

**CUSTOMER INFORMATION/ DELIVERY SHEET**

Date: 03/03/2025 (03:31 AM)

Name: BARELA, DOROTHY

Contact Person:

Address: 1704 Kerry Ct

Phone Number 1: 626-392-5326,

City: WEST COVINA      State: CA      Zip:

Phone Number 2:

Referring Agency: VIENNA HOSPICE AND PALLATIVE CARE INC

Type: DELIVERY - NEW

EQUIPMENTS/SUPPLIES/PRICING

| TRACKING # | ITEM/DESCRIPTION                                                                       | QTY.ORDERED | PATIENT FINANCIAL RESPONSIBILITY |
|------------|----------------------------------------------------------------------------------------|-------------|----------------------------------|
|            | HOSPITAL BED HI-LOW                                                                    | 1           | No                               |
|            | RAILS - FULL RAILS                                                                     | 1           | No                               |
|            | REGULAR MATTRESS                                                                       | 1           | No                               |
|            | APP                                                                                    | 1           | No                               |
|            | OVER THE BED TABLE                                                                     | 1           | No                               |
|            | OXYGEN CONCENTRATOR 5LPM - OXYGEN FLOW - 2 LPM CONT. - SET UP HUMIDIFIER BOTTLE? - YES |             |                                  |
|            | E TANK BACK UP - 1                                                                     | 1           | No                               |
|            | NEBULIZER WITH MOUTH PIECE AND MASK                                                    | 1           | No                               |
|            | ORAL SUCTIONING-WITH YANKAUER                                                          | 1           | No                               |
|            | WHEELCHAIR-STANDARD - SIZE - 18"                                                       | 1           | No                               |
|            | SHOWER CHAIR-WITH BACK                                                                 | 1           | No                               |

This agreement consists of all terms and conditions on this page and printed or written. I certify that I have read the terms and conditions of this agreement and agree to be bound by such provisions. I accept full responsibility for all services rendered, including being informed of my rights responsibilities and complaint procedure. I have also been instructed on safe and proper use of the equipment provided and agree to notify PALMEDEQ immediately when the medical necessity has ended.

AGREEMENT

- PALMEDEQ rents equipment to "customer" subject to all terms and conditions of this agreement in consideration whereof and hereby acknowledges and agrees to the following:
1. "Customer" means the person(s) signing this agreement and any other person or organization to whom charges are billed by PALMEDEQ the direction of the person signing, each of whom shall be jointly and severally liable hereunder. "Equipment" means the equipment, supplies and accessories identified in the agreement.

2. Equipment is the sole property of PALMEDEQ

3. Customer is not the agent of PALMEDEQ for any purpose.

4. Customer has inspected and received the equipment in good condition

5. The customer must inform PALMEDEQ when the equipment is no longer needed.

RENTAL AGREEMENT

- This is Delivery/Pick-up ticket for rental of equipment as indicated on this form and the following terms apply.
1. The customer acknowledges receipt of the equipment as described on the service dates indicated and agrees that title to the equipment shall at all times remain to PALMEDEQ.

2. The equipment is accepted in its "as is" condition, having been inspected by the customer upon delivery.

3. In case of loss or damage to said equipment beyond normal wear and tear whether or not by fault of the customer PALMEDEQ will contact your hospice agency to arrange for repairs.

4. The customer agrees to operate the equipment only in the manner for which it was intended.

5. The customer agrees to notify PALMEDEQ in the event repairs are necessary.

6. The customer has been informed and agrees that PALMEDEQ is not the manufacturer of the equipment and is not responsible for the adequacy or any defects in the equipment.

7. PALMEDEQ has not prescribed the equipment and makes no representations with regard to the suitability of the equipment for any specific purpose of the customer and assumes no liability for any warranties whatsoever, express or implied.

FULL RAILS OR HALF RAILS ARE DELIVERED FOR SAFETY AND MOBILITY.

SORIANO, ALEX

03/03/2025

TECH/DRIVER SIGNATURE

DATE



03/03/2025

PATIENT/CUSTOMER REPRESENTATIVE/CAREGIVER

DATE

RECEIVED BY: Sha