



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 (day) _____ 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 **ALL** 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 CARD INFORMATION

Card Type VISA MC Cardholder's Name

Card Number CID# Expiration Date

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