

EXAMPLE POC REPAIR

OxyGo Equipment Repair / RMA Form

To schedule an Equipment Repair, please complete the form below. This form is applicable to OxyGo systems and OxyGo accessories. After submission you will receive a submission receipt along with an email confirmation including your RMA information.

[Click here for an example of how to fill this out.](#)

What is this request for?

Please select one: *

- Portable Oxygen Concentrator Repair
- Sieve Beds / Columns Replacement
- Accessories (Backpacks, Carry Bags, Chargers and Batteries)

Concentrator Serial Number: *

PLEASE NOTE: If there are any repairs that are not covered under the manufacturer's warranty all work done for this portion will be charged at the rate of parts plus labor. Minimum labor charge is one hour. If you provide a purchase order number on this form we will use that purchase order number. If no purchase order number is provided we will use the "NWR-your unit serial number" for easy identification on the invoice. By checking the box below, I acknowledge that I have read the above statement and OxyGo will bill me for out of warranty parts if required. **I acknowledge OxyGo will bill me if out of warranty parts are needed up to the amount of \$300. If over \$300, you will be contacted for approval.** *

Part number:

Reason for Repair / RMA: *

Contact Information

Company Name *

First Name *

Last name *

Email *

Phone Number *

New Purchase Order Number:

Notes / Description:

Return Shipping Address *

City *

State/Region *

Postal Code *

Check this box for Expedited Service (fees apply, see below*):

**OxyGo now offers EXPEDITED Warranty
and Non-Warranty POC repairs!**

*Expedited repair service of in-warranty or non-warranty OxyGo / OxyGo FIT / or OxyGo NEXT POCs. Your repair will be expedited to start within 24 hours after receipt. Simply check the box above to request this service. **Price: \$19.95**

Does not include expedited return shipping, actual repair time needed, or apply if there are an above normal amount of issues with the device. For non-warranty this does not include parts, labor, and shipping charges.

EXAMPLE SIEVE BED REPLACEMENT

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What is this request for?

Please select one: *

- Portable Oxygen Concentrator Repair
- Sieve Beds / Columns Replacement
- Accessories (Backpacks, Carry Bags, Chargers and Batteries)

Sieve Bed / Column Serial Number: *

COL-193456789

Part number:

1400-1010-8 (OxyGo 5 Setting 8-Cell Battery) ▾

Reason for Repair / RMA: *

REPLACE COLUMNS ▾

Contact Information

Company Name *

Your Home Care

First Name *

John

Last name *

Smith

Email *

test@yourcompany.com

Phone Number *

555-555-5555

New Purchase Order Number:

PO1234

Notes / Description:

Return Shipping Address *

123 Test Street

City *

Wonderland

State/Region *

NY ▾

Postal Code *

47689

Check this box for Expedited Service (fees apply, see below*):

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Submit

EXAMPLE ACCESSORIES REQUEST

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[Click here for an example of how to fill this out.](#)

What is this request for?

Please select one: *

- Portable Oxygen Concentrator Repair
- Sieve Beds / Columns Replacement
- Accessories (Backpacks, Carry Bags, Chargers and Batteries)

Accessory Serial Number:

Original Purchase Order Number:

Part number:

Reason for Repair / RMA: *

Contact Information

Company Name *

First Name *

Last name *

Email *

Phone Number *

New Purchase Order Number:

Notes / Description:

Return Shipping Address *

City *

State/Region *

Postal Code *

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