

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 RENTAL AGREEMENT

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? _____ Date of Surgery _____

Patient's Doctor _____ What date do you want the TLC delivered by UPS _____

City and State _____

Right or Left leg? _____ Height _____ Weight _____ **At 320 lbs or more the Pilot Model must be used.**

I understand I must weigh under 320 pounds to rent the Pathfinder model. _____ (Please check)

- FEE: \$35/week, first 4 weeks (**4 week minimum rental \$140.00**); \$35/week thereafter week to week. Rentals begin the day you received the unit and end the day the unit is received back at our office, **PLUS** refundable deposit \$150.00 until the unit is returned damaged free. **Cancellation fee of \$50.00** will be charged if cancelled within 48 hours of delivery plus return shipping. **TLC must not be taken outside in the 48 hour trial period.**
*Free Shipping Outbound and \$25.00 return shipping. (If patient does not use OTMM's return label, the unit must be insured for \$440.00 or patient will be responsible for damage or loss of TLC). OR TLC can be picked up from and returned to our office free of charge. Call to schedule a time for pick up and return. **Total Initial Fee \$290.00 (\$140 + \$150).** **There is no option to buy any rental unit. Please decide rental or purchase upfront.**
- Doctor's Prescription, Letter of Necessity with **DME Code E0118** to be submitted to your insurance carrier with TLC rental receipt **"by the patient". On The Move Mobility, LLC does not process insurance claims.**
- Customer agrees to pay on time, in the event of a returned check, a bookkeeping fee of \$100.00 will be assessed. Outstanding balances will result in a monthly service charge of 1 ½%. Customer agrees to pay reasonable attorneys fees and cost for collection.

Total Amount, to be paid in advance : **\$290.00** How long does your doctor want you non weight bearing? _____

Credit Card No. _____ Expiration _____

I understand that it is my responsibility to 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: _____