



## Private Pay Purchase/Rental Agreement

I, \_\_\_\_\_, agree to pay Home Oxygen Company, **Inc.** 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: \_\_\_\_\_

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### 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.

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### 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 mount per month \$\_\_\_\_\_

You agree to reimburse Home Oxygen Company, **Inc.** 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, **Inc.** 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: \_\_\_\_\_