CHOICE medical equipment

2436 S. I-35 E, Suite 346 Denton, TX 76205 (940) 380-0455 Office / (940) 382-3026 Fax

RENTAL PAYMENT AUTHORIZATION FORM

Please provide the following in order for us to contact you with **important information** about your account.

Patient Name: _____

Patient Date of Birth: _____ Height: _____ Weight: _____

Equipment Needed: _____

Responsible Party Information

Responsible Party Name: (if different than patient) _____

Email Address: (for confirmation/receipt) _____

Home Phone: _____ Mobile Phone: _____

Payment Authorization for Automatic Payment

Our financial policy requires patients to have a form of payment on file to satisfy any patient responsibility. If you have provided insurance coverage to us, we will bill your insurance company with the necessary information. The balance remaining after insurance has been applied is your responsibility, including insurance deductible amounts and copays. The credit card listed below will be charged for payment at time of service and if any balance remains after final insurance payment.

Provide Credit Card information: (Today's Charge: $_____)

CREDIT CARD	
Credit Card Number	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Expiration Date	☐☐ / ☐☐
CVV code (3/4 digits on back)	
Name as it appears on card	
Card Billing Address Information as it appears on the statement	
Street Address	
City, State, ZIP	
Delivery Address ☐ Same as Billing Address	
Street Address	
City, State, ZIP	

I authorize AER Inc., DBA Choice Medical Equipment to execute transactions on the above account. I consent to the use of the above payment method without my signature on the individual transactions in satisfying my obligations to AER Inc., DBA Choice Medical Equipment. I understand that a photocopy, scanned original or a fax of this agreement will serve as an original, and this payment authorization cannot be revoked unless done so in a 30 day written notice to the Provider.

Signature: _____ Date: _____

Service Area for Rented Equipment that is mechanical

It is important you know our service area while renting mechanical medical equipment from Choice Medical Equipment. **All rented equipment must be within our service area at all times during the rental period.** ***Our service area is a radius of 30 miles from our store located at 2436 S. I-35 E. Ste.346 Denton, Texas.*** While we make every effort to ensure all equipment rented is in good working order when you receive it, it is impossible to guarantee there will be no issues during the time frame you rent it. Because of this, we have a service area in which all rented mechanical equipment must remain while on rental to allow us to make things right for you, the customer, in the event of an unforeseen mechanical failure. Staying inside our service area at all times will allow you to be within a distance you can travel back to our store in a reasonable amount of time in order to exchange the equipment or have it repaired.

If for any reason the equipment has an issue which affects your ability to use the equipment during the rental period and you are outside of our service area, you will be responsible for any rental fees you may incur should you choose or need to rent or purchase equipment from a local medical equipment provider where you have traveled.

In this case, your rental deposit will still be refunded to you as long as the equipment is returned in a condition that does not show abuse or wear that could have caused an issue making the equipment unusable. However, if you take the rented equipment outside of our service area and you have an issue, the rental fee paid will not be refunded upon return of the equipment.

Initial below that you have read the above statements and that you understand and agree to each of the following statements:

_____ *Rented equipment must remain within our* ***service area of 30 mi.*** *during the rental period.*

_____ *I understand that if for any reason the equipment has an issue and I am unable to use it, I will be responsible for any costs incurred in order to rent equipment from a local equipment provider where I have traveled.*

_____ *I understand that I will not be refunded any rental fees if I take the rented equipment outside of Choice Medical Equipment's service area and there is an equipment issue.*

_____ *I understand that if rented equipment is damaged by an airline, I am responsible for payment of all damages and that my credit card will be charged for any needed repairs.*

By signing my name below I agree that I understand the rental agreement for mechanical equipment and that I agree to the terms of the rental.

_____ _____

Customer Signature Customer Printed Name

_____ _____

Date CSR