



Valley Mission Homecare Pharmacy
12509 E Mission, Suite 103
Spokane Valley, WA 99216
(509) 928-6400

**Medicare capped rental program
Equipment Agreement; 4 pg/2 sig**

Equipment Type _____ Equipment ID _____

1. Equipment provided to the Medicare Beneficiary is subject to either a purchase or a rental option pursuant to the rules of the Medicare program. This Medical Equipment Rental Agreement pertains to the rental of Equipment subject to this program.
2. This Medical Equipment Rental Agreement is between Valley Mission Homecare Pharmacy and the Medicare Beneficiary signed below and is effective as of the date the equipment is delivered. It covers the equipment specified above and includes all parts, components and accessories associated with the equipment.
3. **MEDICARE DURABLE MEDICAL EQUIPMENT CAPPED RENTAL PROGRAM**
This equipment is provided to you under the rules of the Medicare capped rental program and is subject to all rules and requirements of this program. According to the program, Medicare Beneficiaries may choose to either rent or purchase inexpensive (under \$150) or routinely purchased durable medical equipment. This means that the beneficiary may elect to rent this item at their option (if its purchase price is under \$150). The full program description can be found on-line at www.medicare.gov or you can contact Medicare directly by calling 1-800-MEDICARE for more information. We at Valley Mission Homecare Pharmacy are happy to assist you should you need help understanding Medicare's coverage requirements.
4. **MEDICARE ELIGIBILITY**
This equipment is provided to you with the understanding that you are eligible for Medicare Part B benefits at the date of initial service and that you continue to have coverage for Medicare Part B throughout the duration of the rental. Be advised that some commercial insurers that manage the Medicare Part B benefit for you may not retain Valley Mission Homecare Pharmacy (VMHP) within their provider network. **Any changes to your medical insurance may affect coverage of this equipment.** It is the **Medicare beneficiary's responsibility** to notify VMHP promptly of any changes in insurance. The Medicare beneficiary is responsible for any allowed amounts such as deductible and copay that are unpaid by Medicare and any other insurers.
5. **MEDICAL NEED**
Your monthly rental fees should qualify for Medicare coverage as long as you have a bona fide and qualifying medical need for the equipment and can safely use the equipment in your home. Medical need is determined by your prescribing physician in conjunction with the rules of the Medicare capped rental program. If your condition changes such that you no longer have a medical need for the equipment or can no longer safely use the equipment, your rental will no longer qualify for Medicare coverage. In

addition, if you change to a different physician or care provider during the rental period, you must contact us to help ensure that required medical certification for the equipment continues with your new physician.

6. PRIVATE-RESIDENCE USE

Equipment provided through the Medicare capped rental program is intended for use in your private residence. This equipment rental does not qualify for Medicare coverage if you reside in a skilled nursing facility or certain other care-assisting facilities such as hospitals and rehabilitation centers that typically receive reimbursement for your care under the Medicare Part A benefit program. You may be responsible for any monthly rental balances during periods when you are not eligible for Medicare Part B benefits, such as a stay of any duration in any of the above type facilities. Notify Valley Mission Homecare Pharmacy promptly should you become admitted to any facility that bills your Medicare Part A.

7. EQUIPMENT OWNERSHIP

This equipment belongs to VMHP under a rental agreement until a total of 13 rental months has been fully paid. During this period you may not sell, donate, gift, destroy or otherwise dispose of the equipment. The equipment does not become the property of the Medicare beneficiary until the title has been transferred in writing.

8. EQUIPMENT SERVICE AND WARRANTY

Medicare considers routine periodic equipment servicing such as testing, cleaning, regulating, and checking to be the responsibility of the beneficiary. If needed during the rental period, VMHP will provide more extensive or specialized servicing and repairs to the equipment, when requested, without charge to the beneficiary, provided that the repairs are required due to ordinary wear and tear of the equipment and the equipment is used solely for the purpose for which it is intended. Repairs required due to neglect, carelessness, unusually or needlessly rough usage are not covered under this agreement. After ownership transfer, when applicable, terms and conditions of the manufacturer warranty prevail.

9. RETURN OF EQUIPMENT AND CONDITION OF RETURNED EQUIPMENT

If the rental period ends (the patient no longer has a medical need for the equipment) before equipment ownership transfer occurs, it is the responsibility of the beneficiary, or designated agent, to ensure that arrangements are made to return it to VMHP as soon as practical to avoid additional rental charges. Returned equipment must be in working condition and free of damage caused by neglect, carelessness, or unusually or needlessly rough usage or storage conditions. VMHP retains the right to charge the beneficiary directly for any equipment returned in a damaged condition due to treatment beyond usual and expected wear and tear associated with ordinary use with its intended function.

By signing below, the Medicare beneficiary acknowledges that he or she has read, understood and agrees to the above statements regarding equipment provided by Valley Mission Homecare

Pharmacy through the Medicare capped rental program. Furthermore, the beneficiary and/or caregivers have been instructed on the safe and effective use of this equipment and any questions at this time been answered to satisfaction. Information provided herein is intended solely to facilitate understanding of the agreement between the VMHP as a medical equipment supplier and the Medicare beneficiary in regards to the capped rental program as set forth by Medicare. This document does not replace any official language of the Medicare capped rental program.

Medicare
Beneficiary
Signature _____ Date _____

Medicare Beneficiary Name (Printed) _____

Designated Representative and/or Alternate Contact

Name _____

Phone _____

Relationship _____

Valley Mission Homecare Pharmacy
(509) 928-6400

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12509 E. Mission Ave., Suite 103 Spokane, WA 99216

Phone: (509) 928-6400

HOURS: Mon through Fri 9:00 AM to 5:30 AM (Closed Major Holidays or as posted)

The following affects Medicare coverage of certain durable medical equipment rentals. If Medicare doesn't cover the cost of your rental item, YOU MAY BE FINANCIALLY LIABLE.

PLEASE READ and SIGN.

Medicare pays for Durable Medical Equipment (DME) when it is medically necessary FOR USE IN A PATIENT'S HOME. Medicare does not make separate payment for DME when a beneficiary is in a Skilled Nursing Facility (SNF), hospital or rehab center. For a beneficiary in a covered Part A stay, the SNF, hospital or rehab center is not defined as a beneficiary's home. These facilities are expected to provide ALL medically necessary DME during a beneficiary's covered Part A stay.

If you are admitted to a SNF, hospital or rehab center you MUST contact Valley Mission Homecare Pharmacy (Phone: (509) 928-6400) or you may be liable for payment of your rented item(s) during your time in the facility.

Example: A beneficiary rents a wheelchair beginning on January 1. The beneficiary enters a covered Part A stay in a SNF on January 15 and is discharged on February 1. The February 1 claim can be submitted to Medicare for payment consideration. The January 1 claim will be either denied by Medicare, or payment made to provider will be recouped by Medicare. The beneficiary may be liable for payment of the January claim.

Example: A beneficiary rents a wheelchair beginning on January 1. The beneficiary enters a covered Part A stay in a SNF on January 15 and is discharged on March 1. The February 1 claim cannot be considered for payment by Medicare. If the beneficiary does not return the wheelchair upon entering the SNF, the patient becomes liable for payment for the duration of the rental while the patient is admitted in the SNF.

Medicare pays for certain DME items only once. By signing below you acknowledge that if Medicare has paid for this or a similar item before, you may be liable for payment of the item. Supplemental insurance plans will NOT pay for balances due that Medicare has not considered allowable.

Patient signature (or POA): _____ Date: _____

Definitions:

Beneficiary: the patient with Medicare insurance coverage

SNF: skilled nursing facility such as a nursing home or rehab center or hospital

DME: durable medical equipment such as a hospital bed, wheelchair, patient lift, trapeze, nebulizer

Covered Part A stay: an admission to a SNF when the SNF will be billing Medicare Part A coverage

POA: power of attorney