



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

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

___ FOR CAPPED RENTAL SERVICES:

- 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.

___ 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), bedside rails, and traction equipment.
- I select the :

Purchase Option _____

Rental Option _____

Beneficiary Signature

Date