

Mark Drug Medical Supply 548A W Dundee Rd Wheeling, IL 60090

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www.markdrugmedicalsupply.com

**BLUE CROSS HOSPITAL GRADE BREAST PUMP RENTAL AGREEMENT**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**Agreement to Insurance Contracted Rates and Policies**

For a hospital grade breast pump (E0604) BlueCross policy /benefit is 12 months OR as stated by the HMO referral, whichever is shorter, of rental payments at \$83.00 a month. After this period of time the pump must be returned at your expense to Mark Drug. If you choose to keep the pump longer than the maximum time, your credit card will be automatically charged \$83 a month for every month it is kept past the covered period. If you change insurance please notify us immediately.

**Authorization To Bill Credit Card For Co-Pays/Deductible/ Non Covered Service**

This letter authorizes Mark Drug Medical Supply to use my credit card to bill any remaining co-pays, denials and non covered services, after my medical insurance has paid its portion of medical supplies.

Customer Name \_\_\_\_\_ Name on Credit Card \_\_\_\_\_

Address of Credit Card \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last 4 digits \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 3 digit Security Code on back \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Rentee hereby agrees that if rental property is destroyed or damaged during the continuance of the rental to promptly pay rentor the full market value of destroyed rental property in cash, and in the event of injury or damage to the mentioned rental property, to promptly pay to the rentor an amount equal to the reasonable cost of repairing the same. Rentee agrees to allow no one other than the rentee to use the equipment provided. Rentee shall leave a credit card on file in lieu of a deposit. Rentee agrees to return the equipment in good repair and clean condition. Rentee shall be responsible for all reasonable legal fees and other costs involved in collection of overdue amounts and/or recovery of equipment. Rentor has the right to cancel this agreement with 3 days notice.

Rentee agrees that the rentor shall not be liable or responsible for any injury or damage which may be sustained by rentee or any other person using or coming into contact with the rented property. Rentee acknowledges that the above rental property has been inspected and received in good condition and hereby acknowledges receipt of the same. Rentee agrees to pay 1.5% per month on all past due balances. Rentee agrees that in the event that rental payments become past due for a period of 10 days, rentor shall have the right to enter the premises where the rental property is located and take possession of said rented property and remove the same from premises.

I request that payment be made under my insurance program directly to BUFFALO GROVE DRUG COMPANY, d.b.a. MARK DRUG MEDICAL SUPPLY, for the equipment and services furnished me by the company during the time this equipment is in my possession. I agree the rental equipment remains the property of BUFFALO GROVE DRUG COMPANY, d.b.a. MARK DRUG MEDICAL SUPPLY.

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

Breast Pump Blue Serial Number \_\_\_\_\_

Partner Name \_\_\_\_\_

Work Phone \_\_\_\_\_