

MEDICAL EQUIPMENT

B&W Officers and Directors; Please read the following carefully.....

What is available to members?

One of the services of the B&W is to loan certain types of home-use medical equipment to members and their immediate dependents when such equipment is not, or is no longer covered by insurance. (NOTE: Your insurance carrier should be the primary source for this equipment.)

We have an inventory of commonly used equipment from which to draw. We may or may not be able to provide highly specialized equipment, depending upon cost and availability to our medical equipment vendor. Your [director](#) will be able to research special requests and advise you if the equipment is available.

Whereas every effort will be made to get the equipment to the member as quickly as possible, please remember that **our organization is run by volunteers and it generally takes from 48 to 72 hours from the time of the request for the equipment, if available, to be delivered.** Requests on Fridays and weekends will generally result in longer delays. Please be patient and understand that we will do our best to accommodate your request in a timely manner.

There is no charge for this service, including delivery and pick-up. However, members are reminded that this equipment is shared, and in most cases is not brand new. The equipment is, however, maintained and delivered by a vendor that thoroughly cleans and repairs all items before they are delivered. It may show some signs of wear or use, but is completely functional and clean.

Knowing this up front is important. If a member requests equipment and then refuses to accept it when delivered because they are unhappy with its appearance, the member will be required to pay the transportation charges for that delivery.

How do I request medical equipment?

If you are an eligible member and anticipate the need for medical equipment, the first thing to do is contact your doctor and ask that he/she prescribe the equipment for the patient. Most medical insurance will honor a doctor's prescription for equipment and this is an often overlooked step. If insurance will not cover the equipment, then please contact your [director](#) well in advance of the anticipated need. He/she will initiate the necessary paperwork in order to fulfill your request. For obvious reasons, the greater the lead time the better. Last minute requests stand a chance of delays in getting the equipment to the member in a timely manner.

FOR B&W OFFICERS & DIRECTORS ONLY

Date Requested _____

BATTALION _____

FILL OUT FORM COMPLETELY AND FAX TO (909) 593-0165.

FOR EQUIPMENT RETURN PLEASE CALL (800) 310-6033.

LOS ANGELES COUNTY FIREFIGHTER'S BENEFIT & WELFARE ASSOCIATION

MEDICAL EQUIPMENT LOAN RECORD

B&W DIRECTORS: PLEASE COVER AND OBTAIN THE INFORMATION BELOW BEFORE CONTACTING THE B&W MEDICAL EQUIPMENT COORDINATOR OR MANAGER

IS THE REQUESTOR A B&W MEMBER?	YES _____	NO _____
DOES THE MEMBER'S INSURANCE COVER THE MEDICAL EQUIPMENT REQUESTED?	YES _____	NO _____
DOES THE MEMBER HAVE THE DOCTOR'S PRESCRIPTION FOR THE EQUIPMENT REQUESTED?	YES _____	NO _____

PLEASE STATE THE FOLLOWING THE REQUESTING MEMBER:

- B&W EQUIPMENT IS USED EQUIPMENT
- IF AVAILABLE; EQUIPMENT DELIVERY IS BETWEEN 48 TO 72 HOURS FROM THE TIME THE EQUIPMENT COORDINATOR or MANAGER PLACE THE ORDER TO VENDOR.
- SERVICE HOURS MONDAY THROUGH FRIDAY 8:00 AM TO 4:30 PM. NO AFTER HOURS OR WEEKEND SERVICE
- HOME MEDICAL EQUIPMENT IS FOR THE USE OF B&W MEMBERS, THEIR IMMEDIATE FAMILIES, AND DEPENDENTS WHEN INSURANCE FAILS TO COVER A NEEDED ITEM. **THE MEMBER IS RESPONSIBLE FOR THE USE, CARE & RETURN OF THE LOANED EQUIPMENT IN GOOD CONDITION. ANY DAMAGE TO THE EQUIPMENT IS THE RESPONSIBILITY OF THE REQUESTING B&W MEMBER**

MEMBER ACCEPTS EQUIPMENT LOAN TERMS? YES _____ NO _____

MEMBER NAME (Print) _____

WORK STATION/SHIFT/BATTALION: _____

WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

EQUIPMENT REQUESTED & QUANTITY: _____

EQUIPMENT LOANED TO: _____ RELATIONSHIP TO MEMBER: _____

DELIVERY ADDRESS: _____

DELIVERY ADDRESS PHONE NUMBER: _____

BATTALION DIRECTOR (Print) _____ (Signature) _____

WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

BATTALION DIRECTOR E-MAIL: _____

B&W EQUIPMENT COORDINATOR OR MANAGER USE ONLY

DATE OUT: _____

DATE RETURNED: _____