

From: Brenda Thomas  
920 W Lawrence Ave, Apt 410  
Chicago, IL 60640

Medicare Claims Department

Subject: Request for Replacement Power Wheelchair

Dear Medicare Claims Department,

I hope this letter finds you well. I am writing to formally request the replacement of my power wheelchair, which has been deemed irreparable by my healthcare provider.

My current power wheelchair, [Model-P322 and Serial Number- MU220901983], has been experiencing significant issues that affect my mobility and daily activities. After multiple attempts to repair the unit, my healthcare provider has confirmed that it is no longer safe or functional for use.

As a result of my condition, I rely heavily on my power wheelchair for transportation and independence. I kindly ask that you expedite the approval process for a new power wheelchair to ensure I can maintain my mobility and quality of life.

Enclosed with this letter are the following documents to support my request:

- A detailed report from my healthcare provider outlining the issues with my current wheelchair.
- Any additional medical records or documentation as required.

For your reference, my date of birth is July 24, 1957, and my Medicare number is 7AX4D54QK05.

I appreciate your attention to this matter and look forward to your prompt response. If you need any further information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

Brenda Thomas July 24, 1957  
Medicare Number: 7AX4D54QK05

Signature: Brenda Thomas

Date: 10-19-2024

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