

 Person who uses a power wheelchair	 Clinician	 Provider or manufacturer of CRT	 Ally of a person who uses a power wheelchair
• Identify yourself as an individual who uses a power wheelchair • Specifically state you are requesting that Medicare provide coverage for seat elevation systems on power wheelchairs for people with mobility-related disabilities • Include as much personal information related to why you utilize a power wheelchair as you feel comfortable • Share reasons as to why power seat elevate enables, or would enable, you to be more independent in your home. Examples may include to allow for safe transfers in and out of your wheelchair, ability to prepare meals, access items out of reach from a seated position, etc. • List any medical benefits you've experienced thanks to using seat elevate such as a reduction in pain • Conclude by expressing once again that you believe Medicare provide coverage for seat elevation systems on power wheelchairs for people with mobility-related disabilities and your thanks for the opportunity to submit your thoughts	• Identify yourself as a licensed/certified medical provider including your discipline and a brief description of the clients you serve • Specifically state you are requesting that Medicare provide coverage for seat elevation systems on power wheelchairs for people with mobility-related disabilities • Provide details on the potential medical benefits of seat elevation. Consider including references to clinical evidence • Share specific examples as to clients you've seen who have benefited or would benefit from seat elevation and why • Conclude by expressing once again that you believe Medicare provide coverage for seat elevation systems on power wheelchairs for people with mobility-related disabilities and your thanks for the opportunity to submit your thoughts	• Identify your role in the CRT provision process. Include any certifications as appropriate and describe the clients you serve • Specifically state you are requesting that Medicare provide coverage for seat elevation systems on power wheelchairs for people with mobility-related disabilities • Provide details on the potential benefits of seat elevation for the clients you serve • Share specific examples as to clients you've seen who have benefited or would benefit from seat elevation and why • Conclude by expressing once again that you believe Medicare provide coverage for seat elevation systems on power wheelchairs for people with mobility-related disabilities and your thanks for the opportunity to submit your thoughts	• Identify yourself as the family member, caregiver, friend, coworker, etc. of an individual who utilizes a power wheelchair • Specifically state you are requesting that Medicare provide coverage for seat elevation systems on power wheelchairs for people with mobility-related disabilities • Share examples as to how you have seen power seat elevate enable your loved one(s) to be more independent in their home. Examples may include to allow for safe transfers in and out of their wheelchair, ability to prepare meals, access items out of reach from a seated position, etc. • Conclude by expressing once again that you believe Medicare provide coverage for seat elevation systems on power wheelchairs for people with mobility-related disabilities and your thanks for the opportunity to submit your thoughts

