

Inquiry for Durable Medical Equipment Rental

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to inquire about the rental options available for durable medical equipment. We are in need of [specific type of equipment, e.g., wheelchair, hospital bed, etc.] for [describe purpose, e.g., a patient recovering at home, a short-term medical need, etc.].

Could you please provide information on the following:

- Rental rates and duration options
- Delivery and pickup procedures
- Insurance coverage and billing information
- Maintenance and support services included

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Phone Number]

[Your Email Address]