

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

Client: Theodoreos Breely Date: 10-15-2021
Address: 920 W Lawrence Ave Apt 410, Chicago IL 60640
Phone: (312) 866-3863 , (312) 964-7378

EQUIPMENT INFORMATION

1. ITEM: Power wheelchair 2, captain chair Left seated
HME: (Manufacturer) Nelotek Model: P322AYARMUB Serial #: MU220901983
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?

- Emergency Preparedness
 When to call for services

- Use of Equipment
 Troubleshooting Equipment
 Changes in Doctor's Orders

- Doctor's Prescription 08/16/2021
 Fire / Electrical / Home Safety
 Use of Back up Equipment

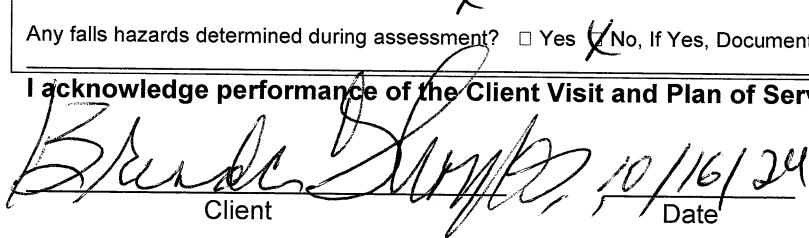
Comments:

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

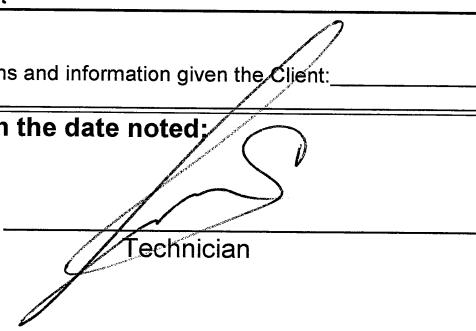
Falls Assessment completed and reviewed? Yes No

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:


Client

Date: 10/16/24


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.

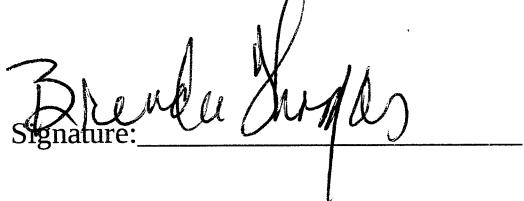
For your reference, my date of birth is July 24, 1957, and my Medicare number is 7AX4D54QK05.

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: _____ Date: 10-19-2024

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