



Hightech Rehab Solutions
 6335 Camp Bullis Rd Suite 7
 San Antonio TX 78257
 Phone: (210)-698-9377
 Fax: (210)-698-2544

Assignment of Benefits-Lifetime Authorization-Medical Information

I request that payment of authorized Medicare, Medicaid or private insurance be made to Hightech Rehab Solutions for any services furnished to me. I authorize any holder of medical or other information about me to release to Hightech Rehab Solutions, the Centers for Medicare and Medicaid and its agents or any other private insurance company for the purpose needed to determine these benefits for related services. I understand that I am responsible for payment of any deductibles and co-insurance charges.

BENEFICIARY SIGNATURE

OR

AUTHORIZED CAREGIVER'S and relationship to beneficiary:

Name: _____ Date: _____

Address: _____

_____ Phone: _____

DESCRIPTION	R/P	N/U	QTY	DELIVER / PICK UP

Special Instructions: _____

I acknowledge receipt of the above equipment or supplies and agree to the provisions of the rental/sales agreement as listed on the reverse side of this form, and furthermore, I do hereby acknowledge that I have not received this equipment from another supplier in the last 90 days.

SIGNATURE OF RENTER, PURCHASER or CAREGIVER

DATE

DELIVERED BY

TIME

Rental Agreement: If this is a Delivery Ticket of equipment (as indicated by an “R” under “description” on face side) the following terms apply: The Customer acknowledges receipt of equipment described, on the service dates indicated, and agrees that title to equipment shall at all times be and remain in Leaser (“Company”); that this is a transaction of lease only; that the equipment is accepted in its “as is” condition (having been inspected by the undersigned [face side] upon delivery); and further the customer agrees: to protect the equipment from all loss, damage, and misuse and remain responsible for it, to release the equipment for pick-up only to a duly authorized representative of Hightech Rehab Solutions, to operate the equipment only in the manner for which it was intended, to refrain from making any repairs to the equipment but notifying Hightech Rehab Solutions in the event repairs are necessary, to promptly and faithfully pay the stated rental each month (without pro-rate) until the equipment has been returned. The Customer has been informed and agrees that Hightech Rehab Solutions is not the manufacturer, and is not responsible for the adequacy of the same nor any defects in the equipment or which may appear from the use and maintenance thereof; nor shall Hightech Rehab Solutions be responsible for any delay or interruption in connection with the delivery or service of the equipment whatsoever relating to the use of the equipment. Hightech Rehab Solutions has not prescribed the equipment, and makes no representations with regard to the sustainability of the equipments for any specific purpose of the Customer, and assumes no liabilities for any warranties whatsoever, express or implied. The Customer agrees to accept whatever warranties are offered by the manufacturer of the equipment in lieu of any warranties of the seller. The customer irrevocably agrees to indemnify and save Hightech Rehab Solutions harmless from and against any claim whatsoever which may be brought by any persons whomsoever arising from the rental, delivery and use of equipment.

Sales Agreement: If this is a Delivery Ticket for a Sale of equipment (as indicated by an “S” under “description” on face side) the following terms apply: The Customer acknowledges receipt of the equipment described, on the date indicated, and agrees that the equipment is accepted in its “as is” condition (having been inspected by the Customer upon delivery.) The Customer agrees to pay the stated price for the equipment. Hightech Rehab Solutions has not prescribed the equipment, and further makes no warranty whatsoever express or implied, of merchantability or fitness for purpose. On the contrary, the Customer has been informed and agrees that he or she knows that Hightech Rehab Solutions is not a manufacturer of equipment and is not responsible for the adequacy neither of the same, nor for any defects in the equipment or which may appear from the use and maintenance thereof. The Customer irrevocably agrees to indemnify and save Hightech Rehab Solutions from and against any claim whatsoever which may be brought by any persons whomsoever arising from the sale, delivery and use of the said equipment.

Equipment Pick-up Agreement: Customer agrees equipment will be picked up upon notification in writing at Hightech Rehab Solutions earliest convenience. If this is a Pick-Up Ticket, the following terms and conditions apply: All equipment is subject to inspection before it is picked up or returned. If any damage, unnecessary abuse, missing or broken items are reported; Customer will be notified and charged a fine. Service will be terminated and equipment picked up if Customer has a 30-day overdue balance.

Beneficiary Agreement: For purposes of this agreement, the “Beneficiary” is any individual who has current Major Medical/DME (Durable Medical Equipment) insurance coverage, and therefore is also a Customer. If this is a Delivery Ticket for Rental or Purchase of equipment, the following terms and conditions apply in addition to all other terms and conditions of this entire agreement.

The Beneficiary agrees that the rented or purchased equipment (as indicated under the description on the face side) has been delivered, set-up and/or installed in good working condition; that the Beneficiary received complete instruction in the use care and safety standards of the equipment; that the minimum rental period is: 1 month; that the rental is month to month; that Hightech Rehab Solutions is not guaranteed of payment by the Beneficiary’s insurance company; that the Beneficiary is fully aware and knowledgeable of his/her insurance policy(s) and that any other parties from which Beneficiary may receive benefits; that all insurance policies covering Beneficiary are effective and include Major Medical/DME (Durable Medical Equipment); and to know respective coverage amount(s). Beneficiary is fully responsible for any and all costs not covered by insurance

Assignment of Benefits: Beneficiary hereby agrees to authorize the release of Hightech Rehab Solutions his or her medical history (including but not limited to prescription formulation) as it may be related to either Beneficiary’s past or contemplated home therapy, to authorize all medical personnel to provide information to Hightech Rehab Solutions concerning Beneficiary’s medical history to authorize Hightech Rehab Solutions to release any information so obtained to any insurance company, public or private agency which may be responsible for Beneficiary’s medical expenses.