

Hackensack Sleep & Pulmonary Center 170 Prospect Avenue, Suite 20, Hackensack, NJ 07601 Dr. Fariborz Ashtyani and Dr. Deborah (Hutter) Goss 201-996-0232

RENTAL AGREEMENT

This rental agreement is entered on this (<i>day</i>)	of (month)	, (year)
between (name)	and Hackensack Sleep and Pulmonary Center.	

The purpose of this rental agreement is to allow you use of the equipment for your intended application.

A valid credit card must be given to the office at the time the equipment is given to the user/patient. This ensures that should the equipment be damaged while in your possession, you will incur <u>ALL</u> charges for the replacement of the device (up to \$5,000) and/or applicable fees for damaged parts.

After your overnight study, equipment must be returned to Hackensack Sleep and Pulmonary Center, in person, by 9:30am on the next day, or the arrangement day, if special accommodations were made, in order to download the data and prepare device for the next patient.

Upon returning equipment back to us, at Hackensack Sleep and Pulmonary Center, please make sure that all equipment, including instructional DVD and/or instructional guide are inside Home Monitor case and returned. Please understand that there may be a fee assessed to you if needed accessories (instructional DVD/Guide) are missing and/or damaged.

Failure to return device will result in a \$150.00 (per day) late fee, up to 2 days, to be charged to the patient's credit card, which is on file. The total cost of the device (up to \$5,000) will be charged after that.

Reproduction: Any attempt to alter or copy equipment or software will be viewed as an infringement of copyright, patent, and/or trademark laws.

CONTACT INFORMATION

Patient Name					
Address					
City		State		Zip Code	Country
Email			Phone number		Cell number
CREDIT CAR	D INFORM	IATION			
Card Type	VISA	MC	AMEX	Cardholder's Name	
Card Number				CID#	Expiration Date

Credit Card holder, if not yourself, must be present with proper ID