



PATIENT RENTAL/PURCHASE AGREEMENT

PATIENT INFORMATION (HEREINAFTER REFERRED TO AS "PATIENT")

FIRST NAME		LAST NAME		DOB	
PHONE		EMAIL			

STREET ADDRESS					
CITY		STATE		ZIP	

SHIPPING ADDRESS					
CITY		STATE		ZIP	

PRESCRIBING PHYSICIAN		NPI	
-----------------------	--	-----	--

SURGICAL DATE <small>(IF APPLICABLE)</small>	
--	--

INSURANCE INFORMATION (IF APPLICABLE)

PLEASE INCLUDE COPIES OF INSURANCE CARDS

PRIMARY INSURANCE CARRIER	
PRIMARY INSURANCE ID #	
PRIMARY INSURANCE GROUP #	
SECONDARY INSURANCE CARRIER	
SECONDARY INSURANCE ID #	
SECONDARY INSURANCE GROUP #	



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 ND DAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> NEXT DATE	
DESCRIPTION	PART #	PRICE	QTY	PRICE EXTENSION
SAM 2.0 TREATMENT KIT				
SAM 2.0 TREATMENT KIT RENTAL	SA271	\$35.00/DAY		
SAM 2.0 TREATMENT KIT PURCHASE	SA271	\$7,845.00		
SAM 2.0 GEL CAPTURE PATCHES				
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		
SHIPPING				
ESTIMATED SHIPPING COST				
ORDER TOTAL & PRICE EXTENSION				

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