

# Durable Medical Equipment Warranty Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally submit a warranty claim for the durable medical equipment (DME) that I purchased on [Purchase Date] from [Company Name]. The item in question is [description of the equipment, including model and serial number].

Unfortunately, I have encountered an issue with this equipment. [Briefly describe the issue and any attempts to resolve it]. According to the warranty agreement, I believe this condition is covered under the warranty policy.

Enclosed are copies of my purchase receipt, warranty documentation, and any supporting documents related to this claim.

I kindly request your prompt attention to this matter and am looking forward to your response. If you require any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]