

**MEDICARE CAPPED RENTAL AND INEXPENSIVE OR ROUTINELY
PURCHASED ITEMS NOTIFICATION
FOR SERVICES ON OR AFTER JANUARY 1, 2006**

I received instructions and understand that Medicare defines the _____
that I received as being either a capped rental or an inexpensive or routinely purchased
item.

(Initial here:____) FOR CAPPED RENTAL ITEMS:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include: Hospital Beds, Wheelchairs, Alternating Pressure Pads, Air-fluidized Beds, Nebulizers, Suction Pumps, Continuous Airway Pressure (CPAP) devices, Patient Lifts, and Trapeze Bars

(Initial here:____) FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include: Canes, Walkers, Crutches, Commode Chairs, Low Pressure and Positioning equalization Pads, Home Blood Glucose Monitors, Seat Lift Mechanisms, Pneumatic Compressors (Lymphedema Pumps), Bed Side Rails, and Traction Equipment.
- I, the undersigned beneficiary, select the:

_____Purchase Option _____Rental Option

Beneficiary Signature _____ Date _____

