VITAL DOCTORS

MEDICAL EQUIPMENT

9523 N IH 35, Suite 2
San Antonio, Texas 78233
Phone: 833-432-4247 | Fax: 833-542-2009

CUSTOMER / PATIENT INFORMATION

Patient Name: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Driver's License / ID Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Insurance Company: _____

Insurance ID Number: _____

Medicare / Medicaid ID (if applicable): _____

Providerr Order / Prescription #: _____

Delivery / Pickup Method:

☐ In-Store Pickup ☐ Delivered ☐ Shipped

Notes: _____

_____

EQUIPMENT DETAILS

Equipment Rented: _____

Manufacturer: _____

Model Number: _____

Serial Number: _____

Rental Start Date: _____

Rental Start Time: _____

Return Due Date: _____

Return Due Time: _____

Rental Rate: _____

Accessories Provided:

☐ Charger ☐ Battery ☐ Carrying Case

☐ User Manual ☐ Other: _____

Equipment Condition at Pickup:

☐ New ☐ Excellent ☐ Good ☐ Fair

Initial Inspection Performed By: _____

Notes: _____

_____

DME RENTAL PICKUP AGREEMENT

I, the undersigned, acknowledge that I have received the above listed equipment in proper working condition, along with all accessories listed. I have been instructed on the proper use of the equipment and agree to the terms and conditions stated in this agreement.

Patient / Customer Signature: _____

Printed Name: _____

Date: _____ Time: _____

Staff Signature: _____

Printed Name: _____

Date: _____ Time: _____

DME RENTAL RETURN AGREEMENT

I, the undersigned, acknowledge that I am returning the above listed equipment and accessories. I understand that the equipment will be inspected and that I may be responsible for any loss or damage beyond normal wear and tear, as outlined in the terms and conditions.

Patient / Customer Signature: _____

Printed Name: _____

Date: _____ Time: _____

Staff Signature: _____

Printed Name: _____

Date: _____ Time: _____

Equipment Condition at Return:

☐ New ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Notes / Damages Observed: _____

_____

_____

RENTAL TERMS, LIABILITY & DAMAGE CLAUSE

RENTAL TERMS & CONDITIONS

1. The equipment is rented to the patient listed above and is non-transferable.
2. The patient is responsible for the safe use and proper care of the equipment.
3. The equipment must be returned by the due date and time listed above.
4. Late returns may be subject to additional daily charges.
5. The equipment is for use only by the patient named above and for the purpose prescribed by a licensed medical professional.
6. The patient must follow the manufacturer's instructions and safety guidelines.
7. Contact Vital Doctors Medical Equipment immediately if the equipment malfunctions or requires service.

LIABILITY

1. The patient assumes full responsibility for the equipment while in their possession.
2. Vital Doctors Medical Equipment is not liable for any injury or damage resulting from misuse or failure to follow instructions.

DAMAGE, LOSS & FEES

1. The patient is responsible for all damage to or loss of the equipment and accessories, except for normal wear and tear.
2. Fees for damaged or missing items will be charged at the current replacement cost at the time of return.
3. If the equipment is not returned by the due date, the patient will be charged for the daily rental rate until returned.
4. In the event of loss or theft, the patient must file a police report and provide a copy to Vital Doctors Medical Equipment.

ACKNOWLEDGMENT

By signing this agreement, I acknowledge that I have read, understood, and agree to abide by the terms and conditions, liability, and damage policies stated herein.

Patient / Customer Signature: _____

Date: _____

Thank you for choosing Vital Doctors Medical Equipment.

We are committed to your health and mobility.