

* Mandatory Fields

Equipment Return Form Submission Date: _____

CLIENT INFORMATION		REQUESTING THERAPIST	
*Name:		*Name:	
*Address:	*City:	*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.

*EQUIPMENT INFORMATION	
Was the equipment funded by the "At Home Program"? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If it is not AHP equipment, indicate below the type of equipment that is being returned and its condition:	
Describe the equipment that needs to be returned/picked up: <i>(Photos of equipment is highly encouraged - please attach to the email)</i>	
Does the equipment have a CMEDS barcode (e.g CM-1234)? <input type="checkbox"/> Yes <input type="checkbox"/> No Barcode Number: _____	Is the equipment damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No *Note: Heavily damaged equipment will not be returned and can be disposed of by the client
*Pick-up Location:	
*Pick-up Contact Information: Name: _____ Phone Number: _____	

Please refer to the second page of this form for instructions on how to submit your CMEDS Equipment Return request.

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



CMEDS
PROGRAM

CMEDS EQUIPMENT RETURN

(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

Vancouver Island HME Phone: 1(844) 821-0075 Fax: 604-821-0049

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

Kelowna HME Phone: 1(844) 821-0075 Fax: 604-821-0049

NORTHERN BC DEALERS

Prince George PG Surg Med Phone: 1(800) 663-2963 Fax: 250-564-2243

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.

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