



INDIVIDUALLY DESIGNED ADAPTIVE SEATING AND POSITIONING SYSTEMS FOR WHEELCHAIRS MANUAL POWER WHEELCHAIR SERVICE

Customer Service Repair Questionnaire

Name of Client _____	DOB _____	DX _____
Address _____	Phone number _____	
Primary Insurance _____	ID # _____	
Secondary Insurance _____	ID # _____	
Physician Name _____	phone _____	

Please Answer the Following Questions the best of your knowledge:

1. What type of equipment needs repair? _____
2. What is the serial number of the item that needs repair?

3. When was the item provided? _____
4. Since receiving this item, has your Health Plan changed? _____
5. Who was the supplier? _____
6. Has the supplier been contacted about the repair?

7. Why are you choosing another vendor to provide services? _____

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8. Have they refused to repair the item? _____

9. What repair does the item need?

10. Has this issue been addressed/repared previously? If so when _____