

DFW Massage Chair Rentals (DFWMCR)

Portable Oxygen Concentrator Rental Agreement

Customer Name: _____

Section 1: Rental Pricing

DFWMCR will provide (1) Portable Oxygen Concentrator (POC) package to each customer who desires to rent the package. Each rental period must be a minimum of (1) week. Rental weeks are in increments of (7) days, and a daily rate will be charged for any rental days outside of the normal (7) day increments.

- Refundable Deposit for the Rental: \$1,200.00
- Weekly Rental Rate: \$400.00
- Daily Rental Rate: \$50.00
- Daily Late Fee: \$75.00
- Daily Battery Rental per Extra Battery: \$25.00

The following equipment has been or will be provided to the customer as part of this agreement:

- (1) Inogen POC
- (1) A/C Power Supply
- (1) D/C Adapter
- (1) 16-Cell (Extended Life) Battery
- (1) Soft Carrying Case (*Unit is to remain inside the case at all times.*)

Section 2: Agreement to Rent

DFWMCR agrees to rent to the Customer (“Customer” is defined as both the payer and the user of the equipment, if not the same), and Customer agrees to rent from DFWMCR, the Portable Oxygen Concentrator (POC) Package, hereafter designated equipment, described above, and except otherwise provided herein, will continue until the end of the effective dates of rental. The Customer agrees to use the equipment as directed by DFWMCR and as prescribed by their physician.

NOTE: The rental period begins when the Customer receives the device, either in home or when picked up from DFWMCR. The rental period ends when the device has been returned to DFWMCR.

Cancellation of a Reservation:

- If canceled 5 business days or more prior to the expected date of delivery/pick-up, no fees will be billed to the Customer.
- If canceled in less than 5 business days, the Customer will be billed \$75.00 as a late cancellation fee.

Section 3: Payments and Additional Billing Circumstances

Rental Charges

The Customer agrees to provide payment for all applicable charges prior to or at the time of delivery/pick-up. DFWMCR will NOT bill the Customer's insurance for the cost of the rental under any circumstances.

Additional Billing

DFWMCR will charge the Customer's credit card for any additional rental days/late fees at the time that DFWMCR is once again in possession of the equipment, minus the refundable deposit which will be processed once the unit has been inspected for any incurred damages.

Failure to Return the Equipment

If the equipment is not returned within ten (10) business days of the effective rental dates, as shown on this agreement, a purchase price of \$2,950.00 (+) \$620.00 per additional battery not returned, will be applied to the "Customer's" credit card.

Damaged Equipment

If said equipment is damaged and needs repair, DFWMCR will notify the "Customer" of the need for repair after an inspection is completed, and the cost of said repairs will be charged to the "Customer's" credit card. Please see below for the breakdown of replacement charges. If said equipment is lost/damaged beyond repair, the full purchase price of \$2,950.00 (+) \$620.00 per additional battery will be charged to the "Customer's" credit card.

- **Inogen POC w/(1) 16-Cell Battery - \$2,725.00**
- **Additional 16-Cell Batteries - \$620.00/EA**
- **A/C Power Supply - \$105.00**
- **D/C Adapter - \$80.00**
- **Carrying Case - \$40.00**

NOTE: For your safety, DO NOT SMOKE while you are using this equipment. Smoking or allowing others to smoke or having open flames near the equipment is PROHIBITED. If said equipment is returned with damage caused from smoke or open flame, the

“Customer” will be responsible for the full replacement cost of the equipment and all accompanying accessories as detailed above.

Section 4: Customer Responsibility

Air Travel

The POC and accompanying equipment are all FAA approved: however, each airline has different regulations and requirements for using in-flight oxygen. If you are using the POC for a flight, you will need to contact the airline you are traveling with, prior to your departure date, to discuss any documentation and battery requirements needed to bring and use the equipment on your flight. It is the Customer’s responsibility to ensure that all the proper documentation has been obtained prior to the Customer’s travel dates as well as ordering the quantity of batteries required for the entire travel time from departure airport to arrival airport.

Notifying Your Physician

Not all patients are able to use a POC, so it is important that you discuss your travel plans with your physician prior to your departure date. In addition, though the Inogen is approved for nocturnal use, if you want to make arrangements for a stationary concentrator for nocturnal use in your destination city, it will be the Customer’s responsibility to coordinate the additional equipment.

Shipping

If the Customer has rented a POC, but is unable to return the unit as scheduled, the Customer may ship the unit back to DFWMCR. The Customer will be responsible for all shipping costs and arrangements to get the equipment back to DFWMCR. If the equipment is lost or damaged during the shipping process, the “Customer” will be responsible for all repair/replacement costs as detailed in Section 3.

Rental Summary

Customer Full Name: _____

Delivery/Pick-Up Date: _____ Return Date: _____

<u>Rental Item</u>	<u>Quantity</u>	<u>Number of Rental Weeks</u>	<u>Unit Price</u>	<u>Unit Total</u>
Inogen POC	1		\$400.00	
A/C Power Supply	1		N/A	N/A
D/C Adapter	1		N/A	N/A
16-Cell Battery	1		N/A	N/A
Carrying Case	1		N/A	N/A
Additional Batteries			\$25.00/EA	
Refundable Rental Deposit	1		\$1,200.00	\$1,200.00
Total Amount Due:				

NOTE: To avoid late cancellation fees, please cancel your reservation no later than: _____

Credit Card Number: _____ Expiration: _____ CVV: _____

Name on the Card: _____

Billing Address: _____

NOTE: By signing this agreement, the "Customer" agrees to the terms set forth in the agreement. "Customer" also agrees to allow DFWMCR to directly charge

“Customer’s” above listed credit card for any and all charges related to this agreement.

Customer Printed Name: _____

Customer Phone Number: _____

Customer Signature: _____ **Date:** _____