



**CMEDS**  
PROGRAM

## CMEDS REPAIR REQUEST

(To be completed by the client's therapist)

\* Mandatory Fields

Equipment Repair Request Form Submission Date: \_\_\_\_\_

| CLIENT INFORMATION  |        | REQUESTING THERAPIST |  |
|---|--------|----------------------|--|
| *Name:  |        | *Name:               |  |
| *Address:   | *City: | *Email:              |  |
| *Phone Number:  |        | *Phone Number:       |  |
| *DOB (MM/DD/YYYY):  |        | School Name:         |  |
| Does the therapist want to be notified about every repair via email? <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |                      |  |
| Is the equipment outside of the manufacturer's warranty and over 2 years old (check with original dealer)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If you selected "No", please return to the dealer for warranty repair of equipment.</i> |        |                      |  |
| Was equipment purchased through the At Home Program (not a third party i.e. Variety) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Only equipment funded by the At Home Program is eligible for repair)</i>                                     |        |                      |  |
| Is the client eligible for the "At Home Program"? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If you selected no, this is a private repair, and the client is not eligible.</i>  |        |                      |  |

☐ **\*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.**

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

1. Growth of equipment does not fall under the CMEDS Program, these should be quoted to AHP.
2. 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.
3. 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.
4. 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.
5. Damage caused by misuse (i.e. item left out in rain and power joystick is damaged).
6. Lost items are not covered (i.e. missing leg rests), these should be quoted to the AHP.
7. Damage caused by fire or floods should be claimed on homeowner's insurance.
8. All modifications (i.e. permanent alteration and new parts required) are not covered, these should be quoted to AHP.

To be eligible, a client must be 17 years old or younger (or if CIC, 18 years old or younger)



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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:  
(*Photos of the equipment is highly encouraged – please attach to email*)

Location of equipment for repair:



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### Lower Mainland & Vancouver Island Clients

Submit completed return requests to [CMEDSTech@hmebc.com](mailto: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.

#### HME CMEDS

Email: [CMEDSTech@hmebc.com](mailto: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](mailto:MCF.MedicalBenefitsProgram@gov.bc.ca)  
Toll-Free Phone: 1 (888) 613-3232  
Fax: 1 (250) 356-2159