

Application for Durable Medical Equipment (DME)



Oklahoma ABLE Tech partners with the Oklahoma Health Care Authority (OHCA) to provide the ABLE Tech Device Reuse Program. The program is designed to reuse durable medical equipment (DME) that is no longer needed and reassigned to Oklahomans in need at no cost.

Priority will be given to SoonerCare members, but any Oklahoma resident is eligible.

Oklahoma Device Reuse Program

3325 N. Lincoln Blvd., Suite B

Oklahoma City, OK 73105

Phone: 405-523-4810 Fax: 405-523-4811

Email: atreuse@okstate.edu

First Name Last Name
Telephone Alternate Telephone

Please specify if the residence is an apartment or elderly living community with accurate room or building numbers.

Address
City State Zip code
Email Birthdate

Are you SoonerCare/Oklahoma Medicaid eligible? Yes No This device is for: an adult a child/pediatric

Please provide SoonerCare/Oklahoma Medicaid #:

Are you completing this application for someone else? Yes No

Please select equipment (multiple items accepted):

Bathroom Devices:

- Bath Bench
- Commode
- Grab Bar
- Raised Toilet Seat
- Shower Chair
- Blood Glucose Monitor
- Blood Pressure Monitor

Braces:

- Back Brace
- Cervical Collar/Traction
- Lower Extremity Brace
- Upper Extremity Brace

Compression and Cold Therapy:

- Motorized Cryotherapy
- Lower Extremity Compression Sleeves
- Upper Extremity Compression Sleeves

CPAP ***

BiPAP ***

Hospital Bed – Electric *

Hospital Bed – Semi-Electric *

Mobility Support:

- Cane
- Crutches
- Gait Trainer **
- Knee Walker
- Quad Cane
- Stander **
- Walker – two-wheeled *
- Walker – four-wheeled (also referred to as Rollator) *
- Walking Boot
- Nebulizer *

Patient Lift **

Pediatric Devices:

- Pediatric Wheelchair – Manual *
- Pediatric Wheelchair – Electric **
- Pediatric Wheelchair – Specialized **
- Pediatric Stander **
- Pediatric Helmet
- Pediatric Walker *

Positioning Support:

- Wedge
- Multi-Podus Boot(s)
- Heel Suspension Boot(s)
- Wheelchair Cushion
- Temporary Ramps, Pathways, Thresholds
(photos and dimensions of needed area will be requested)
- Suction and Accessories

Vision Enhancement Devices:

- CCTV
- Screen Magnifier
- Screen Reader
- Handheld Magnifier

Wheelchairs:

- Manual Transport Wheelchair
- Manual Wheelchair *
- Power Wheelchair **
- Power Scooter **
- Specialized Wheelchair **

Other

**Requires a doctor's prescription*

***Requires a doctor's prescription and an evaluation from ATP/OT/PT*

****Requires a doctor's prescription and a sleep study – 5 years or newer*

Requested equipment: Pediatric Adult Bariatric (over 250 lbs.)

If the equipment requires measurements, please complete the "Customer Measurements" section below.

CUSTOMER MEASUREMENTS

The purpose of customer measurements is to obtain rudimentary measurements to decrease the frequency of false deliveries. There are many websites available for instruction on how to obtain proper measurements. Please note that these measurements are not intended to guarantee appropriate assessment or fit. The person should be seated on a surface with feet flat. Provide body measurements, not chair measurements.

Height*

Weight*

Measurement: LAP WIDTH - REQUIRED FOR WHEELCHAIRS

Measure the hips at the fullest part. You can add up to 2 inches to the number depending on the amount of room the individual wants. If you were to place two books on either side of the hips, you would measure straight between the two books instead of curving up and over the lap like a seatbelt would.

Total Inches Wide

Does the wheelchair need a seatbelt? Yes No

Does the wheelchair need leg rests? Yes No

Does the wheelchair need elevated leg rests? Yes No

Have you used this equipment before? Yes No

Will this equipment be the initial piece or a replacement? Initial Replacement

Do you have a prescription from your doctor for this equipment? Yes No

If the equipment is required, can you provide the additional documentation? Yes No

Please attach a copy of your prescription and/or evaluation report to this application.

If you have more than one prescription, you can attach or fax multiple prescriptions to FAX: (405) 523-4811.

If you have any questions, please call our office at (405) 523-4810.

Does the recipient have insurance? Yes No

If yes, please list:

What environment will the device be used in:

Education Community Living Employment IT Access/Telecommunications

Other:

Preferred Delivery Method*

- Prefer to pick up and return at Oklahoma ABLE Tech (Stillwater, Tulsa, Oklahoma City)
- Prefer the device to be shipped
- Requesting a hospital bed or motorized wheelchair to be delivered

How did you hear about ABLE Tech?

I understand and agree that I am responsible for the proper handling, storage, use, care, maintenance, and return of the device(s), component(s), accessory(ies) loaned to me hereunder.

In the event that I lose or there is a malfunction of device(s), component(s), or accessory(ies), I shall immediately notify **Oklahoma ABLE Tech at 1-800-257-1705 (toll-free).**

In the event of a theft of the device(s), component(s) or accessory(ies), I will report the theft to the local law enforcement agency and provide a copy of that report to Oklahoma ABLE Tech.

I shall not pledge, assign, transfer, or otherwise give any interest in and to the device(s), component(s), and accessory(ies) to any third party not listed on the loan request form.

This equipment will be used for me or my family member’s personal use and will not be sold. To the best of my knowledge, all information is true and accurate. I understand not all accessories may be available with the devices and may require contacting someone other than ABLE Tech at my own cost. When I no longer need the device(s) I am aware that I am responsible for returning any/all equipment to Oklahoma ABLE Tech.

Applicant Signature or Authorized Representative

Print Full Name

Signature*



www.okabletech.org

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Online Reuse Application is available at: <https://www.okabletech.org/guide-to-all-services/device-reutilization/apply-for-dme/>