

RENTAL AGREEMENT

SHERMAN OAKS MEDICAL SUPPLIES

4840 VAN NUYS BLVD, SHERMAN OAKS, CA 91403

TEL: 818-981-9906 FAX: 818-981-6698

PATIENT	PAYMENT
FULL NAME: _____ U -) @# ° O 'hk@° u- 'h° '
ADDRESS: _____ 'hk@° u- '@oyk° V#-
_____ CITY STATE ZIP	PAYMENT TERMS: \$ _____ / week month
PHONE: (____) _____	DELIVERY CHARGE: \$ _____
CONTACT NAME: _____	CREDIT CARD#: _____
CONTACT PHONE: _____	CARD EXP DATE: _____
	NAME ON CARD: _____
	ID / DL#: _____ EXP. DATE: _____
EQUIPMENT: _____	BEG. DATE: _____ DUE DATE: _____
MANUFACTURER: _____	PAID THRU: _____ \$ _____
MODEL: _____	PAID THRU: _____ \$ _____
SERIAL #: _____	PAID THRU: _____ \$ _____
PURCHASE PRICE: _____	PAID THRU: _____ \$ _____
	PAID THRU: _____ \$ _____
EQUIPMENT: _____	PAID THRU: _____ \$ _____
MANUFACTURER: _____	PAID THRU: _____ \$ _____
MODEL: _____	RETURN DATE: _____
SERIAL #: _____	CONDITION: _____
PURCHASE PRICE: _____	BALANCE DUE: _____

PATIENT RIGHTS AND RESPONSIBILITIES

The patient agrees to care for, use as instructed and return the rental equipment in good condition, normal wear and tear excepted, at the end of rental period. Rental charges will continue, as appropriate, until equipment is picked up or returned. The purchase price will be charged to the credit card on file if equipment is not returned or Sherman Oaks Medical Supplies contacted to extend the rental period. The pt. agrees not to modify the rental equipment without the prior written consent of the company. The pt. agrees that title to the rental equipment and all parts shall remain with the Company at all times, unless equipment is purchased and paid in full. It is the responsibility of the pt. to promptly notify the Company of any rental equipment malfunctions or defects and allow the Company equipment service representatives to enter the pt's premises at all reasonable times to repair, perform regularly scheduled services, related equipment, or provide adequate substitute equipment. The Company guarantees all equipment to be delivered operating within manufacturer's specifications and/or to be fully warranted to the manufacturer's current policy. The Company fully warrants used equipment purchased for minimum of 30 days from date of purchase, unless otherwise stated. The pt. and caregiver agrees the Company shall not insure or be responsible to the pt and/or caregiver for any personal injury or property damage related to any equipment including that caused by use or improper functioning of the equipment, the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, or fire. Maintenance of safe, clean environmental and electrical supply is the responsibility of the pt and/or caregiver. The pt. agrees that if they or their respective insurance company fail to make payment on any rental or purchase within sixty (60) days after it becomes due, Company shall have the right to reacquire all equipment. It is the responsibility of the pt or caregiver to notify the Company of any change in the medical status such as doctor's prescription, hospitalization or change of residence. Should a life threatening medical emergency arise, it is suggested the pt. or caregiver call 911 for assistance.

K 9'5F9'BC @CB; 9F '5779DH-B; 'A 98=75F 9'F 9BH5@G'5G'C: 'BCJ '&5%

I have read and fully agree with the above terms: Patient has been instructed about the use of the equipment.

PATIENT/RESPONSIBLE PARTY SIGNATURE: _____ DATE: _____

NO REFUND FOR EARLY RETURN