

**Practice
Logo**

Practice Name
Street Address
City, State Zipcode

Equipment Rental Policy

This is a legal and binding contract

Please be advised that equipment, Cadd pump and/or I.V. pole, is provided by [Practice Name] as rental equipment and is due back at the completion of therapy. Patients are responsible for the ***return of the equipment within 48 hours of completion of I.V. therapy.*** Equipment ***not returned will be billed to the patient*** at the daily rental rate until which time, the equipment is returned or [Practice Name] may choose to file theft charges for equipment not returned within the agreed time frame. **The Cadd pump rental is \$XX.XX per day and the I.V. Pole is \$X.XX per day.** Any containers, such as the box that the I.V. Pole is dispensed in **must** be returned with the equipment, as there is a \$XX.XX replacement charge that will be billed to your account. Any damages sustained to the rental equipment while in the patient's possession will be charged to the patient for the repair or replacement cost of that equipment.

I understand that my insurance **will not** cover the rental/replacement costs once the I/V/ Therapy is completed and that I will be responsible for these fees. I also understand that these charges must be paid in full within 30 days to avoid collection and/or legal procedures.

I have read and understand the above statements and by signing below, I agree with the policy and will abide by this policy accordingly.

I would / would not like a copy of this form. _____ (Please circle and initial)

Patient or Responsible Party Signature

Date

Witness Signature

Date

Patient Name (Please Print)

Date of Birth

Patient Social Security #

Implemented on:
1/1995

Revised Date:
03/2006