



EQUIPMENT WARRANTY INFORMATION FORM

Patient Name _____ Account Number _____

Every product sold or rented by our company carries a 1-year manufacturer's warranty. Inco-Med LLC. will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

Inco-Med LLC. will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment when a manual is available.

I have been instructed and understand the warranty coverage on the product that I have received. _____

Beneficiary's Signature _____ Date _____