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**Medicare Capped Rental and Inexpensive or
Routinely Purchased Items Notification for
Services on or after January 1, 2006**

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

_____ **FOR CAPPED RENTAL ITEMS**

- Medicare will pay a monthly rental fee for a period not to exceed 13 month, after which time 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 Units, Continuous Airway Pressure (CPAP) devices, Patient Lifts, and Trapeze Bars.

_____ **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 select the:

Purchase Option _____

Rental Option _____

Beneficiary Signature

Date