

Sample Grandfathered Supplier Letter to Beneficiary

Our records show that you are currently renting _____ (name of item(s))
from _____ (supplier name).

Starting July 1, 2008, there is a new program to help you save money when you get certain Medicare-covered medical devices and supplies. Under this program, people with Medicare in your area will need to buy or rent certain medical supplies from suppliers that contract directly with Medicare. Although we don't expect to be a Medicare-contract supplier under this program, we qualify as a grandfathered supplier, so you may continue to rent your items from us. You must notify us by _____ (date) to continue renting your items (including accessories and supplies for the safe operation of the item) from us.

If you don't notify us, we must continue to provide your item(s) until _____ (date) and will call you to arrange a date and time to pick up your equipment.

It is important for you to know that you may change suppliers. However, if you change suppliers, you must get your _____ (name of items(s)) from a Medicare-contract supplier. To find a new Medicare-contract supplier, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Or, visit www.medicare.gov on the web. Under "Search Tools," select "Find Suppliers of Medical Equipment in Your Area." A Medicare-contract supplier is required to provide you the items included in its contract. [USE FOLLOWING SENTENCE FOR RENTED MEDICAL EQUIPMENT EXCEPT OXYGEN AND OXYGEN EQUIPMENT:] The Medicare-contract supplier will receive 13 months of payment. [USE FOLLOWING SENTENCE FOR OXYGEN AND OXYGEN EQUIPMENT:] The contract supplier will receive at least 10 months of payment. You, or your secondary insurer, are responsible for the 20 percent co-payment for the monthly rental and any unmet Part B annual deductible.

Please respond by checking the appropriate box below and sending to: [SUPPLIER ADDRESS]

You can also call _____ (phone number) to let us know what you decide. Please be sure to respond by _____ (date). If you don't, we will contact you to arrange a date and time to pick up your equipment.

If you have any further questions, please contact _____ (supplier name) at _____ (phone number) or call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

Please check one:

I (or caregiver) _____ (print name) have decided to:

_____ continue renting _____ (name of item(s)) from _____ (supplier name).

_____ **NOT** to continue renting _____ (name of item(s)) from (supplier name).

Signature _____ Date _____