



Your Medical Equipment Solution

Private Pay Purchase/Rental Agreement

I, _____, agree to pay Home Oxygen Company, LLC for the equipment listed below, beginning on the date the equipment is delivered.

A recurring credit card Auth must be on file for ALL rental agreements.

All private pay rental agreements are **FINAL** and **NO REFUNDS** if you end agreement early.

Equipment: _____ Warranty remaining (if any) _____

Purchase Price: _____

Amount due: _____ Per: ___ Month ___ Week

First payment due: _____ Final payment due: _____

Insurance Rental

Equipment: _____

Will rent for: _____ months

You will be responsible for ___% & your insurance will pay ___% of the charges

This will be approximately \$ _____ per month.

Plans with a deductible

You have a deductible amount of \$ _____. This means that your insurance will not pick up any cost until this deductible is met and you will be responsible for the entire amount of \$ _____ per month until your deductible is satisfied.

Once your deductible is satisfied your insurance will pay ___% of the charges.

You will then only be responsible approximately for this amount per month \$ _____

You agree to reimburse Home Oxygen Company, LLC for any fees assessed by collection agency, which may be based on a percentage at a maximum of 33% of the debt and all costs, expenses including reasonable attorney's fees we incur in such collection efforts.

I understand that failure to make payments in a timely manner for a period of two consecutive months gives Home Oxygen Company, LLC the authority to retrieve the above listed equipment and/or turn your account over to a collection agency that can negatively affect your credit report.

Printed Name: _____

Signature: _____ Date: _____