

Durable Medical Equipment Ownership, Operation, and Maintenance Agreement

Directions: Vendor and beneficiary/legal guardian must sign this sheet at or before the time of service delivery for the following capped rental/non-rental devices: Standers, electric hospital beds, rehab shower and/or commode chairs, positioning seats with the exception of car seats, gait trainers, and mechanical lifts. For speech generating devices or augmentative/alternative communication devices, the form must be signed by the vendor during the prescription/authorization process and provided to the beneficiary for signature during that process. For wheelchairs, continue to use the Department of Vermont Health Access (DVHA) Wheelchair Signature Sheet. The vendor must keep this form on file and provide a copy to the beneficiary for their records. If Medicaid is providing primary coverage for the device, a Medicaid sticker must be affixed to the device upon delivery of the equipment. Do not apply a sticker or sign this form if the device will be covered by a primary insurance.

Your checkmark or initials, and your signature at the bottom of the form indicate agreement with each statement.

Equipment type: _____

Vendor Acknowledgement (Please check or initial each statement):

- _____ I have researched, and have not found, any less costly devices that would be appropriate to the beneficiary's medical needs at this time. Any components from the beneficiary's current equipment that is still appropriate and in usable condition will be placed on the new device.
- _____ I have instructed the beneficiary/caregivers on the safe and proper use of the device.
- _____ I have instructed the beneficiary/caregiver on proper maintenance of the device.
- _____ I have explained to the beneficiary that, should the device no longer fit or no longer be needed, it is the property of Medicaid and should be returned to Medicaid; and to call the number on the sticker placed on the equipment today by the vendor.
- _____ I have explained to the beneficiary that the expectation is that this device will last for at least _____ years, and should be treated so that it will last for this amount of time. If there is a change in the beneficiary's condition, consideration will be given to replacing the device when DVHA is provided with the necessary supporting documentation.
- _____ I have explained to the beneficiary that, should any defects in the device develop, the beneficiary should report the defects to the vendor.
- _____ I have explained to the beneficiary that, should the device be lost or stolen, a police report must be submitted with any request for replacement of the device.

Beneficiary/Legal Guardian Acknowledgement (please check or initial each statement):

- _____ I accept the specific device and/or components that have been requested on my behalf by the prescribing medical professional.
- _____ I have had an opportunity to try the device or a simulation so that I know it will work for me and fit properly in my home.



- _____ I understand how to properly care for and maintain the device so that it can last for the number of years indicated above.
- _____ I understand how to properly operate the device.
- _____ To return the device, I understand that I should call the number on the sticker that has been/will be placed on the device.
- _____ I understand that if the device is lost or stolen, a police report must be submitted with any request for a replacement of this device.

Vendor's signature: _____ **Date:** _____

Beneficiary/legal guardian signature: _____ **Date:** _____

Revised: June 2020