



Insulin Pump Rental Agreement & Equipment Warranty Information

Diabetes Management & Supplies #10 Commerce Ct., New Orleans, LA 70123 ("DMS")

Phone: (504) 734-7165 or (888) 738-7929 Fax: (504) 734-7164 or (866) 734-7164

You have received instructions and understand that Medicare defines the Insulin Infusion Pump (the "Equipment") as being a "capped rental service (item)" under Medicare, which means for the Equipment and its related supplies to be covered by Medicare, you must see your physician every three (3) months. If you do not, and if the rental fee is not otherwise paid on your behalf, then you must return the Equipment to DMS, in acceptable condition. Medicare will pay the rental fee for the Equipment for 13 months, during which time DMS will repair or replace, free of charge, the Equipment if it is under warranty. **Thereafter, ownership of the Equipment is transferred to you, and then it is your responsibility to arrange and pay for any required service or repair of the Equipment at your sole cost and expense.**

Serial # _____

Equipment _____

BEGINS MONTH OF DELIVERY

Month	Total Rental Cost	Estimated Patient Cost
1	\$454.40	
2	\$454.40	
3	\$454.40	
4	\$340.80	
5	\$340.80	
6	\$340.80	
7	\$340.80	
8	\$340.80	
9	\$340.80	
10	\$340.80	
11	\$340.80	
12	\$340.80	
13	\$340.80	

If Medicare, or your private insurance provider, or you do not pay the rental fees due to DMS when due, then you must return the Equipment to DMS, in acceptable condition. If you do not, then you will pay DMS, all time, service, unpaid minimum rentals and other charges, together with any costs and expenses, including but not limited to reasonable attorney's fees, stipulated to be not less than \$5,000.00

Therefore, by signing below, you acknowledge and accept that the Equipment *if* provided to you as a Medicare beneficiary by DMS, is subject to the Medicare Capped Rental Service program.

Beneficiary's Last Name (print)

First Name (print)

Beneficiary's Signature

Date