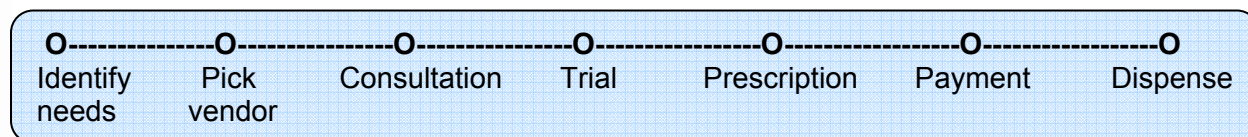


## Choosing an Equipment Vendor

The purchase of equipment such as wheelchairs, walkers, and bath seats for you to use at home is done through a company called a “vendor”. Your team will help you choose the *type* of equipment most suitable for you, but the *vendor* is chosen by you.

### Why can't my Care Team choose a vendor for me?

It would be unethical for the hospital to steer you towards one company over another. The choice of vendor has to be made by you. The vendors all carry similar equipment. Remember you are only choosing the company from which you wish to buy items and receive customer service. Your team will help you choose the model and type of equipment. You do not need to know exactly what model you want right now.



### Why should I choose a vendor now?

- Take advantage of your Care Team’s expertise to choose and try items
- More time to try a variety of different items if one model does not work for you
- Take advantage of your Care Team’s help with pursuing reimbursement
- Avoid paying for rental fees because you haven’t found a suitable item by discharge
- It doesn’t cost you money to try items while you are an inpatient
- If you require equipment to safely return home, it is your responsibility to make the arrangements with your team PRIOR to discharge. Your rehab stay will not be extended for reasons associated with equipment.






### Can I pick more than one vendor?

You can buy equipment from different vendors but you can not trial the same piece of equipment from two vendors at the same time. For example, you can buy or trial a commode from Vendor A and power wheelchair from Vendor B.

| <b>Contact your Occupational Therapist or Physiotherapist for more information.</b>  |  |
|--|--|
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## Choosing an Equipment Vendor

| Equipment Prescription Process   |   |   |                                |                          |                                 |                                |                           |                                 |
|--|---|---|--------------------------------|--------------------------|---------------------------------|--------------------------------|---------------------------|---------------------------------|
| <b>Identify Needs</b><br> | <input type="checkbox"/> Manual wheelchair<br><input type="checkbox"/> Rollator<br><input type="checkbox"/> Raised toilet seat<br><input type="checkbox"/> Transfer board   | <input type="checkbox"/> Power wheelchair<br><input type="checkbox"/> Bath transfer bench<br><input type="checkbox"/> Bath chair<br><input type="checkbox"/> Mattress<br><input type="checkbox"/> 2 wheeled walker<br><input type="checkbox"/> Commode<br><input type="checkbox"/> Hospital bed<br>Other: _____ |                                |                          |                                 |                                |                           |                                 |
| <b>Pick Vendor</b><br>    | <p>The following three vendors have experience serving clients with spinal cord injuries. Contact information can be found on page 3.</p> <table border="0"> <tr> <td>Home Medical Equipment Limited</td> <td>Ted Lowes (416) 633-9333</td> </tr> <tr> <td>Motion Specialties Incorporated</td> <td>Lori Zoras (416) 751-0400 x249</td> </tr> <tr> <td>Shoppers Home Health Care</td> <td>Janet Richardson (905) 281-0166</td> </tr> </table> |   | Home Medical Equipment Limited | Ted Lowes (416) 633-9333 | Motion Specialties Incorporated | Lori Zoras (416) 751-0400 x249 | Shoppers Home Health Care | Janet Richardson (905) 281-0166 |
| Home Medical Equipment Limited   | Ted Lowes (416) 633-9333  |   |                                |                          |                                 |                                |                           |                                 |
| Motion Specialties Incorporated  | Lori Zoras (416) 751-0400 x249  |   |                                |                          |                                 |                                |                           |                                 |
| Shoppers Home Health Care  | Janet Richardson (905) 281-0166   |   |                                |                          |                                 |                                |                           |                                 |
| <b>Initial Consult</b>   | <p>Your therapists may arrange for you to meet your vendor representative so that you have the chance to ask questions and to communicate your equipment needs.</p>   |   |                                |                          |                                 |                                |                           |                                 |
| <b>Trial Equipment &amp; Quotes</b>  | <p>Trial items are brought to Lyndhurst to determine how it works for you. The vendor will work with you to adjust the equipment until it meets your needs. The trial item is usually returned to the vendor. If you are interested in the device, vendor can provide a written quote for the cost including any modifications/adjustments.</p>   |   |                                |                          |                                 |                                |                           |                                 |
| <b>Prescription</b><br> | <p>Your rehab team prepares a written prescription specifying the equipment in detail. This is a professional document authorized by you and signed by your physiatrist and therapists. The written prescription can be used for insurance claims and applications for funding.</p>   |   |                                |                          |                                 |                                |                           |                                 |
| <b>Payment</b><br>      | <p>Once payment is received, the vendor orders your equipment and provides a written receipt for your insurance claims. While you are waiting for your new equipment to arrive, the vendor may provide you with a similar item to use while you are waiting. You will not be able to take any equipment home after discharge if you have not paid for it.</p>   |   |                                |                          |                                 |                                |                           |                                 |
| <b>Dispense</b><br>     | <p>Your equipment can be either delivered to Lyndhurst before discharge or to your home after discharge. Wheelchairs are typically delivered after discharge. You may be required to return to Lyndhurst to be fitted.</p> <table border="0"> <tr> <td>Wheelchair: 2 – 4 months</td> <td>Commode: 1 – 4 weeks</td> </tr> <tr> <td>Walker: 1 – 3 weeks</td> <td>Bath bench: 3 days – 1 week</td> </tr> </table>                                |   | Wheelchair: 2 – 4 months       | Commode: 1 – 4 weeks     | Walker: 1 – 3 weeks             | Bath bench: 3 days – 1 week    |                           |                                 |
| Wheelchair: 2 – 4 months   | Commode: 1 – 4 weeks  |   |                                |                          |                                 |                                |                           |                                 |
| Walker: 1 – 3 weeks  | Bath bench: 3 days – 1 week   |   |                                |                          |                                 |                                |                           |                                 |

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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|--|--|
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# Choosing an Equipment Vendor

## Tips for choosing a vendor

- Call the vendor representatives and ask the questions below
- Meet the vendor representatives on “Meet the Vendor Day”
- Talk to other clients who have already chosen a vendor
- Go to the vendor’s websites

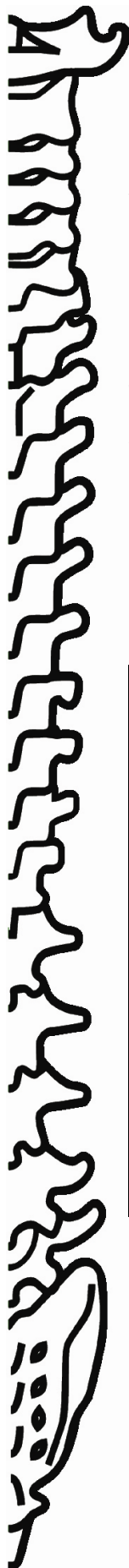
- |   |   |
|---|---|
| <p><b>1) Home Medical Equipment Limited (HME)</b><br/>         124 St. Regis Cres. S<br/>         Toronto, ON M3J 1Y8<br/>         Representative: Ted Lowes (416) 633-9333</p>     | <p><a href="http://www.hmemobility.com">www.hmemobility.com</a></p>                     |
| <p><b>2) Motion Specialties Incorporated (MS)</b><br/>         82 Carnforth Road<br/>         Toronto, ON M4A 2K7<br/>         Representative: Lori Zoras (416) 751-0400 x 249</p>  | <p><a href="http://www.motionspecialties.com">www.motionspecialties.com</a></p>         |
| <p><b>3) Shoppers Home Health Care (SHHC)</b><br/>         104 Bartley Drive<br/>         Toronto ON M4A 1C5<br/>         Representative: Janet Richardson (416) 752-8885 x 353</p> | <p><a href="http://www.shoppershomehealthcare.ca">www.shoppershomehealthcare.ca</a></p> |

## Sample questions to ask a vendor

1. Do you keep items “in stock” and for trial?
2. How soon could you get a trial piece of equipment in for me to try?
3. How quickly can you make adjustments during the trial period?
  - Same day, next day, 3 days?
4. Does your company have a store or representative for my area?
5. What is the charge for a Service Call to my home?
6. What is your billing process?
7. Can I rent items or rent to own?
8. Can I pay in installments?
9. Why should I choose you as my vendor?

**Contact your Occupational Therapist or Physiotherapist for more information.**

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## Choosing an Equipment Vendor

### What will my insurance company cover?

Generally at least some of the costs of your equipment will be covered by insurance but the amount that will be covered is determined by your specific case. Your occupational therapist, physiotherapist, social worker, and other members of your rehab team can help you assess your specific situation and determine the funding sources for which you are eligible. Some of these funding sources are described below in the table but other funding sources may also be available.

Your rehab team will determine your mobility needs and help you apply for approximately 75% of the cost of your wheelchair or walker through the Ministry of Health, Assistive Devices Program (ADP) if you are eligible. The remaining 25% is covered by other sources, such as motor vehicle insurance, extended health insurance, or Ontario disability program for a total of 100%. If you do not have funding from these sources then the remaining 25% is paid out of your own pocket.

|                                 | Ministry of Health    | Motor vehicle insurance | Extended health insurance | Ontario Disability Support Program |
|---------------------------------|-----------------------|-------------------------|---------------------------|------------------------------------|
| <b>Manual wheelchair</b>        | ~75%* ADP             | 25%                     | 25%                       | 25%                                |
| <b>Power wheelchair</b>         | ~75%* ADP             | 25%                     | 25%                       | 25%                                |
| <b>Walker</b>                   | ~75%* ADP             | 25%                     | 25%                       | 25%                                |
| <b>Bladder supplies</b>         | x                     | variable                | variable                  | variable                           |
| <b>Hospital bed</b>             | x                     | variable                | variable                  | variable                           |
| <b>Commode</b>                  | x                     | variable                | variable                  | variable                           |
| <b>Floor &amp; ceiling lift</b> | x                     | variable                | x                         | variable                           |
| <b>Medications</b>              | Trillium Drug Program | variable                | variable                  | variable                           |

\* If eligible.

\* The Ministry of Health does not cover the cost of batteries.

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