

# **Knee Scooter Rental Agreement Form**

Personal Information		
Full Name:		
Address:		
Phone Number:		
Email Address:		
Credit Card Information (to be kept on file)		
Cardholder Name (as shown on card):		
Card Number:		
Expiration date (mm/yy):	CVC:	
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Rental Details		
<b>Rental Period:</b> $\square$ 1 Week - \$60 + tax / week, $\square$ 1 Month - \$150 + tax / month, $\square$ 6 weeks - \$200 + tax / 6 weeks		
Pick-Up Date:	Return Date:	
Payment Details		
Total Rental Fee (see rental period):		

## **Terms and Conditions**

# 1. Payment and Credit Card Authorization:

- A valid credit card must be kept on file as collateral.
- Full payment for the knee scooter rental must be made upfront.
- o Payment is required at the time of pick-up.
- 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).



#### 2. Rental Fee:

- The rental fee is \$60 + tax per week, \$150 + tax per month or \$200 + tax for 6 weeks.
- The minimum rental period is 1 week at \$60 + tax/week.
- o If a knee scooter is returned before the rental period ends, rental fees are not prorated.
- Patients who rent a knee scooter for 1 week and would like to extend their rental can choose to extend for another week at \$60 + tax or upgrade to the monthly rate for an additional \$90 + tax.

### 3. Reservation and Pick-Up:

- Patients must contact the bracing team at least 1 week in advance to reserve a unit.
- Units can be reserved up to a maximum of 1 week in advance, with full payment required at the time of pick-up.

#### 4. Extension and Renewal:

- Patients can extend their rental by contacting the bracing team.
- Payment for rental extensions can be processed with the credit card on file, and a receipt will be emailed.
- A 2-day grace period is allowed for the return of the knee scooter after the rental period ends without additional charges.
- o If the knee scooter is not returned within 3 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 week at \$60 + tax or upgraded to the monthly or 6 week rate depending on the duration elapsed.

### 5. 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.

#### 6. Rent to Own Option:

• Patients who wish to purchase the knee scooter after their rental period can apply 50% of their rental fee towards the purchase price of the unit at MSRP.

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:	