



MEDICAL ARTS PHARMACY

Medical Equipment Rental Agreement

Name of Person Renting: _____

Date of Birth: _____ Height: _____ Weight: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email address: _____

_____ Contact me about purchasing the equipment I am renting.

Rental Requirements:

Renter must be a Major Credit Card Holder, and sign this Medical Equipment Rental Agreement.

Rental Agreement:

Medical Arts Pharmacy rents to Renter signing this agreement medical equipment (hospital beds, patient lifts, wheel chairs, knee walkers, walking aides, and nebulizers) subject to all the terms set forth in this Rental Agreement and Renter agrees:

1. The medical equipment is the property of Medical Arts Pharmacy and is in good condition. Renter shall return equipment in the same condition as when received to Medical Arts Pharmacy, at the end of the rental period for inspection, or sooner, upon the demand by Medical Arts Pharmacy. Medical Arts Pharmacy may repossess the medical equipment without demand at any time if it is used in violation of the terms of this agreement.
2. Medical Arts Pharmacy shall not be liable or responsible for the loss of or damage to any property left, lost, damaged, stolen, stored or transported by Renter, its agents, servants, or employees, or any other person on or using the medical equipment, either before or after the return thereof to Medical Arts Pharmacy. Renter assumes all risk of such loss or damage and waives all claims against Medical Arts Pharmacy by reason thereof and Renter agrees to hold Medical Arts Pharmacy harmless from and to defend and indemnify Medical Arts Pharmacy against all claims based upon or arising out of such loss or damage.

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3. Renter assumes all risk and liability for any loss, damage or injury, including death, to persons or property of Renter or others arising out of the use or operation of the medical equipment.
4. The additional conditions outlined above have been reviewed and accepted as part of this agreement.
5. Renter is responsible for the medical equipment and will reimburse Medical Arts Pharmacy, Legal Owner of Equipment, for the full cost of replacement upon demand for any damage, loss, theft, or destruction of the medical equipment. The Renter understands and authorizes that Medical Arts Pharmacy will charge the credit card used for any repair costs or the replacement costs of the medical equipment deemed necessary.
6. The following restrictions are cumulative and each shall apply to every use, operation of the medical equipment. Under no circumstances shall the medical equipment be used, operated by and person: a) under the age of 18; or b) while under the influence of intoxicants or narcotics; or c) in an unsafe manner.
7. Renter shall defend, indemnify and hold harmless Medical Arts Pharmacy, all of their agents, officers, servants, and employees from and against any and all losses, liability claims, damages, injuries, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage or injury claimed by persons that may arise from the use, operation or driving of the medical equipment, provided that such loss or damage was not caused by the fault or gross negligence and willful misconduct of Medical Arts Pharmacy or its employees.
8. Renter assumes all costs and expenses of every kind and nature, including legal fees and disbursements arising out of and in connection with the use or operation of the medical equipment.
9. Medical Arts Pharmacy assumes no liability or responsibility for any acts or omissions of Renter or of Renter's agents, servants, or employees.
10. Renter shall notify Medical Arts Pharmacy immediately of any and all accidents and damage resulting from the use or operation of the medical equipment.
11. Renter agrees to pay all costs, expenses, and attorney's fees incurred by Medical Arts Pharmacy in collecting sums due or in regaining possession of medical equipment or in enforcing or recovering any damage, losses or claims against Renter.
12. Renter of the medical equipment shall in no event be deemed the agent or employee of Medical Arts Pharmacy in any manner or for any purpose whatsoever.
13. Any individual executing this Agreement as Renter in a representative capacity shall be bound personally, jointly and severally, with such fiduciary, corporation or other entity as to all obligations, expressed or implied, arising hereunder.
14. This Agreement shall be binding upon the distributees, heirs, and next of kin, executors, administrators and personal representatives of the undersigned Renter.
15. We reserve the right to refuse renting to anyone if deemed necessary due to various reasons.

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Medical Equipment Rental Rates

<i>Equipment</i>	<i>Rental Rate</i>	<i>Reservation Deposit**</i>	<i>Cleaning Fee *</i>	<i>Replacement Cost (Up to)</i>
Hospital Beds	○ Weekly Rental \$100	\$10	\$5	\$1,500
	○ Monthly Rental \$200			
Patient Lifts	○ Weekly Rental \$50	\$10	\$5	\$750
	○ Monthly Rental \$100			
Trapezes – Free Standing	○ Weekly Rental \$45	\$10	\$5	\$200
	○ Monthly Rental \$75			
Commodes	○ Weekly Rental \$15	\$10	\$5	\$110
	○ Monthly Rental \$45			
Standing Walkers & Front-Wheel Walkers	○ Daily Rental \$10	\$10	\$5	\$150
	○ Weekly Rental \$20			
	○ Monthly Rental \$35			
Knee Walkers	○ Daily Rental \$20	\$10	\$5	\$550
	○ Weekly Rental \$35			
	○ Monthly Rental \$75			
Wheelchairs	○ Daily Rental \$15	\$10	\$5	\$650
	○ Weekly Rental \$25			
	○ Monthly Rental \$60			
Rollators	○ Daily Rental \$15	\$10	\$5	\$150
	○ Weekly Rental \$20			
	○ Monthly Rental \$40			
Transport Chairs	○ Daily Rental \$15	\$10	\$5	\$210
	○ Weekly Rental \$20			
	○ Monthly Rental \$50			
Crutches	○ Weekly Rental \$15	\$10	\$5	\$50
	○ Monthly Rental \$30			
Nebulizer Compressor	○ Weekly Rental \$15	\$10	\$5	\$65
	○ Monthly Rental \$30			

*Cleaning Fees are a 1 time fee

**Reservation Fees are only good for one week, non-refundable, and not applied to monthly rental amount

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Date(s) Needed: _____ Return Date: _____

*Monthly Rental reoccurring re-rental date: _____ Day of each month

*Rented equipment serial #: _____

Notes: _____

Credit Card Payment Authorization

Total Amount: _____
Visa/MasterCard/Discover #: _____
Expiration Date: _____ Security Code: _____
Cardholder's Name: _____
Cardholder's billing address (if different from above): _____ _____

By signing this form I acknowledge that I have read the rental agreement and understand the terms and conditions set forth herein. I also agree to the charges being made to my credit card and understand that if the rented item is not returned on the agreed upon return date, additional charges will be incurred. *Payments for monthly rental items will be charged on the re-rental date of each month indicated above until the item is returned.

Signature: _____

Printed Name: _____

Date: _____

I authorize Medical Arts Pharmacy to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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