

Rental Terms – 1 week minimum

- It is my responsibility to report to McFee Medical Technologies/OWL Leasing, Inc. any damage or missing items immediately upon receipt of shipment to avoid any lost item charges.
- It is my responsibility to ensure that McFee Medical Technologies/OWL Leasing, Inc. receives all of the contracted rental equipment after the agreed upon rental period or I will be charged the rental fee for each day the equipment is not returned. McFee Medical Technologies/OWL Leasing, Inc. recommends that you contact the shipping company identified on the yellow equipment return instruction card located on your rental equipment prior to your rental completion date for timely arrangements and policy compliance.
- The rental equipment will be used in a Non-Smoking or Smoking environment (**Required to CHECK ONE**). A restocking fee of \$50.00 will be charged to the credit card on file or billed to the patient for any Non-Smoking equipment returned with the odor of smoke.
- If I do not return the equipment to McFee Medical Technologies/OWL Leasing, Inc. fully assembled and in good condition, allowing for normal wear and tear, I will be charged a restocking fee accordingly.
- The credit card I provided at the time of rental will be used to secure additional charges incurred due to late return or damaged equipment. I will be notified prior to the application of such charges.
- McFee Medical Technologies/OWL Leasing, Inc. reserves the right to issue a \$50.00 handling charge for products shipped prior to receiving your request for cancellation.
- McFee Medical Technologies/OWL Leasing, Inc. makes no medical representations regarding the use of the equipment.
- McFee Medical Technologies/OWL Leasing, Inc. is not responsible for any medical condition arising or resulting from any medical treatment, including without limitation; eye surgery rendered to me by a physician or qualified healthcare provider.
- McFee Medical Technologies/OWL Leasing, Inc. is not responsible for any injuries/damages resulting from use of the equipment in a manner not intended.
- Signature below and/or placement of an order signifies acceptance of the Rental Terms and Conditions. I understand and authorize that my credit card may be charged before my commercial insurance claim is filed, per this agreement.

Signature of Patient or Guardian

Date

Print Patient's Name

Print name of Guardian, if applicable