

On The Move Mobility, LLC
33 Cranberry Court
Medford, N.J. 08055
609-332-3722 OR 1-877-97-STEER

Complete Form and Fax Back to 1-866-227-3043

CUSTOMER PURCHASE FORM

Name _____ E-mail Address _____

Billing Street Address _____ City _____

State _____ Zip _____

Shipping Address if different _____

City _____

State _____ Zip _____ (NO P.O. BOXES)

Phone Home (_____) _____ Cell (_____) _____

Is Medicare your primary insurance? _____

Insurance ID# _____ Date of Birth of Patient: _____ Insurance requires ID# & DOB on receipt.

What date do you want the Turning Leg Caddy delivered? _____

Patient's Doctor _____ Date of Surgery _____

City and State _____

Right or Left leg? _____ Height _____ Weight _____ **350 lbs or more must order a Pilot Model.**

- **Cancellation Fee is \$50.00 if cancelled in the first 24 hours of trial period *plus the cost of shipping both ways. Unit should not be taken outside during trial period.**
- Doctor's Prescription with diagnosis code, Letter of Necessity with **DME Code E0118** to be submitted to your insurance carrier with TLC purchase receipt **"by the patient"**. **On The Move Mobility, LLC does not process insurance claims.**

Total Amount, to be paid in advance : \$480 plus shipping. Shipping is \$35.00 **Total \$515.00**

Credit Card No. _____ Expiration _____

I understand that it is my responsibility to read and follow the manufacturer's instructions for operation and safety of the Turning Leg Caddy, and to use common sense. Children will not be allowed to use the product (unless the child is the patient). RAMM TLC, LLC and On The Move Mobility, LLC assumes no liability for any injury or damages arising from the use or misuse of this product. If I have questions, I will contact On The Move Mobility, LLC at 609-332-3722 for advice and assistance.

Signature

Date