EXO MOTION

Provider discussion pack

For care managers and treating health professionals. Supplier information for an individual assessment, not a prescription, clinical recommendation or funding approval.

Product and supplier snapshot

Supplier	Exo Motion Pty Ltd | ABN 45 698 777 383
Device	Exo Motion Pro, powered hip-assist wearable device
Intended users	Selected adults who already walk independently and can follow fitting and operating guidance.
Fit and weight	40-150 kg user range; up to 190 cm; device weight 1.8 kg with one battery. Individual suitability and fit still apply.
Purchase	A$2,499. Request a current, itemised quotation.
Private senior rental	A$129 per week; four-week minimum, A$516 initial term. Stock, location, security and written terms apply.
Fitting and support	Free consultation, eligible Sydney home demonstration, fitting, guided product trial and training.
Warranty	12 months with purchase, in addition to Australian Consumer Law rights. Written warranty terms apply.

Regulatory and insurance documents

Supplier documentation records ARTG inclusion of the underlying device as a Class I medical device. Inclusion is not proof of a clinical outcome, individual suitability or AT-HM approval. Request entry documentation and current directions for use directly from Exo Motion.

Exo Motion states A$20 million public liability and A$20 million product liability insurance, subject to policy terms and exclusions. Request current certificates and confirm the proposed supply is within scope. No certificate is reproduced in this pack.

ALWAYS FOLLOW THE DIRECTIONS FOR USE. Not a replacement for a prescribed mobility aid, clinical care or a falls assessment.

Assessment and ordering checklist

Use your organisation's own assessment, consent and approval process. The questions below are prompts for discussion; they are not a completed assessment or a prescription template.

1. Participant and clinical review

Confirm consent, meaningful activity goals, existing mobility aids, walking ability, falls or balance concerns, ability to follow instructions and the proposed setting. A suitably qualified professional decides what assessment or prescription is appropriate. The participant may use their existing treating clinician.

2. Funding and quotation

Check the support plan, current AT-HM list, available allocation and any unspent Commonwealth Home Care Package funds with the responsible provider. Record the exact item, quote, participant contribution, any other agreed payment and the ordering method. Do not assume retrospective reimbursement or automatic approval from a product category.

3. Fitting and handover

Agree who attends fitting and learns the controls, stopping, removal and charging. Record the person's experience and any difficulty. Confirm delivery location, support contact, invoice recipient and the evidence your provider requires to record supply. Sydney home visits and interstate arrangements must not be treated as interchangeable.

4. Follow-up and safety

Agree a review point and who helps with day-to-day use. If discomfort, a fall or a safety concern occurs, address the person's immediate needs, pause use where safety is uncertain and follow the provider's incident process. Contact Exo Motion about the device and retain its serial number. Insurance does not replace clinical governance.

Request the supporting documents

Ask for: current quote; specifications and directions for use; relevant ARTG entry documentation; current insurance certificates; written warranty and rental terms; and fitting or delivery records where applicable. With written consent, Exo Motion coordinates its supplier paperwork. The provider remains responsible for approval and claiming.

Contact and primary guidance

0451 810 427 | info@exomotion.com.au
www.exomotion.com.au/for-care-managers

Department of Health: AT-HM scheme
Department of Health: AT-HM list
Sources checked 14 September 2026. Confirm current requirements before ordering.