

MEDICAL WARRANTY CLAIM FORM

Date:

MDCR #

1. When was product originally sold?

Dealer's Original PO #

EMP/BFF Original Packing Slip #

2. Product Code, dimensions of product and what type of bed base/platform the mattress is resting on:

3. Approximate user weight and usage information (daily hours in bed, etc) relating to this warranty application

4. Why is warranty being requested (Please provide full details)

5. Digital picture(s) are required to substantiate claim. Please follow the instructions below and forward pictures to

cs@essentialmedicalproducts.com.

- One picture of cover, in area of problem
- One picture, with cover removed, to show foam only at area of concern
- If there is a noticeable indent please place a straight edge over top of the area and use a vertical ruler or tape measure to indicate the depth. This measurement must be taken after the client is out of the bed for a minimum of ½ (one half) hour to allow the foam to recover to its' natural state.
- Picture of bed base/platform that the mattress is resting on. PLEASE NOTE: It is the policy of EMP that all mattress bases that feature springs or slats must have a protective MBP-500 to maintain warranty. Without the MBP-500 we cannot warranty the mattress. Please also ensure that this is a foam/cover issue involving manufacturing defects. If it is a comfort issue only no warranty will apply. Should there be any question regarding the warranty a further site inspection visit with an EMP Representative may be required.
- Any other areas of concern.
- EMP reserves the right to request the warranty item returned to EMP for further testing, to validate the claim.

6. The EMP product, replaced under warranty, **will be returned to the originating Store/Warehouse.**

CONTACT INFORMATION

Dealer Name:

Store Location:

Contact Person

Phone Number

Customer or Tag

Additional Comments:

☐ FOR REPLACEMENT

☐ FOR REPAIR – *must be new and not placed in service*

FOR OFFICE USE ONLY:

Follow Up by:

Date:

Replacement WO#

Date: