



Will Medicare Pay for That Health Gadget? The Honest Rules

on What's Covered

————— An Extended Guide · No. 1745 —————

Tech Made Simple. Service Made Personal.

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What's Inside

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SUMMARY

The 60-Second Version

If you read one page first, make it this one. Medicare helps pay for a health device when three things are true at once: a doctor orders it for a real medical need, it's a true medical device (not a wellness gadget), and you get it from a supplier that's enrolled with Medicare. Miss any one of those, and you're usually paying the whole cost yourself.

- Covered examples: a CPAP machine, a prescribed continuous glucose sensor, certain monitors a doctor orders.
- Generally not covered: smartwatches, step counters, and most over-the-counter gadgets you buy without a prescription.
- Even when it's covered, you still pay the yearly Part B deductible and then usually 20%; supplemental coverage may pick that up.
- Nobody from Medicare cold-calls to offer you a free device. If they do and ask for your number, it's a scam — hang up.

WATCH OUT

This is information, not medical advice, and I'm not your insurance company. I help you sort out the technology and the questions to ask. Whether a device is right for your health is a conversation for your doctor, and the final word on coverage is Medicare's. When in doubt, call 1-800-MEDICARE or check Medicare.gov.

THE ONE RULE

1. The One Rule Behind All of It

Three things, all true at once.

People expect Medicare coverage to be a maze of special cases. For home-health gadgets it's really closer to a single rule with three parts. Hold these three up against any device you're wondering about, and you'll usually have your answer before you even call anyone.

- A doctor orders it for a medical reason — not because it's nice to have, but because your care needs it.
- It's a genuine medical device, the kind meant to treat or monitor a condition, not a general fitness or wellness gadget.
- You get it from a supplier that's enrolled with Medicare, which is how the bill ever reaches Medicare in the first place.

GOOD TO KNOW

When all three line up, Medicare is usually in the picture. When even one is missing, the honest answer is almost always "no" — and knowing that up front saves you money and disappointment.

THE WORDS

2. What "Durable Medical Equipment" Means

The phrase you'll keep bumping into.

The gadgets Medicare pays for mostly fall under a phrase you'll see over and over: durable medical equipment, often shortened to DME. It sounds technical, but it describes something simple — equipment sturdy enough to use again and again, meant for a medical purpose, and used mainly in your home.

The classic examples are things like walkers, hospital beds, oxygen equipment, and wheelchairs. The same category is where the covered health-tech gadgets live too: a CPAP machine for sleep apnea, a prescribed glucose sensor, and certain monitors a doctor sets you up with.

GOOD TO KNOW

The test Medicare uses is roughly: is it durable, is it medical, is it used in the home, and would you not normally need it if you weren't sick or hurt? A step counter fails that last part. A CPAP machine passes.

THE YES LIST

3. Gadgets Medicare Often Does Pay For

When a doctor is behind them.

Let's start with the good news. When a doctor orders them for a medical reason, several home-health gadgets are commonly covered under Part B. The key word in every one of these is that a doctor decided you needed it.

- A CPAP machine and its mask and supplies, for diagnosed sleep apnea.
- A continuous glucose monitor and sensors, when it's prescribed and you meet Medicare's criteria.
- A standard blood-glucose meter, test strips, and lancets for diabetes.

- Certain connected monitors your doctor enrolls you in through a remote-monitoring program.
 - Oxygen equipment, nebulizers, and similar devices for lung conditions.
- Notice what these have in common. None of them is something you'd grab off a shelf for fun. Each treats or watches a specific condition, and each starts with a doctor's order.

THE NO LIST

4. Gadgets Medicare Generally Won't Pay For

No matter how healthy they make you.

Now the part that surprises people. A whole shelf of popular health gadgets is simply not covered, and no amount of asking changes it. Medicare treats most of these as general wellness or exercise items, which it was never set up to pay for.

- Smartwatches and fitness bands, even the ones that take an EKG or check your oxygen.
- Step counters and activity trackers of every brand.
- Over-the-counter health gadgets you buy without a prescription.
- Most general wellness gadgets — sleep rings, posture sensors, massage devices, and the like.

GOOD TO KNOW

Medicare actually classifies wrist fitness trackers as exercise equipment, which is a non-covered category. So a doctor "prescribing" a smartwatch doesn't change the answer — the category itself is the problem.

THE PATTERN

5. Medically Necessary, Ordered, Enrolled

Say it like a little rhyme.

It's worth slowing down on that three-part rule, because once it's in your head you can judge almost any gadget yourself. Think of it as three gates a device has to pass through before Medicare money moves.

- Medically necessary: there's a real medical reason, tied to a diagnosis, not just a wish to be healthier.
- Doctor-ordered: a doctor or other approved provider writes the order or prescription — you can't self-refer.

- From an enrolled supplier: the company that provides it is enrolled with Medicare and bills Medicare directly.

TIP

Before you buy anything hoping for coverage, ask yourself all three. If you can't honestly check every box, assume you'll be paying out of pocket, and plan from there. A pleasant surprise beats a nasty bill.

THE COST

6. What You Pay When It Is Covered

Covered doesn't mean free.

Here's a point people miss: even a fully covered device usually isn't free. Part B works in two steps. First you meet a yearly deductible — a few hundred dollars in 2026 — and after that, Medicare generally pays 80% of the approved amount while you pay the other 20%.

That 20% is called coinsurance, and for a bigger piece of equipment it can add up. The good news is that supplemental coverage often softens it: a Medigap plan frequently covers that 20% share, and Medicaid or a Medicare Savings Program may help if money is tight.

WATCH OUT

The exact deductible and the rules shift year to year, and I'm not your insurer. Treat the figures here as a rough guide and confirm the current numbers at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE before you count on them.

THE SUPPLIER

7. Why the Supplier Matters So Much

The same device, two very different bills.

Two people can get the exact same covered device and have wildly different experiences, and the difference is often just the supplier. For Medicare to pay its share, the company that provides the equipment has to be enrolled with Medicare — and for the best price, one that also "accepts assignment."

Accepting assignment means the supplier agrees to Medicare's approved amount as full payment, so you're only on the hook for your deductible and coinsurance. A supplier who doesn't accept assignment can charge you more, and you may have to pay up front and

wait for a partial refund.

TIP

Before you accept any device, ask plainly: "Are you enrolled with Medicare, and do you accept assignment?" You can also look up enrolled suppliers on Medicare.gov. Two minutes here can save you a real headache later.

THE ORDER

8. Why a Doctor's Order Is the Key

No order, no coverage — it's that simple.

If there's one piece that trips people up, it's this. Medicare doesn't just want a device to be medical; it wants a doctor to have decided you need it and to have written that down. The order is what connects the gadget to a medical reason in Medicare's eyes.

That's why buying a blood-pressure cuff off a shelf, however sensible, isn't a Medicare expense — there's no order behind it. The same cuff, handed to you through a program your doctor enrolled you in, can be. The device didn't change. The paperwork did.

GOOD TO KNOW

This is also your protection. The order requirement is part of what keeps strangers from billing Medicare in your name for things you never needed. It's a little friction that works in your favor.

EXAMPLE: SLEEP

9. The CPAP Machine, as an Example

A textbook covered device — with strings.

A CPAP machine for sleep apnea is a tidy example of the rule working. A sleep study diagnoses the condition, a doctor orders the machine, and a Medicare-enrolled supplier provides it. All three gates pass, so Part B helps pay — after your deductible, the usual 20%.

There's a wrinkle worth knowing: Medicare expects you to actually use it. To keep coverage going, you generally have to show regular use over the first few months, which the machine reports automatically, plus a follow-up visit. It's not a trap — it's Medicare confirming the device is doing its job.

GOOD TO KNOW

If the mask is uncomfortable or the machine bothers you, talk to your doctor or supplier rather than quietly stopping. There's a separate guide in this series on living with a CPAP — ask me for it.

EXAMPLE: SUGAR

10. The Glucose Sensor, as an Example

Covered, but only when you meet the rules.

A continuous glucose monitor — the small sensor worn on the arm — shows how coverage can hinge on specifics. Medicare does cover prescribed sensors for people with diabetes, but a diabetes diagnosis alone isn't enough. You have to meet Medicare's criteria and have it prescribed for its approved use.

In plain terms, Medicare generally looks for things like being treated with insulin or having a history of dangerous low blood sugar, a recent visit with the ordering provider, and training on the device. Your doctor and supplier know the current checklist.

WATCH OUT

The over-the-counter sensors sold without a prescription are a different animal — not covered by Medicare, and a separate topic entirely. Don't assume the drugstore version works the same way with your coverage. Ask first.

EXAMPLE: MONITORS

11. Connected Monitors, as an Example

The cuff or scale from a doctor's program.

Blood-pressure cuffs, scales, and pulse oximeters sit right on the line, and the deciding factor is how you got them. Bought on your own, they're ordinary gadgets you pay for yourself. Supplied through a remote-monitoring program your doctor enrolled you in, the service around them can be covered.

In those programs, Medicare isn't really paying for the gadget as an object so much as for the monitoring — the device sending readings and a care team watching them. That's why the same cuff lands in different buckets depending on the paperwork behind it.

GOOD TO KNOW

There's a full guide in this series on remote patient monitoring and how to ask your doctor for it. If a connected cuff or scale is what you're after, that's the door to go through — ask me and I'll point you to it.

THE WATCH

12. About That Smartwatch

Clever, useful — and on you to pay for.

Smartwatches are where hopes and reality collide most often. Today's watches can take an EKG, estimate blood oxygen, and even detect a fall. People reasonably assume something that capable must be a covered medical device. It almost never is.

To Medicare, a smartwatch is a consumer gadget — a wellness and fitness device — no matter how many health features it packs. There's no medical order behind buying one, and it's not sold as durable medical equipment through an enrolled supplier. So the cost is yours.

GOOD TO KNOW

That doesn't mean a smartwatch is a bad buy — for many people the fall alerts and heart features are genuinely worth it. Just buy it as the personal purchase it is, not in hope of a reimbursement that won't come.

OVER THE COUNTER

13. The No-Prescription Gadgets

Easy to buy, easy to misread.

A growing shelf of health gadgets is sold straight to you with no prescription — over-the-counter glucose sensors, home EKG gadgets, sleep trackers, and more. They can be genuinely handy. But "no prescription needed" is exactly what puts them outside Medicare coverage.

Remember the rule: no doctor's order and no enrolled supplier means no Medicare payment. The very convenience that makes these gadgets appealing — grab it, no doctor required — is the same thing that takes Medicare off the table.

TIP

If a device comes in both a prescription version and an over-the-counter version, they are not interchangeable for coverage. Ask your doctor which one fits your situation before you spend, not after.

OTHER MONEY

14. Paying With an HSA or FSA

A different pocket, different rules.

If Medicare won't cover a health gadget, there may still be a tax-friendly way to pay for some of them. A health savings account or a flexible spending account lets you spend pre-tax dollars on qualified medical items — and many health devices qualify even when Medicare won't touch them.

- Home blood-pressure monitors and glucose meters are commonly eligible.
- Some trackers and smartwatches may qualify only with a letter of medical necessity from your doctor.
- General wellness gadgets with no clear medical purpose usually don't qualify.

WATCH OUT

The rules here are their own thing, set by the IRS and your plan, and they change. Before you count on it, check your account's eligible-items list and confirm with your plan administrator. I can help you find the list; the ruling is theirs.

THE PLANS

15. Medicare Advantage May Be Different

The extras that aren't in Original Medicare.

Everything so far describes Original Medicare. If you're on a Medicare Advantage plan instead, the ground can shift. These plans must cover at least what Original Medicare does, but many add extra benefits — and some of those extras touch exactly the gadgets Original Medicare skips.

A few plans offer fitness perks, over-the-counter spending allowances, or wellness-device benefits that could help with a tracker or similar gadget. But every plan is different, with its own network, rules, and limits. The only reliable answer comes from your own plan.

- 1 Find the member-services number on the back of your plan card.

- 2 Ask specifically whether the device or benefit you want is covered, and what you'd pay.
- 3 Ask whether you must use a particular supplier or catalog.
- 4 Write down who you spoke with and the date.

THE SCAM

16. The "Free" Device Cold Call

The one that just wants your Medicare number.

This is the most important page in the guide, so I'll be blunt. If someone you didn't contact calls, texts, or mails you offering a "free" back brace, knee brace, monitor, or health gadget "covered by Medicare," and they want your Medicare number to set it up — it's a scam. Hang up.

Real covered equipment comes through your own doctor, who already has your information. Medicare does not cold-call people to hand out devices. Scammers use the word "free" and the promise of coverage to pry loose your Medicare number, which they then use to bill for things you never got.

WATCH OUT

Never give your Medicare number, or any personal details, to someone who called you out of the blue. Guard that number like a credit card. If you're unsure, hang up and call your doctor or 1-800-MEDICARE yourself using a number you looked up.

SPOT IT

17. How to Spot the Scam Signs

A few tells that give it away.

Scam pitches for "free" Medicare devices follow a pattern once you know what to listen for. None of these on its own proves fraud, but together they're a bright red flag, and any one of them is reason to slow down.

- They called you — you didn't reach out to them first.
- The word "free," over and over, paired with "Medicare covers it."
- They ask for your Medicare number, birthday, or bank details.
- They push you to decide right now, before you can think or ask.
- They can't name your actual doctor, or they claim your doctor "already approved" something you never discussed.

TIP

A good rule for the whole family: no legitimate Medicare device offer ever requires you to give your number to a stranger who called you. When in doubt, it's always safe to say "no thank you" and hang up.

BEFORE YOU BUY

18. How to Check Before You Spend

A short routine that saves money.

The simplest way to avoid both overpaying and disappointment is to check before you buy, not after. It only takes a few minutes, and you can do most of it from your kitchen table. Here's the order I'd go in.

- 1 Ask your doctor's office whether the device is something they'd order for you, and whether Medicare would cover it.
- 2 If yes, ask who the enrolled supplier is and whether they accept assignment.
- 3 Ask for a plain estimate of what you'll pay after Medicare.
- 4 If it's not covered, decide whether it's worth buying on your own — and whether an HSA or FSA could help.
- 5 Check Medicare.gov or call 1-800-MEDICARE if you want to confirm anything.

GOOD TO KNOW

"Will Medicare cover this?" is a perfectly normal question to ask a doctor's office, and they hear it daily. You're not being difficult — you're being a careful shopper with your own money.

THE ASK

19. What to Ask the Doctor's Office

The questions that get clear answers.

A little preparation turns a vague "I think so" into real answers. Whether you ask at a visit or through a portal message, these are the questions worth having ready so nothing important gets skipped.

- "Is this medically necessary for me, and will you write the order?"
- "Which supplier should I use, and are they enrolled with Medicare?"
- "After Medicare pays, what will my share be?"
- "Is there a simpler or cheaper device that would do the same job?"

- "If it's not covered, is there another way you'd suggest?"

TIP

Write the answers down right on this page or in a notebook, with the date and who told you. If a bill later looks wrong, that note is the first thing you'll be glad you kept.

THE LABELS

20. "Medicare-Approved" on the Box

What that phrase does and doesn't promise.

Packaging and ads love words like "Medicare-approved," "Medicare-eligible," or "may be covered by Medicare." Read those carefully, because they're doing less work than they appear to. They are marketing phrases, not a guarantee that your Medicare will pay for your purchase.

A device can be the type Medicare sometimes covers and still not be covered for you — because there's no order, or you bought it retail, or you don't meet the criteria. "May be covered" quietly admits all of that. The only thing that settles it is your own situation against the three-part rule.

WATCH OUT

Treat "Medicare-approved" on a box the way you'd treat "doctors recommend" in an ad — a claim to check, not a fact to trust. The box doesn't know your coverage. Your doctor's office and Medicare do.

THE CLAIMS

21. Reading a Gadget's Health Claims

Covered is one question; does-it-work is another.

It's easy to tangle two different questions: "Will Medicare pay?" and "Does this gadget actually do what it claims?" They're separate. A device can be worth owning and still not be covered, and a device can be covered and still not be the right fit for you.

For this guide I'm only answering the coverage question. Whether a particular gadget's health claims hold up — and the difference between a cleared medical device and clever marketing — is its own topic, with its own guide in this series.

GOOD TO KNOW

If a gadget's maker leans hard on what it can do for your health, that's a cue to ask your doctor whether the claim is real and whether it matters for you — before the coverage question even comes up.

RENT OR BUY

22. Renting vs. Buying Equipment

Sometimes Medicare rents it for you.

For some covered equipment, Medicare doesn't buy it outright — it rents it, paying the supplier month by month for a stretch before ownership passes to you. Other items are purchased. Which path applies depends on the type of equipment, and the supplier handles the mechanics.

What this means for you is that your 20% share might show up as monthly amounts rather than one lump, and that the supplier's role continues over time. It's not a catch, just a different rhythm of paying.

TIP

Ask the supplier up front whether your device is rented or purchased, how long any rental runs, and when you'll own it. Knowing the pattern keeps the monthly charges from surprising you.

WEAR AND TEAR

23. Repairs, Replacements, and Wear

Covered equipment doesn't last forever.

Equipment wears out, and Medicare has rules for that too. Generally, covered durable equipment is expected to last several years, and Medicare may help repair or replace it when it's truly worn out, lost, or no longer works — not simply because a newer model came out.

- Repairs to covered equipment you own may be covered.
- Replacement usually waits until the item has reached the end of its expected life or is damaged beyond repair.
- Supplies that run out — like CPAP masks or glucose strips — have their own refill schedules.

GOOD TO KNOW

If your equipment breaks, call your supplier before buying a replacement yourself. Paying out of pocket for something Medicare would have repaired is a common and avoidable mistake.

SUPPLIES

24. Don't Forget the Supplies

The ongoing bits, not just the gadget.

With a lot of covered devices, the machine is only part of the story — the ongoing supplies matter just as much. CPAP masks and filters, glucose sensors and strips, oxygen tubing: these are things you use up and reorder, and they follow the same coverage rules as the device itself.

That's good to plan for, because the supplies are where a steady monthly cost can live. When you ask about a device's cost, ask about the supplies too, so the whole picture is clear from the start.

TIP

Set up refills through the same enrolled supplier that provided the device. Mixing in a retail purchase for convenience can quietly cost you the coverage on that item.

DENIED

25. If a Claim Is Denied

A "no" isn't always the end.

Sometimes a device you expected to be covered gets denied. It happens, and it isn't automatically final. Medicare gives you the right to appeal, and a surprising number of denials come down to a missing piece of paperwork rather than a true "no."

- Read the notice — the Medicare Summary Notice — to see exactly why it was denied.
- Call your doctor's office and supplier; a missing order or document is often the culprit.
- You can formally appeal, and the notice explains the steps and the deadline.
- Your State Health Insurance Assistance Program (SHIP) offers free help with appeals.

GOOD TO KNOW

Don't pay a denied bill in a panic assuming it's settled. Find out why first. Many people win on appeal simply because the office resubmits the right documentation.

FREE HELP

26. Where to Get Trustworthy Answers

Real help that doesn't cost anything.

You don't have to figure coverage out alone or trust a salesperson's word. There are free, unbiased places built exactly for these questions, and they don't sell you anything.

- Medicare.gov — the official site, with a supplier look-up and coverage details.
- 1-800-MEDICARE — the official phone line, open to your questions.
- Your State Health Insurance Assistance Program (SHIP) — free, local, one-on-one Medicare counseling.
- Your own doctor's office billing staff, who deal with this daily.

TIP

When you call any official line, jot the date, the person's name, and what they told you. If answers ever conflict, that little log is how you sort it out.

QUESTIONS

27. Common Worries, Answered

The things people actually ask me.

"My neighbor got a free brace — why can't I?" If it came from a cold call, your neighbor may have been scammed and not know it yet. Legitimate braces come through a doctor, with your normal share of the cost.

"Can my doctor just prescribe a smartwatch?" A prescription doesn't move a wellness gadget into the covered category. The device type itself is what Medicare looks at.

"I bought it already — can I still get paid back?" Usually not, if you bought it retail without an order and an enrolled supplier. That's why checking first matters so much.

"Is a hearing aid covered?" Original Medicare generally doesn't cover routine hearing aids, though some Advantage plans do. Always check your own plan.

MYTHS

28. A Few Myths, Cleared Up

What's true — and what isn't.

"If it's good for my health, Medicare pays." No. Being healthy isn't the test; being medically necessary for a diagnosed condition, with an order, is.

"Medicare-approved on the box means I'm covered." No. That's marketing. Your own situation decides coverage.

"Any store that sells it must bill Medicare." No. Only enrolled suppliers can, and only with an order behind it.

"Covered means free." No. You still owe the deductible and usually 20%, unless other coverage helps.

FOR THE HELPER

29. A Note for the Family Helper

If you're sorting this out for a parent.

If you're the adult child or spouse helping with this, you're in a good spot to protect against the two big risks: overpaying for something that was never going to be covered, and falling for a "free device" scam. A little structure goes a long way.

- Agree on a family rule: nobody gives out the Medicare number to anyone who calls.
- Before any health-gadget purchase, run it past the doctor's office together.
- Keep a simple folder of orders, suppliers, and what each device should cost.
- Watch the mail and the Medicare Summary Notices for charges for things that never arrived.

GOOD TO KNOW

Reviewing those summary notices now and then is one of the best scam-catchers there is. A charge for equipment nobody ordered is exactly how this fraud shows up — and reporting it protects everyone.

WALK THROUGH

30. A Real-Life Walk-Through

How the rule plays out at the kitchen table.

Picture it in plain life. You see an ad for a wrist gadget that promises to watch your heart and says Medicare "may cover" it. Before reaching for a card, you run the three gates. Did a doctor order it? No. Is it a medical device or a wellness gadget? A watch — wellness. Enrolled supplier? No, it ships from a website.

Three strikes, so you know Medicare won't pay. Now it's a clean, honest choice: is this watch worth my own money for the features I'd actually use? Maybe yes, maybe no — but you're deciding with open eyes, not banking on a coverage that was never real.

TIP

Running the three gates out loud, even once, builds the habit. After a few gadgets, you'll do it automatically and save yourself both money and the sting of a surprise bill.

KEEP RECORDS

31. Keeping the Paperwork Straight

A thin folder beats a fat headache.

Coverage questions get a lot easier when you keep a little paper trail. You don't need a filing system — just one spot where the key pieces live, so that when a question or a bill comes up, you're not hunting through drawers.

- The doctor's order or prescription for any covered device.
- The supplier's name, phone number, and whether they accept assignment.
- What you were told you'd pay, with the date and who told you.
- Your Medicare Summary Notices, which list what was billed in your name.

GOOD TO KNOW

Those summary notices aren't bills — they're a record of what Medicare was charged for your care. Reading them is how you catch an error or a fraudulent charge early, while it's still easy to fix.

NOT A DEVICE

32. When the Help Isn't a Gadget

Sometimes a service beats a thing.

It's worth remembering that not every bit of help is a gadget to buy. Some of the most valuable Medicare benefits are services — the monitoring programs, care-coordination check-ins, and counseling visits that wrap around a condition without you purchasing any hardware at all.

So if a gadget you wanted turns out not to be covered, don't assume you're out of options. Ask the office whether there's a covered program or service that accomplishes the same goal. Often the thing that helps most isn't a box at all.

GOOD TO KNOW

This series has separate guides on remote monitoring and care programs. If a device you hoped for isn't covered, one of those might be the better door — ask me and I'll steer you to the right one.

SAFETY

33. A Gadget Is Not an Emergency Line

Know the limits, keep 911 in reach.

One last thing that matters more than coverage. Whatever a health gadget costs or covers, none of them replaces real medical care. A watch that senses your heart or a monitor that tracks a number is a helper, not a lifeguard, and it can be wrong or offline.

WATCH OUT

I can explain what a device does and whether Medicare pays for it. I can't tell you what your health numbers mean — that's your doctor's job. And if you ever have chest pain, trouble breathing, signs of a stroke, or you simply feel something is very wrong, don't wait on any gadget. Call 911.

YOU'RE NOT ALONE

34. You Don't Have to Do This Alone

A friendly, patient person is one call away.

I hope this guide made Medicare and your health gadgets feel a little less daunting and a lot more doable. Keep it in a drawer with your other home papers, come back to a page whenever you need it, and don't worry about memorizing anything. Nobody expects you to.

When you'd rather have a hand, that's exactly what I do. I come to your home, work at your pace, and never make you feel rushed or silly for asking. A first visit is a flat ninety-nine dollars, and for the parts that don't need me on-site I can often help right on your screen for less. Every visit comes with a 30-day, come-back-free guarantee.

I'm a patient tech helper — not a doctor, nurse, or your insurance company — so I stick to the technology: the apps, the logins, the cameras, the gadgets and getting them talking to each other. Anything about your health, your medicines, or what a number means, I'll always point you back to your doctor or nurse.

GOOD TO KNOW

When you call, I answer — or Sophie, my friendly AI helper, takes a message so nothing gets lost. Sophie isn't a runaround; she's just making sure I call you back.

TIP

Call or text me at (330) 200-8042, or visit BillsHomeTech.com. Serving Atwater and all of Portage County, with 30+ years of patient, plain-English tech help. If you're ever not 100% happy with a visit, I'll make it right or refund it. That's a promise. — Bill

CHEAT SHEET

Everyday Cheat Sheet

Keep this by the phone before you buy any health gadget.

- Medicare usually pays only when all three are true: doctor-ordered, a real medical device, from a Medicare-enrolled supplier.
- Covered examples: CPAP, prescribed glucose sensor, monitors from a doctor's program. Not covered: smartwatches, fitness trackers, most no-prescription gadgets.
- Even when covered, you pay the yearly deductible and usually 20%; Medigap or Medicaid may cover that share.

- Ask the office: "Is it medically necessary, who's the enrolled supplier, and what's my share?"
- An HSA or FSA may pay for some gadgets Medicare won't — check your plan's eligible list.
- Nobody from Medicare cold-calls with a "free" device. If they ask for your Medicare number, hang up.
- Check before you buy: Medicare.gov, 1-800-MEDICARE, or your free local SHIP counselor.
- Feeling truly unwell? Don't wait on a gadget — call your doctor, or 911 for an emergency.

AT A GLANCE

A Picture to Follow Along

Will Medicare Pay for This Gadget?

Four questions that usually decide it before you ever buy.

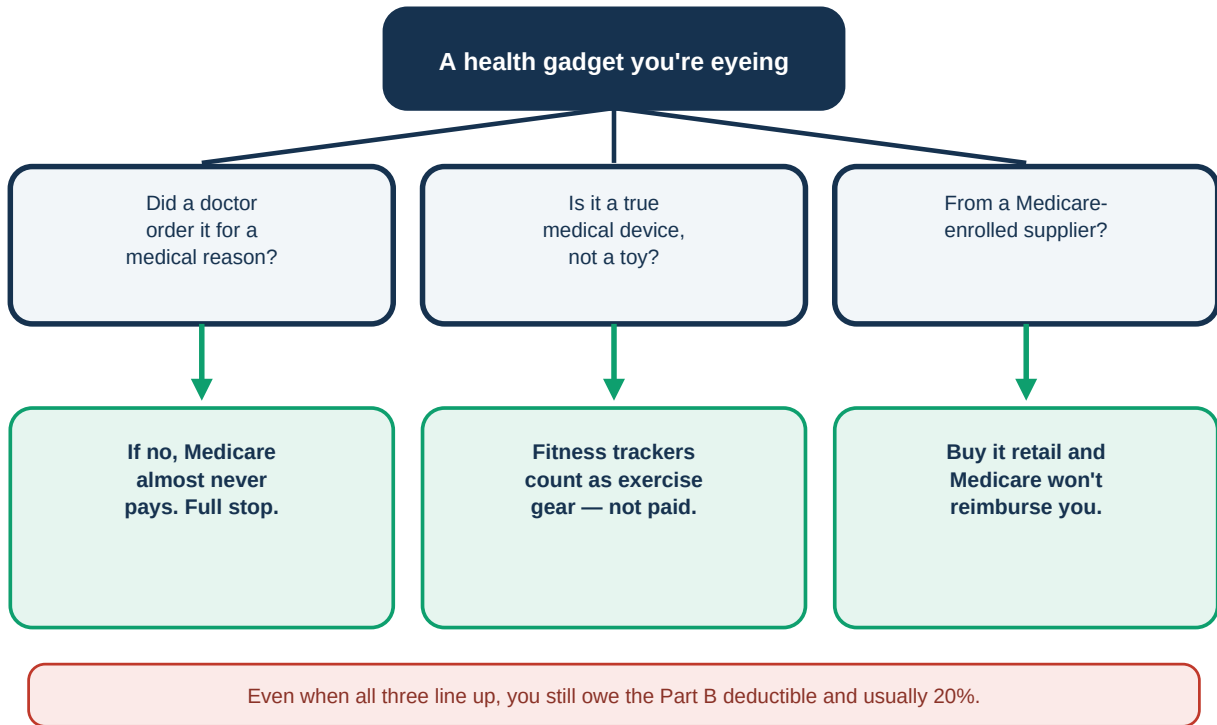


Illustration - a schematic, not to scale. Your setup may differ.

AT A GLANCE

A Second Look

Covered Equipment vs. Ordinary Gadget

The honest line Medicare draws — and where your gadget usually falls.

	Often covered (DME)	Generally NOT covered
Ordered by	Your doctor, on paper	Nobody — you just bought it
The need	A medical reason	General wellness or fitness
Examples	CPAP, Rx CGM, some monitors	Smartwatch, step tracker
Where from	Enrolled medical supplier	Store shelf or website
Your cost	Deductible, then 20%	You pay all of it

Illustration - a schematic, not to scale. Your setup may differ.

BEFORE YOU GO

A Note From Bill

A quick note from Bill. I write these guides to make home tech a little less frustrating, and I do my best to keep every step accurate and up to date. Still, every home, device, and setup is a bit different, so I can't promise a guide will match yours exactly or fix your particular problem. These guides are for general information only — they're not professional, legal, or financial advice, and they don't replace your device's own manual or the manufacturer's instructions. Please go slow, use your own good judgment, and use everything here at your own risk. If a step involves electrical wiring, a gas appliance, a water heater, plumbing, or climbing a ladder — or if anything just doesn't feel safe — please stop and call a licensed professional (or give me a call at 330-200-8042). Bill's Home Tech and Bill Davis can't be responsible for any damage, data loss, or injury that results.



HOW I CAN HELP

Your Visit — and My Promise

In-home visit — \$99 flat for your first visit. No contracts and no surprise charges, and a 30-day follow-up is included.

Remote Support — \$49 for a screen-share session. I only connect with your permission, you watch the whole time, and you can end anytime. If I can't fix it over the screen-share, I refund the \$49 — and if it turns out you need me in person, that \$49 goes toward your visit. It's included free for Support Plan members (\$39/mo).

GOOD TO KNOW

My promise — If you're not 100% satisfied with your visit, I'll come back at no charge, or refund the full \$99. No questions, no awkwardness. That's how I'd want to be treated.

Call or text **(330) 200-8042** · Book a visit: **billshometech.com/book** · **bill@billshometech.com**

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