



Banff Sport Medicine

Cold Therapy Unit Rental Agreement Form

Personal Information

- **Patient Name:**
- **Address:**
- **Phone Number:**
- **Email Address:**
- **Credit Card Information (to be kept on file):**
 - **Exp:** **CVC:**

Rental Details

- **Rental Unit (Circle one):** Polar Care Wave or Kodiak
- **Rental Period:**
 - 1 Month - \$75
 - 3 Months - \$150
- **Pick-Up Date:**
- **Return Date:**
- **Surgery Date:**

Payment Details

- **Total Rental Fee:**
- **Pad Attachment Price (Circle one):** Wave = \$220 + tax or Kodiak = \$110 + tax
- **Total Payment Due:**

Terms and Conditions

1. **Payment and Credit Card Authorization:**
 - A valid credit card must be kept on file as collateral.
 - Full payment for the rental unit and pad attachment must be made upfront.
 - The patient authorizes charges to the on-file credit card for any due rental charges, repair costs of damaged equipment, or the total cost for loss of equipment (MSRP).

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2. Rental Fee:

- The rental fee is \$150 for a 3-mo period, which includes the cold therapy unit and a power cord.
- Pad attachments are not included in the rental fee and must be purchased separately.
- The rental fee for 1 month is \$75. Patients opting to extend the rental after 1 month can upgrade to the 3-month option for an additional \$75.

3. Pad Attachments:

- The price for pad attachments is as follows:
- Polar Care Wave: \$220 + tax or Kodiak: \$110 + tax

4. Reservation and Pick-Up:

- Patients must contact the bracing team at least 1 week in advance to reserve a unit.
- Payment will be taken at the time of pick up.
- Units can be picked up at our Canmore clinic on the day of surgery, either before or after surgery depending on the scheduled time.

5. Extension and Renewal:

- Patients can extend their rental by contacting the bracing team.
- Payment for rental extensions can be processed with the CC on file, and a receipt will be emailed.
- A 1-week grace period is allowed for the return of the cold therapy after the rental period ends without additional charges.
- If the cold therapy unit is not returned within 7 days past the rental period and no contact is made by the patient, the clinic will assume the patient wants to renew the rental. The rental will be extended for another month at \$75 or upgraded to the 3-month rate depending on the duration elapsed.

6. Return Policy:

- For 3-month rentals, patients are expected to return their cold therapy unit at their 3-month follow-up appointment with their surgeon.
- 1 month rentals will have a return date 30 days after the pick up date.
- If the unit is returned before the rental period ends, rental fees are not prorated.
- The minimum rental period is 1 month.

7. Damage and Loss:

- Patients are responsible for any misuse or damage caused to the rental equipment or loss of the rental equipment.
- Charges for repairs or replacement of lost equipment will be billed to the credit card on file.

8. Rent to Own Option:

- Patients who wish to purchase the cold therapy unit after their rental period can apply 50% of their rental fee towards the purchase price of the unit at MSRP.

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By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions of this rental agreement.

Patient Signature: _____ **Date:** _____

Bracing Team Representative: _____ **Date:** _____

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