



## NEW ENGLAND MEDICAL SOLUTIONS

# PATIENT RENTAL/PURCHASE AGREEMENT

### PATIENT INFORMATION (HEREINAFTER REFERRED TO AS "PATIENT")

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>	DOB	<input type="text"/>	
PHONE	<input type="text"/>	EMAIL	<input type="text"/>			
STREET ADDRESS	<input type="text"/>					
CITY	<input type="text"/>		STATE	<input type="text"/>	ZIP	<input type="text"/>
SHIPPING ADDRESS	<input type="text"/>					
CITY	<input type="text"/>		STATE	<input type="text"/>	ZIP	<input type="text"/>
PRESCRIBING PHYSICIAN	<input type="text"/>		NPI	<input type="text"/>		
SURGICAL DATE (IF APPLICABLE)	<input type="text"/>					

### INSURANCE INFORMATION (IF APPLICABLE)

PLEASE INCLUDE COPIES OF INSURANCE CARDS

PRIMARY INSURANCE CARRIER	<input type="text"/>
PRIMARY INSURANCE ID #	<input type="text"/>
PRIMARY INSURANCE GROUP #	<input type="text"/>
SECONDARY INSURANCE CARRIER	<input type="text"/>
SECONDARY INSURANCE ID #	<input type="text"/>
SECONDARY INSURANCE GROUP #	<input type="text"/>



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## BILLING INFORMATION, STATEMENT OF CHARGES, AND LATE FEES

### SAM 2.0

IF STANDARD GROUND DELIVERY, ALLOW 4-5 WORKING DAYS FOR THE PRODUCT(S) TO ARRIVE AT YOUR LOCATION

THE SHIPPING COST IS ONLY AN ESTIMATE. THE FINAL COST OF SHIPPING AS PRODUCED BY THE FREIGHT CARRIER WILL BE REFLECTED IN YOUR FINAL INVOICE

**RENTAL EQUIPMENT THAT IS NOT RETURNED WITHIN 5 DAYS OF RENTAL END DATE SHALL BE CHARGED AUTOMATICALLY LATE FEES OF \$35 PER DAY, UNTIL EQUIPMENT IS RETURNED.**

FREIGHT METHOD				
<input type="checkbox"/> GROUND	<input type="checkbox"/> 2 <sup>ND</sup> DAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> NEXT DATE	
DESCRIPTION	PART #	PRICE	QTY	PRICE EXTENSION
<b>SAM 2.0 TREATMENT KIT</b>				
SAM 2.0 TREATMENT KIT RENTAL	SA271	\$35.00/DAY		
SAM 2.0 TREATMENT KIT PURCHASE	SA271	\$7,845.00		
<b>SAM 2.0 GEL CAPTURE PATCHES</b>				
SAM GEL CAPTURE PATCH 24 COUNT (WHITE AND GREEN)	UB-14-24	\$220.00		
SAM GEL CAPTURE PATCH 60 COUNT (WHITE AND GREEN)	UB-14-60	\$555.00		
SAM GEL CAPTURE PATCH 60 COUNT (TAN AND BLACK)	UB-14-60T	\$555.00		
<b>SHIPPING</b>				
ESTIMATED SHIPPING COST				
<b>ORDER TOTAL &amp; PRICE EXTENSION</b>				

SAM 2.0 SERIAL NUMBER



## RENTAL LENGTH INFORMATION & RETURN

PATIENT AGREES THAT EQUIPMENT DESCRIBED AND PROVIDED HEREIN, IS RENTED PER PHYSICIAN MEDICAL NECESSITY. EXTENSIONS VARY IN LENGTH AND MAY BE ADDED AS INDICATED BY PHYSICIAN'S REQUEST OF MEDICAL NECESSITY AND PATIENT AGREEMENT TO CONTINUE TO RENT. MINIMUM RENTAL FEES APPLY. ANY EXTENSIONS ARE SUBJECT TO THE TERMS OF THIS AGREEMENT. RETURN OR PICKUP FEES MAY BE ESTABLISHED. RENTAL EQUIPMENT THAT IS NOT RETURNED OR CONFIRMED TO BE IN TRANSIT OF RETURN WITHIN 5 DAYS OF RENTAL END DATE SHALL BE CHARGED AUTOMATIC LATE FEES OF \$35 PER DAY, UNTIL EQUIPMENT IS RETURNED.

## RISK OF LOSS & CARE OF EQUIPMENT

NEW ENGLAND MEDICAL SOLUTIONS SHALL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO PROPERTY, MATERIAL, OR EQUIPMENT RENTED TO PATIENT OR PATIENT'S AGENTS WHILE EQUIPMENT IS IN PATIENT'S CARE, CUSTODY, OR CONTROL. PATIENT IS RESPONSIBLE TO KEEP CARE OF EQUIPMENT IN THE GOOD WORKING CONDITION IT WAS RECEIVED AND SHALL BE RESPONSIBLE FOR COST OF REPAIR ON EQUIPMENT THAT IS NEGLECTED OR ABUSED. REPAIR COSTS WILL BE DETERMINED BY THE PRICE LIST ESTABLISHED AT THE TIME NEW ENGLAND MEDICAL SOLUTIONS LEARNS THE EQUIPMENT REQUIRES SERVICE. IF EQUIPMENT IS LOST OR IRREPARABLY DAMAGED, PATIENT IS RESPONSIBLE FOR THE INVOICE COST OF THE EQUIPMENT + 10% OF THE ORIGINAL INVOICE COST OF THE EQUIPMENT.

## HIPAA PRIVACY NOTICE

NEW ENGLAND MEDICAL SOLUTIONS MAY USE YOUR HEALTH INFORMATION FOR BUSINESS OPERATIONS TO BILL OR SECURE PAYMENT ON YOUR BEHALF. EMPLOYEES AND BUSINESS ASSOCIATES MAY BE PROVIDED WITH YOUR INFORMATION TO COMPLETE THEIR DUTIES. NEW ENGLAND MEDICAL SOLUTIONS MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WHEN REQUIRED BY LAW.

## PATIENT SIGNATURE TERMS

BY SIGNING THIS DOCUMENT, I AGREE TO HAVE MY CREDIT CARD CHARGED FOR THE AMOUNT(S) DESCRIBED, FOR ANY SUBSEQUENT EXTENSIONS, LATE FEES, OR LOSS/DAMAGE OF EQUIPMENT.

NAME ON CREDIT CARD

CREDIT CARD NUMBER

CREDIT CARD SECURITY CODE (CVV)

CREDIT CARD EXPIRATION DATE

CREDIT CARD BILLING ADDRESS

PATIENT SIGNATURE

DATE

REPRESENTATIVE SIGNATURE

DATE

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