

## Customer Responsibilities

1. Customer agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition (normal wear expected). Rental equipment shall at all times remain the property of GENAO'S MEDICAL SUPPLY.
2. Customer agrees to promptly report to GENAO'S MEDICAL SUPPLY any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
3. Customer agrees to provide GENAO'S MEDICAL SUPPLY access to all rental equipment for repair/replacement, maintenance and/or pick-up of the equipment.
4. Customer agrees to use the equipment for the purpose so indicated and in compliance with the physician's prescription. Customer agrees to keep the equipment in their possession and at the address to which it was delivered unless otherwise authorized by GENAO'S MEDICAL SUPPLY.
5. Customer agrees to notify GENAO'S MEDICAL SUPPLY of any hospitalizations or change in health insurance, address, telephone number, physician, or when the medical need for rental equipment no longer exists.
6. Customer agrees to accept all financial responsibility for home medical equipment furnished by GENAO'S MEDICAL SUPPLY.

## Assignment/ Signature on file Agreement

I request that payment of authorized medical benefits be made to GENAO'S MEDICAL SUPPLY for any covered service furnished to me. In cases where GENAO'S MEDICAL SUPPLY agrees to accept assignment, GENAO'S MEDICAL SUPPLY will accept the charge determination as the full charge for the covered services. I am always responsible for the deductible, co-insurance and unassigned uncovered services. I agree to pay GENAO'S MEDICAL SUPPLY any payment made directly to me by insurance for services provided by GENAO'S MEDICAL SUPPLY on an assigned basis. I understand that GENAO'S MEDICAL SUPPLY does not accept returned merchandise if worn, used for sanitary or hygienic purposes, or if it is disposable. All rental equipment shall remain the property of GENAO'S MEDICAL SUPPLY. It is my responsibility to inform GENAO'S MEDICAL SUPPLY if I relocate, no longer need the equipment, or am admitted to a hospital or nursing center. I shall also inform GENAO'S MEDICAL SUPPLY if the equipment is not working properly. I agree that in the event my insurance or other third party payor refuses to pay the rental or purchase price of the equipment or service that I will be responsible for those payments or shall return the equipment involved.

### Patient's or Authorized Person's Signature

I authorize the release of any medical or other insurance information to process this claim. I also request payment of government benefits either to me or to GENAO'S MEDICAL SUPPLY

Signature \_\_\_\_\_ Date \_\_\_\_\_