

Checklist

Transcend Medical

Patient Name: _____

- How to Operate Equipment ?
- How To Clean Equipment ?
- When and How do I get supplies and service ?
- This is a 13 month cap rental ? (5 years until eligible again)
- What if I don't need it anymore?
- Is this a Rental or Purchase?
- What is my portion of bill? Why did my bill go up in January?
- What if I go to Hospital, Rehab or Hospice
- What if I move or change insurance

I agree these items checked above have been explained to me

_____ Signature Date _____