Advanced Medical Supply, Inc
CLIENT/PATIENT VISIT REPORT
EQUIPMENT MAINTENANCE

Client: Thomas Brandy Date: 10-15-201

Address: 920 W. Lawrence Ave Apt 410, Chicago IL 60640

Phone: (312) 866-3863 ; (312) 961-7378

EQUIPMENT INFORMATION

1. ITEM: Power wheelchair 2, captain chair Left hand

HME: (Manufacturer) Merits Model: P322A4ARMUB Serial #: MU22090198 3

Hours: 45 min Setting(s): N/A

Maintenance Performed:

Next PM Due: Date _____ Hours: _____ PM Sticker Present: ☐ Yes ☐ No

2. ITEM _____

HME: (Manufacturer) _____ Model: _____ Serial #: _____

Hours: _____ Setting(s): _____

Maintenance Performed: _____

Next PM Due: Date _____ Hours: _____ PM Sticker Present: ☐ Yes ☐ No

EQUIPMENT EXCHANGES AND D/C'S

Old Unit _____ SN _____ New Unit _____ SN _____ Reason _____

Old Unit _____ SN _____ New Unit _____ SN _____ Reason _____

Old Unit _____ SN _____ New Unit _____ SN _____ Reason _____

D/C'd Unit _____ SN _____ Reason _____

D/C'd Unit _____ SN _____ Reason _____

PLAN OF SERVICE

Equipment functional? ☐ Yes ☒ No (If not, was it ☐ Repaired or ☒ Replaced?)

Client reeducated on the following?

☐ Use of Equipment ☐ Doctor's Prescription
☐ Emergency Preparedness ☐ Troubleshooting Equipment ☐ Fire / Electrical / Home Safety
☐ When to call for services ☐ Changes in Doctor's Orders ☐ Use of Back up Equipment

OCT 16 2024

Comments:
Power wheelchair is damaged, component failure beyond replacement, of complex technical issues, that repairing it would be impractical or cost-prohibitive, essentially requiring the purchase of a new wheelchair instad.

Falls Assessment completed and reviewed? ☒ Yes ☐ No

Any falls hazards determined during assessment? ☐ Yes ☒ No, If Yes, Document concerns and information given the Client: _____

I acknowledge performance of the Client Visit and Plan of Service on the date noted:

Brandy Thomas 10/16/24

Client Date

Technician

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