133 Woods Cove Road
Scottsboro, AL 35768
800-403-3740 toll free
256-259-3123 local
256-259-1498 Fax

TRANSCEND MEDICAL

Going Beyond The Limits

2001 Henry Street
Guntersville, AL 35976
800-403-3740 toll free
256-582-1982 Local
256-571-9158 Fax

DURABLE MEDICAL EQUIPMENT LOAN AGREEMENT & RELEASE FORM

Applicant Information

Name: ________________________ ________________ Address:_________________ ________________________ ______

City: __________________ ___ Zip Code: ____________ Phone: _______________________Alt. Phone: _________________

If different than above, the person physically picking up the equipment is:

Name: ________________________ ________________ Address: ________________________ ________________ ______

City: __________________ ___ Zip Code: ____________ Phone: ______________________ Alt. Phone: _________________

Relationship to Applicant: ________________________ _______________I hereby acknowledge receipt of the following item(s) of medical equipment loaned to me by Transcend Medical applicant's sole use and that this equipment will not be loaned to anyone else. I acknowledge that this equipment will be used as it is designed to be used and that I will exercise ordinary and reasonable care thereof.

Put a check mark (☐) and item number by each item borrowed and security deposit.

Cpap: ________ ($400) BiPap: _________ ($900) BiPap St: _ __ ($1500)_______

Model/Make/Serial Number: __________________ ______________________________ __________ _

Condition of Equipment: ☐Fairly New ☐Good ☐Poor ☐Used Explanation: __________________ ____________

By signing below, I acknowledge that (please initial each line):

_____ I have examined the equipment and that I find it in good condition and fit for its intended use.

_____ I promise to return the equipment by the date listed, should my sleep study appointment change, I will notify Transcend Medical within 24 hours.

_____ In consideration of future borrowers, I understand it is my responsibility for returning equipment in good clean working condition.

I understand that this loaned equipment remains the property of Transcend Medical and is available to me at no cost within the 30-day period. I hereby forever release and discharge Transcend Medical and its employees or agents from all liability, claims, demands, and actions that I may have for any injury to my person or my property that results from my use of the loaned equipment and therefore they will not be held responsible for any defect in the equipment or any accident or injury that may occur during or subsequent to the use of the equipment. I hereby waive any and all claims I may have against the foresaid related to the use of the equipment. I, the said patient, agree to comply with the pending date of the sleep study scheduled on: ______________ , I understand and agree I will be charged the monthly rental rate for this equipment and my security deposit will be applied toward these fees should I be non-complaint with this agreement.

Patient Name: ___________________ Date: ____________________ Employee: __________________ __ Date: ____________________

Date of Agreement: ______________ Date of Return Equipment: ___________ Initials of all Parties: ___________