Application for Durable Medical Equipment (DME)

Oklahoma ABLE Tech partners with the Oklahoma Health Care Authority (OHCA) to provide the ABLE Tech Device Reutilization 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
4301 Will Rogers Parkway, Suite 950
Oklahoma City, OK 73108
Phone: 405-967-6010 Fax: 405-967-6011
Email: atreuse@okstate.edu

Applicant Information:

First Name: _____ Last Name: _____

Cell Phone: _____ Alternate Telephone: _____

Name & Relationship of Person Providing Alternate Telephone: _____

Address: _____ Apartment Number: _____

City: _____ County: _____ Zip Code: _____

Email: _____ Birthdate: _____

Are you SoonerCare/Oklahoma Medicaid eligible? Yes ☐ No ☐ SoonerCare/Oklahoma Medicaid #: _____

Are you completing this application for someone else? Yes ☐ No ☐

If yes, what is your name/relationship to the applicant? _____

Equipment Selection (3-5 devices per applicant, once every six months):

**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*

Bathroom Devices:
☐ Bath Transfer Bench
☐ Commode
☐ Grab Bar
☐ Raised Toilet Seat
☐ Scale
☐ 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***
☐ Nebulizer*
☐ Hospital Bed – Electric*
☐ Hospital Bed – Semi-Electric*

Mobility Support:
☐ Crutches
☐ Gait Trainer**
☐ Hurry Cane
☐ Knee Walker
☐ Quad Cane
☐ Standard Cane
☐ Stander**
☐ Upright Walker - two-wheeled*
☐ Upright Walker - four-wheeled*
☐ Walker – two-wheeled*
☐ Walker – four-wheeled (i.e rollator)*
☐ Walking Boot
☐ Patient Lift - Electric**
☐ Patient Lift - Manual**
☐ Sit-to-Stand Lift - Electric**
☐ Sit-to-Stand Lift - Manual**

Pediatric Devices:
☐ Gait Trainer
☐ Pediatric Wheelchair – Manual*
☐ Pediatric Wheelchair – Electric**
☐ Pediatric Wheelchair – Specialized**
☐ Pediatric Stander**
☐ Pediatric Walker*

Positioning Support:
☐ Multi-Podus Boot(s)
☐ Heel Suspension Boot(s)
☐ Trapeze/Pulley
☐ Wedge
☐ Wheelchair Cushion

Vision Enhancement Devices:
☐ CCTV
☐ Screen Magnifier
☐ Screen Reader
☐ Handheld Magnifier

Wheelchairs:
☐ Manual Transport Wheelchair
☐ Manual Wheelchair*
☐ Power Wheelchair**
☐ Power Scooter**
☐ Specialized Wheelchair**
☐ Other

Requested equipment size: ☐ 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 Wheelchair Requests

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 ☐

Other Information

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 ☐

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) 967-6011. If you have any questions, please call our office at (405) 967-6010.

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, Oklahoma City)

☐ Prefer the device to be shipped or delivered

How did you hear about ABLE Tech?

_____

_____

_____

By signing this application, you agree to the following:

To the best of my knowledge, all information contained in this application is true and accurate. I understand not all devices or accessories may be available, and I may be directed to contact someone other than ABLE Tech at my own cost.

1. I understand and agree that I am responsible for the proper handling, storage, use, care, maintenance, and return of the device(s), component(s), and accessory(ies) loaned to me hereunder.
2. I understand this equipment may be used and is received in "as-is" condition. I understand how this equipment works. I will not hold the Device Reutilization Program responsible for any problems I may encounter while using this equipment. The Device Reutilization Program is not liable for any failure due to mechanical, maintenance, electrical, structural, or any other function or characteristic of this equipment.
3. If I lose the equipment/device, I shall immediately notify Oklahoma ABLE Tech at 833-431-9706 (toll-free).
4. 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.**
5. 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.
6. I agree that this equipment is for my personal use and will not be sold. In the event I no longer need the equipment, I will contact the Oklahoma ABLE Tech Device Reutilization Program by calling 405-967-6010 or 833-431-9706 (toll-free) or by emailing atreuse@okstate.edu to coordinate its return.

If the DME begins to fail, we advise you to contact a company in your area for repairs, parts, or service calls. In many cases, SoonerCare or other insurance companies may pay for such expenses.

Applicant Signature or Authorized Representative

Print Full Name _____

Signature _____

www.okabletech.org

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