



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 #	



EQUIPMENT INFORMATION

☐ **THERM-X HOME** ☐ LEFT ☐ RIGHT ☐ BILATERAL

GARMENTS

<input type="checkbox"/> KNEE	<input type="checkbox"/> SHOULDER	<input type="checkbox"/> FOOT/ANKLE	<input type="checkbox"/> BACK/CERVICLE
<input type="checkbox"/> HIP	<input type="checkbox"/> HAND/WRIST	<input type="checkbox"/> ELOBW	<input type="checkbox"/> OTHER
<input type="checkbox"/> DVT CALF	<input type="checkbox"/> DVT FOOT		

ACCESSORIES

☐ THERM-X TRAVEL CASE ☐ THERM-X COOLANT

☐ **THERM-X AT** ☐ LEFT ☐ RIGHT ☐ BILATERAL

GARMENTS

<input type="checkbox"/> SHOULDER	<input type="checkbox"/> XL SHOULDER	<input type="checkbox"/> KNEE	<input type="checkbox"/> ELBOW
<input type="checkbox"/> FOOT/ANKLE	<input type="checkbox"/> BACK/LUMBAR	<input type="checkbox"/> HIP	<input type="checkbox"/> HALF LEG BOOT
<input type="checkbox"/> HAND/WRIST	<input type="checkbox"/> OTHER		

ACCESSORIES

☐ THERM-X TRAVEL CASE ☐ THERM-X COOLANT ☐ THERM-X DUAL HOSE

☐ **NORMATEC** ☐ LEFT ☐ RIGHT ☐ BILATERAL

FULL KITS

<input type="checkbox"/> NORMATEC 3 LEGS SYSTEM	<input type="checkbox"/> NOMRATEC 3 LOWER BODY SYSTEM	<input type="checkbox"/> NOMRATEC 3 FULL BODY SYSTEM
---	---	--

ACCESSORIES

<input type="checkbox"/> NORMATEC BACKBACK	<input type="checkbox"/> NOMRATEC CHARGER	<input type="checkbox"/> NORMATEC HOSE
<input type="checkbox"/> NORMATEC STANDARD LEG ATTACHMENTS	<input type="checkbox"/> NORMATEC SHORT LEG ATTACHMENTS	<input type="checkbox"/> NORMATEC TALL LEG ATTACHMENTS
<input type="checkbox"/> NOMRATEC ARM ATTACHMENTS	<input type="checkbox"/> NORMATEC HIP ATTACHMENT	



BILLING INFORMATION, STATEMENT OF CHARGES, AND LATE FEES

THERM-X HOME RENTAL

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. REQUESTED	PRICE EXTENSION
THEM-X HOME AND ACCESSORIES				
THERM-X HOME SYSTEM	TX0300	\$35.00/ DAY		
THERM-X CARRYING CASE	TX0202	\$371.00		
THERM-X COOLANT (1QT)	TX0206	\$30.00		
THERMAL/COMPRESSION GARMENTS				
THERM-X FULL KNEE GARMENT, SPU	TX0302	\$100.00		
THERM-X ANKLE GARMENT, SPU	TX0304	\$100.00		
THERM-X SHOULDER GARMENT, SPU	TX0301	\$120.00		
THERM-X BACK GARMENT, SPU	TX0305	\$120.00		
THERM-X HIP GARMENT, SPU	TX0308	\$120.00		
THERM-X HAND/WRIST GARMENT, SPU	TX0312	\$100.00		
THERM-X SMALL BUTTERFLY	TX0315	\$75.00		
THERM-X LARGE BUTTERFLY	TX0314	\$75.00		
THERM-X CERVICAL GARMENT, SPU	COMING SOON!	COMING SOON!		
DVT GARMENTS				
THERM-X DVT CALF GARMENT	TX0107	\$80.00		
THERM-X DVT FOOT GARMENT	TX0106	\$80.00		
SHIPPING				
ESTIMATED SHIPPING COST				
ORDER TOTAL & PRICE EXTENSION				

THERM-X HOME SERIAL NUMBER



THERM-X AT PURCHASE

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

BY PLACING THIS PURCHASE ORDER WITH NEW ENGLAND MEDICAL SOLUTIONS, I HEREBY AGREE TO NEMS' STANDARD SALES TERMS AND CONDITIONS. THERE IS A 10% RE-STOCKING FEE OF THE INVOICED AMOUNT FOR ALL PRODUCTS 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. REQUESTED	PRICE EXTENSION
THEM-X AT AND ACCESSORIES				
THERM-X AT SYSTEM	TX0002	\$6,495.00		
THERM-X CARRYING CASE	TX0202	\$371.00		
THERM-X COOLANT (1QT) (EXTRA)	TX0206	\$30.00		
THERM-X EXTENDER STRAP	TX0109	\$148.00		
THERM-X DUAL HOSE	TX0208	\$633.00		
THERMAL/COMPRESSION GARMENTS				
THERM-X SHOULDER GARMENT, DURABLE	TX0101	\$645.00		
THERM-X XL SHOULDER GARMENT, DURABLE	TX0110	\$750.00		
THERM-X KNEE GARMENT, DURABLE	TX0102	\$534.00		
THERM-X ELBOW GARMENT, DURABLE	TX0103	\$510.00		
THERM-X FOOT/ANKLE GARMENT, DURABLE	TX0104	\$512.00		
THERM-X BACK GARMENT, DURABLE	TX0105	\$504.00		
THERM-X HIP GARMENT, DURABLE	TX0108	\$667.00		
THERM-X HAND/WRIST GARMENT, DURABLE	TX0122	\$612.00		
THERM-X HALF LEG BOOT, DURABLE	TX0111	\$716.00		
SHIPPING				
ESTIMATED SHIPPING COST				
ORDER TOTAL & PRICE EXTENSION				



NORMATEC PURCHASE

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

BY PLACING THIS PURCHASE ORDER WITH NEW ENGLAND MEDICAL SOLUTIONS, I HEREBY AGREE TO NEMS' STANDARD SALES TERMS AND CONDITIONS. THERE IS A 10% RE-STOCKING FEE OF THE INVOICED AMOUNT FOR ALL PRODUCTS 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. REQUESTED	PRICE EXTENSION
NORMATEC FULL KITS & ACCESSORIES				
NORMATEC 3 LEGS SYSTEM	63010 001-03	\$799.00		
NORMATEC 3 LOWER BODY SYSTEM	63020 001-03	\$1,049.00		
NORMATEC 3 FULL BODY SYSTEM	63030 001-03	\$1,449.00		
NORMATEC 3 CARRY CASE	61035 001-00	\$150.00		
NORMATEC 3 BACKPACK	61020 001-00	\$150.00		
NORMATEC 3 CHARGER	63090 001-00	\$30.00		
NORMATEC 3 HOSE	63080 001-00	\$50.00		
DYNAMIC AIR COMPRESSION ATTACHMENTS				
STANDARD LEG ATTACHMENTS	63087 001-00	\$400.00		
SHORT LEG ATTACHMENTS	63086 001-00	\$400.00		
TALL LEG ATTACHMENTS	63096 001-00	\$400.00		
ARM ATTACHMENTS	63070 001-00	\$400.00		
HIP ATTACHMENT	63060 001-00	\$250.00		
SHIPPING				
ESTIMATED SHIPPING COST				
ORDER TOTAL & PRICE EXTENSION				



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