

RENTAL EXTENSION AGREEMENT

PATIENT INFORMATION: (hereinafter "Patient")

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ (Month/Day/Year) (for Patient identification purposes only)

E-Mail Address: _____ Delivery Comments: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Patient declined to provide emergency contact. (check if applicable)

STATEMENT OF CHARGES FOR EXTENSION Anticipated charges are as follows:

Daily rental fee	\$_____/day	\$60 - Cash / \$70 - Commercial and Auto/PI
Number of rental days		
Total rental fee (daily rental fee multiplied by number of days)	\$_____	Your insurance company may be billed this amount. (This does not apply to Cash/Self-Pay orders.)
Deposit (if applicable)	\$_____	This amount is to be paid by you upon signing of this Agreement, and will be credited to the outstanding balance. This amount may be reimbursed to you in whole or in part according to the policy outlined below.
TOTAL AMOUNT DUE for EXTENSION	\$_____	PLEASE SUBMIT CHECK PAYMENTS TO: CoolSystems, Inc. P.O. Box 39000 Dept 34678 San Francisco, CA 94139-0001

PATIENT, PERSONAL REPRESENTATIVE or FINANCIALLY RESPONSIBLE PARTY SIGNATURE:

By signing below, I agree to the terms and fees set forth above and authorize CoolSystems, Inc. d/b/a Game Ready, to charge my credit card for the charges specified above.

Patient Name (print): _____

Signature: _____ Date: _____

Is patient under the age of 18, or does the patient have a legal guardian or financially responsible party?

Yes No If yes, the legal guardian or financially responsible party must complete the following:

By signing below, I agree to the terms and fees set forth above and authorize Game Ready to charge my credit card for the charges specified above.

Card Type (choose one): Visa Mastercard Amex Discover Last 4 Digits of Card Number: _____

Authorized Personal Representative/ Financially Responsible Party/ Cardholder Name (print): _____

Signature: _____ Relationship to Patient: _____ Date: _____

Authorized Personal Representative/ Financially Responsible Party/ Cardholder Information (required)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CoolSystems, Inc. Representative Signature: _____ Date: _____

(AGREEMENT CONTINUED ON BACK PAGE)

NOTE: The above charges may be subject to additional taxes in accordance with your city/state taxes for Durable Medical Equipment. Your local representative can assist you.

PRESCRIBED EQUIPMENT: CoolSystems, Inc., d/b/a Game Ready provides the Game Ready® Injury Treatment System which has been recommended and prescribed for you by your doctor. Accepting the doctor's recommendation is your choice, and by signing this Notice of Financial Responsibility and Assignment of Insurance Benefits, you agree to the terms set forth below.

HEALTH INSURANCE CLAIMS – TERMS & CONDITIONS: If you have insurance, CoolSystems may, at its discretion and as a courtesy to you, bill your insurance carrier for the total costs of renting this Product. Your insurance plan may or may not cover all of the cost of the use of the Product. In the event your insurance pays 100% of the billed charges or if the combined sum of payments made by both the insurance provider and you exceeds 100% of the total billed charges, including the payment of deductibles and share of cost percentages, CoolSystems will refund any such excess amount to you up to the amount previously paid by you. **To the extent your insurance does not pay the charges for your use of the Product, you (or the undersigned) agree to be personally and fully responsible for payment of the charges set forth above.** You bear ultimate financial responsibility for the charges, including personal injury cases, regardless of the outcome of litigation. In the event that the claim is denied, you (or the undersigned) agree to pay any unpaid balance, notwithstanding any appeal of such denial.

By signing below, the patient, the personal representative (if applicable), and the financially responsible party (if applicable), acknowledge financial responsibility for the rental of the Product and agree to the Terms and Conditions above.

TO BE COMPLETED BY GAME READY REPRESENTATIVE:

ORIGINAL RENTAL INFORMATION:
GAME READY RENTAL UNIT Unit Serial Number: _____
Original Start Date: _____ Stop Date: _____

EXTENSION EQUIPMENT AND ACCESSORIES:
GAME READY RENTAL UNIT Unit Serial Number: _____
Start Date: _____ Stop Date: _____ Number of Weeks: _____

<input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> XL	<input type="checkbox"/> Flexed Elbow	TRAUMATIC AMPUTEE
<input type="checkbox"/> Articulated Knee	<input type="checkbox"/> Half Leg Boot	<input type="checkbox"/> Above-the-Knee <input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Back	<input type="checkbox"/> Full Leg Boot <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> Below-the-Knee
<input type="checkbox"/> C-T Spine	<input type="checkbox"/> Hand/Wrist	<input type="checkbox"/> Utility
<input type="checkbox"/> Cooling Vest	<input type="checkbox"/> Hip/Groin <input type="checkbox"/> Left <input type="checkbox"/> Right	
<input type="checkbox"/> Cryo Cap	<input type="checkbox"/> Knee	
<input type="checkbox"/> Elbow	<input type="checkbox"/> Shoulder <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> M <input type="checkbox"/> L	

PAYMENT TYPE: Private Insurance Patient Self Pay Worker's Compensation No Fault Auto
 TriCARE Active Duty Military Veterans Affairs Demo

CoolSystems, Inc. Representative Signature: _____ Date: _____