is highly encouraged – please attach to email)

Describe how the equipment was damaged or became broken:
(Photos of the equipment is highly encouraged – please attach to email)

Describe issue with equipment and/or any error messages that are displayed:
(Photos of the equipment is highly encouraged – please attach to email)

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(To be completed by the client's therapist)

Lower Mainland & Vancouver Island Clients

Submit completed return requests to CMEDSTech@hmebc.com

Lower Mainland	HME	Phone: 1(844) 821-0075	Fax: 604-821-0049
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Vancouver Island	HME	Phone: 1(844) 821-0075	Fax: 604-821-0049
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Clients Outside of the Lower Mainland & Vancouver Island

Submit completed return requests via fax to a local dealer.

INTERIOR & KOOTENAY DEALERS

Cranbrook/Castlegar	Kootenay Columbia Home Medical	Phone: 1(800) 661-4022	Fax: 250-489-2400
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Kelowna	HME	Phone: 1(844) 821-0075	Fax: 604-821-0049
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NORTHERN BC DEALERS

Prince George	PG Surg Med	Phone: 1(800) 663-2963	Fax: 250-564-2243
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The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Supply Act. The collected information may be subject to disclosure as per the Supply Act and/or the Freedom of Information and Protection of Privacy Act (FOIPP Act). If you have any questions about the collection, use, or disclosure of this information, please call HME at 1 844-821-0075.

HME CMEDS

Email: CMEDSTech@hmebc.com
Phone: 1 (844) 821-0075 Fax: 604-821-0049
#130 - 4011 Viking Way Richmond, BC V6V 2K9

Ministry of Children and Family Development

Email: MCF.MedicalBenefitsProgram@gov.bc.ca
Toll-Free Phone: 1 (888) 613-3232
Fax: 1 (250) 356-2159