

EQUIPMENT WARRANTY INFORMATION FORM

This is your notification of warranty coverage which **Acentus** will honor under applicable law.

Every product sold or rented by our company carries a 1-year warranty.

Acentus will repair or replace, free of charge, equipment covered by your insurance that is under warranty. In addition, an owner's manual with warranty information will be provided for all durable medical equipment where a manual is available.

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

Beneficiary's Signature	Date