

**RENTAL AGREEMENT**

**Patient/Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_ **Type:** \_\_ Visa \_\_ MC \_\_ Discover \_\_ Am Ex **Exp Date:** \_\_/\_\_/\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Number of days/months rental:** \_\_\_\_\_

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**ALL ITEMS MUST BE RETURNED CLEAN AND IN ACCEPTABLE CONDITION AS WHEN FIRST RENTED**

**PLEASE READ BEFORE SIGNING:**

Terms: All items are rented on a weekly (7 days) or monthly (30 days) basis. If an extension is needed we must have at least a 24 hour notice. An additional week or daily rate of rental begins the following day after your initial week of rental should it not be returned on scheduled date. Rental on equipment starts the day the equipment is received in home and stops the day the equipment is picked up. Payment for the first month as well as the deposit fee must be paid at time of delivery. In addition, credit card information must be obtained at time of delivery and will be set up on auto pay for all future rental charges.

The customer/responsible party is responsible for replacement costs of damaged, missing or permanently stained rental equipment. Failure to return rented equipment as agreed at time of rental is considered prima facie evidence of larceny and customer/responsible party will be prosecuted. In the event (Cameron Company) institutes legal proceedings to recover missing property or damages arising from the contract, we will be able to recover legal fees along with any additional costs to damaged equipment. Test and/or Repair Charges - If returned equipment appears broken due to misuse, a test and repair charge of \$50.00 may be charged for inspection, testing and minor repairs required to return the equipment to service. This charge will be payable at the end of this agreement. If the equipment cannot be repaired, the customer will be notified and will be responsible for the designated replacement cost of the equipment.

Limitation of Liability and Indemnity: Limitation of liability - In no event will (Cameron Company) be liable to the customer/responsible party for any Incident or Injury, indirect or consequential damages however caused, whether by negligence or otherwise. Indemnity - The customer/responsible party agrees to protect, indemnify and hold harmless (Cameron Company) from and against all claims, damages and costs including legal expenses arising out of customer/responsible party's use of equipment.

I agree that I have been instructed on how to use the equipment and take full responsibility for the proper use and care of the equipment during the rental period so that it is returned in the same condition as when it was received. I fully understand that I am responsible for any and all damages and therefore repair costs that may arise from use of the product during my rental period.

**Customer/Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRIVATE PAY RENTAL FEES**

Please check the rented items to the left for your selections and initial at the bottom.

Customer: \_\_\_\_\_

ITEM	WEEKLY	MONTHLY
Lightweight Manual Wheelchair (16"/18"/20")	\$ 35.00	\$ 100.00
Heavy Duty Lightweight Manual Wheelchair (22"/24")	\$ 65.00	\$ 150.00
Elevated Leg Rest (pair)	\$ 10.00	\$ 25.00
Transport Wheelchair	\$ 30.00	\$ 100.00
Heavy Duty Transport Wheelchair	\$ 65.00	\$ 150.00
Power Wheelchair (300LB Weight Capacity)	\$ 100.00	\$ 300.00
Scooter (3 Wheel, 300LB Weight Capacity)	\$ 75.00	\$ 250.00
Scooter (4 Wheel, 300LB Weight Capacity)	\$ 85.00	\$ 300.00
Knee Walker (Up to 400LB Weight Capacity)	\$ 25.00	\$ 75.00
Semi Electric Hospital Bed (450LB Weight Capacity)	\$ 35.00	\$ 100.00
Bariatric Semi Electric Hospital Bed (600LB Weight Capacity)	\$ 150.00	\$ 350.00
Full Electric Hospital Bed (600LB Weight Capacity)	\$ 150.00	\$ 350.00
Trapeze Bar (attached to bed)	\$ 20.00	\$ 65.00
Hydraulic Hoyer Lift	\$ 50.00	\$ 150.00
Lift Chair	\$ 100.00	\$ 250.00
*Oxygen Concentrator (includes (1) 25' tubing & (2) nasal canulas	\$ 40.00	\$ 175.00
*Tank Rental (includes E-Cart)	N/A	\$ 10.00
*Portable Oxygen Concentrator	\$ 150.00	\$ 400.00
*Conservor	N/A	\$ 75.00
*Regulator	N/A	\$ 25.00
Low Air Loss Mattress	\$ 150.00	\$ 300.00
CPM	\$ 100.00	\$ 250.00

**\*REQUIRES A DOCTOR PRESCRIPTION**

**DEPOSIT/DELIVERY FEES**

**Deposit:** All rentals require a deposit fee equal to one month rental and is refunded upon non-damaged return of the product.

**Delivery Fees:**

Hospital Beds:

Semi/Full Electric = **\$75** (up to 20 mile radius) **\$100** (over 20 and up to 50 mile radius)

Bariatric = **\$100** (up to 20 mile radius) **\$150** (over 20 and up to 50 mile radius)

All Other Rentals:

**\$50** (up to 20 mile radius) **\$100** (over 20 and up to 50 mile radius)

**Total Cost: \$** \_\_\_\_\_

**Customer/Responsible Party Initials:** \_\_\_\_\_