



Free Medical Equipment: Quick Start Cheat Sheet

Use this 1-page guide to quickly find and request durable medical equipment (DME) such as wheelchairs, walkers, hospital beds, oxygen equipment, CPAP supplies, and bathroom safety items.

Emergency or Urgent Need

Medical emergency: Call 911.

Urgent equipment need: Contact a hospital social worker/discharge planner, your doctor's office, or your local Area Agency on Aging (AAA).

Who to contact	Why it helps	How to reach them
Area Agency on Aging (AAA)	Local referrals and help finding equipment loan programs	Call 1-800-677-1116 (Eldercare Locator)
211 (Information & Referral)	Local resources including equipment banks and charities	Dial 2-1-1 (24/7 in many areas)
Hospital social worker / discharge planner	Fastest path to equipment after hospitalization	Call the hospital and ask for Social Work/Discharge Planning
Your doctor's office	Prescription and documentation (often required)	Call and ask for a DME order/prescription

What counts as DME

Generally, DME is reusable equipment that is medically necessary, prescribed by a clinician, suitable for home use, and expected to last 3+ years.

Often included: wheelchairs (manual/power), walkers/rollators, hospital beds, special mattresses, oxygen equipment, CPAP machines, shower chairs, toilet safety frames, patient lifts.

Often not covered: items mainly for comfort/convenience, equipment designed for use outside the home, home modifications (ramps/grab bars), many over-the-counter pharmacy items.

Your 3 fastest paths to low-cost or free equipment

- **Insurance (Medicare/Medicaid/VA):** May cover most essentials with a prescription and approved suppliers.
- **Equipment loan closets / banks:** Local nonprofit programs that loan or give used equipment (inventory varies).
- **Disease- or community-based groups:** Organizations that lend equipment for specific conditions or local communities.



7-Step Quick Action Plan

Step	What to do
1) Identify the exact item	Write down the equipment type, needed size/fit, and when you need it.
2) Get a prescription if needed	Ask your doctor for a DME order stating medical necessity.
3) Check Medicare/Medicaid/VA first	Ask what is covered, what suppliers you must use, and your share of costs.
4) Call local loan programs	AAA, 211, senior centers, Lions Clubs, and medical equipment banks.
5) Prepare your documents	Have ID, insurance cards, prescription/records, and proof of income/residency if requested.
6) Call ahead about inventory	Stock changes quickly. Ask about wait lists, pickup/delivery, and condition of items.
7) Inspect and fit before accepting	Test brakes, stability, and sizing. Ask about cleaning, repairs, returns.

Application & Call Checklist

- I know the exact equipment I need (type/model, manual vs power, weight capacity).
- I have my measurements (height, weight; seat width if wheelchair; bed size if hospital bed).
- I have my insurance cards ready (Medicare/Medicaid/private).
- I requested a prescription/DME order (if required).
- I made a list of local resources to call (AAA, 211, hospitals, senior centers, charities).
- I asked each program about inventory, wait list, pickup/delivery, and any fees.
- I asked what paperwork is required (ID, proof of address, income, medical records).
- I inspected the equipment or confirmed inspection/cleaning policy.
- I asked about training, maintenance, and return policy (loan closets).

Red Flags to Avoid

If something feels off, pause and verify before sharing personal information.

- Large upfront fees to 'guarantee' equipment.
- High-pressure tactics to accept equipment immediately without fitting.
- Unsolicited calls asking for Medicare/Medicaid numbers.
- A supplier claiming Medicare coverage but not enrolled/approved.



Phone Call Scripts & Notes

Tip: Keep this page by the phone. Write names, dates, and next steps as you go.

Script 1: Call your doctor’s office (for a prescription/DME order)

What to say:

Hello, my name is _____. I am a patient of Dr. _____. I need a prescription (DME order) for a _____ for home use because _____. Can you tell me what information you need from me, and when the order will be ready? If possible, please include medical necessity and any required measurements.

Questions to ask: Do I need a face-to-face visit? Can you fax/send the order to a supplier or program? What diagnosis or notes are required for coverage?

Script 2: Call Medicare/Medicaid/your plan (coverage & supplier network)

What to say:

I’m calling to ask about coverage for durable medical equipment. I need a _____. Can you tell me if it is covered, what documentation is required, and which suppliers I must use? Also, what will my cost be (deductible/coinsurance/copay)?

Questions to ask: Do I need prior authorization? What is the expected approval timeline? Does my plan require a specific brand/model? Are repairs/maintenance covered?

Script 3: Call a local equipment loan closet/bank

What to say:

Hello, I’m looking for a _____. Do you currently have one available? If not, is there a wait list? What sizes or weight limits do you have? What do I need to bring (ID, prescription, proof of address/income)?

Questions to ask: Is the equipment a loan or a donation? Is there any fee or deposit? Do you offer delivery or pickup assistance? How is equipment cleaned/inspected?

Call Notes

Date	Organization / Person	Phone / Website	Outcome / Next step



Equipment Request Worksheet

Bring this page to appointments, calls, or pickup. Clear details help programs match you with safe equipment faster.

Person who will use the equipment	
Phone / Email	
Address (City/State/ZIP)	
Primary contact if different (caregiver/advocate)	
Insurance (check all that apply)	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> VA <input type="checkbox"/> Private plan <input type="checkbox"/> None
Equipment needed (be specific)	
When it's needed	<input type="checkbox"/> ASAP <input type="checkbox"/> Within 1 week <input type="checkbox"/> Within 1 month <input type="checkbox"/> Flexible
Measurements / fit (examples below)	
Mobility notes (if relevant)	Can transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No Uses stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No Falls risk? <input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor / clinic name	
Prescription/DME order status	<input type="checkbox"/> Requested <input type="checkbox"/> Received <input type="checkbox"/> Sent to supplier/program

Helpful measurement prompts

- Height: _____ Weight: _____
- Wheelchair: seat width _____ seat depth _____ weight capacity needed _____
- Walker/Rollator: handle height needed _____ brakes needed? Yes No
- Hospital bed: mattress size _____ rails? Yes No lift? Yes No
- Bathroom safety: shower type (tub/walk-in): _____ space constraints: _____



Safety Check & Tracking Sheet

Always inspect used equipment before taking it home. Ask for instructions and maintenance tips.

Quick Equipment Safety Check

- All parts present (no missing bolts/pins).
- No cracks, sharp edges, or bent frame parts.
- Brakes work and lock securely.
- Wheels/tires roll smoothly (no wobble); casters spin freely.
- Seat/backrest stable; armrests/footrests secure (wheelchair).
- Height adjustments lock firmly (walker/cane).
- No frayed straps or damaged slings (patient lift).
- Electrical cords/battery connections intact (power devices).
- I received basic instructions and know who to call for help/repairs.

Program Tracker

Program / Supplier	Contact	Item requested	Status (date & next step)