

BCI® Capnocheck® Capnometer Insurance Plan Claim Form

Date:	Facility:
Department Contact:	Title:
Address:	City:
State:	Zip:
Telephone:	Fax:
Capnocheck® Serial Number(s):	Circle: Lost Stolen Damaged

Include in the following documentation with this form for processing.

1. Written affidavit on your facilities letterhead indicating serial number(s) of the lost/stolen/damaged Capnocheck® and a summary of the circumstances surrounding the event.
2. Copy of original invoice for the Capnocheck®.
3. Copy of the signed Capnocheck® Insurance Plan.

Mail or fax information to:

Smiths Medical PM, Inc.
 Technical Service Dept.
 N7W22025 Johnson Drive
 Waukesha, WI 53186
 Phone: 262-542-3100
 Fax: 262-542-3325

