[COMPANY NAME]
Policy & Form Cross-Reference Cover Sheet

Form Title	Equipment Warranty Information Form
Our Policy #	7.14
Our Policy Name	Provision of Warranty
ACHC DRX Reference	DRX7-16A
CMS Standard Reference	No specific CMS Section item names warranty directly; conceptually tied to 42 CFR §424.57(c) warranty requirement
Accrediting Organization	[ACCREDITING ORGANIZATION]

[COMPANY NAME]
EQUIPMENT WARRANTY INFORMATION FORM

1. Every product sold or rented by [COMPANY NAME] carries a 90-day manufacturer's warranty.

2. [COMPANY NAME] will notify all Medicare beneficiaries of warranty coverage and will honor all warranties under applicable law.

3. [COMPANY NAME] will repair or replace, free of charge, Medicare-covered equipment that is under warranty.

4. [COMPANY NAME] will provide an owner's manual with warranty information to beneficiaries for all durable medical equipment, whenever a manual is available.

I hereby acknowledge that I, _____ (patient name), have received instruction and understand the warranty coverage on the product I received.

Beneficiary's Signature	**Date**

If this product was shipped to you, your acceptance of delivery from our shipping carrier serves as your acknowledgment of receipt of this warranty information, in lieu of a signature above.