

INSTRUCTIONS TO CUSTOMER/RETURN DEMONSTRATION & ACKNOWLEDGMENT

I acknowledge receiving instructions & have demonstrated or verbalized my understanding in the proper use & care of the equipment or supplies received this date. I have had my financial responsibilities explained to me and agree with the terms on the reverse side of this document. I have not rented or purchased the equipment listed through Medicare in the past & fully agree to this & all other documents received on this date.

PAYMENT AGREEMENT

I understand and agree that I am responsible for ALL rental fees and other charges for equipment or services that are not covered by Medicare, Medicaid, or other medical insurance programs or plans, public or private, under which I am entitled to benefits. I agree to provide Kohll's Rx all documents and other information necessary for Kohll's Rx to obtain direct payment from such third-party payers. I agree to pay all deductible amounts and other charges not covered by the assignment of benefits. I also agree to pay Kohll's Rx for all collection fees, attorney's fees, court costs, and other expenses involved in collecting any charges hereunder. I acknowledge that this assignment applies to rental of the medical equipment, sales and services listed on the delivery Ticket and that administrative expenses beyond normal billing procedures may be subject to additional charges not covered by third party payors. I am aware that the need for this equipment is prescribed by my physician and neither Kohll's Rx nor the manufacturer is responsible for the effectiveness of the equipment or the success or failure of any treatment performed with the equipment. This agreement contains the entire agreement of the parties and supersedes any other discussions or agreements relating to the subject of this agreement.

The customer acknowledges that he has not received any representations of promises concerning the property or the terms of this agreement other than as set forth herein. This agreement may not be assigned by the customer without the prior written consent of Kohll's Rx. This agreement may be amended or modified only in writing and signed by both parties.

BILLING AND COLLECTION POLICIES

Kohll's Rx mails a monthly statement. If the account is over 30 days past due, please pay by check, credit card, or online at Kohlls.com to avoid collection. If you have not made payment arrangements, or if no payment is received within 60 days, the account will be turned over to collections.

WARRANTY

Kohll's Rx will repair or pick-up non-functioning rental equipment and provide a replacement at no charge. On purchased items, we honor the manufacturer's warranty and will coordinate their help, if needed. However, our normal service charge will be charged for pick-up, delivery and unwarranted labor.

Non-warranty repairs are charged for parts and labor.

I ACKNOWLEDGE THAT Kohll's Rx IS NOT THE MANUFACTURER OF THE EQUIPMENT OR THE MANUFACTURER'S AGENT AND THAT Kohll's Rx MAKES NO EXPRESS OR IMPLIED WARRANTY OF ANY KIND WHATSOEVER WITH RESPECT TO THE EQUIPMENT, ALL OF WHICH ARE HEREBY EXPRESSLY DISCLAIMED, INCLUDING BUT NOT LIMITED TO: CONDITION OF THE EQUIPMENT; THE QUALITY OR CAPACITY OF THE EQUIPMENT; COMPLIANCE OF THE EQUIPMENT WITH REQUIREMENTS OF ANY LAW, RULE, SPECIFICATION OR CONTRACTS THERETO; PATIENT INFRINGEMENT; OR LATENT DEFECTS.

SERVICE CALLS/AFTER HOURS CALLS

Kohll's Rx maintains 24-hour availability by telephone. After hours and unscheduled service calls may be subject to a minimum service charge. Service calls due to rental equipment problems are exempt for a service charge, but this is the only exception. Should a life-threatening medical emergency arise it is suggested the patient or caregiver contact their local emergency services number for assistance, usually 911.

RETURN GOODS POLICY

Medical Equipment and supply items are non-refundable. Special order items will require a 20% deposit, paid in advance, which is non-returnable.

Exceptions to the return policy are:

products with manufacturer defects, if purchased product was measured by a Kohll's employee and it does not fit. Other items must be returned within 48 hours of purchase, unused, in original packaging and in saleable condition, with the original receipt. The patient is responsible for loss of or damage to rented merchandise.

BASIC HOME SAFETY AND INFECTION CONTROL

Basic home safety training includes, remove fall hazards, keep emergency numbers handy, protect against fire, ensure a safe bathroom which can include recommending grab bars in the shower or beside the commode, bath chairs, toilet seat risers etc. Use sufficient lighting to include night lights. Consider stair safety, look into stairlifts.

Infection controls used and trained by Kohll's Rx include, hand hygiene, using PPE when appropriate, follow respiratory hygiene/cough etiquette principles, properly handle, cleaning and disinfecting equipment

COMPLAINTS AND GRIEVANCES

Complaints will be documented and investigated. Kohll's Rx employees will make a good faith effort to resolve complaints using the resources available at the servicing location. If the complaint was resolved by the employee, the employee will report the complaint and resolution to the designated representative. If the complaint was not resolved within 5 calendar days of receiving a patient's complaint, Kohll's Rx will notify the patient that it has received the complaint and has initiated an investigation of the incident. Within 14 calendar days, Kohll's Rx will provide written notification to the Medicare patient of the result of the investigation and retain such notification. Kohll's Rx will maintain documentation of all complaints received, findings from prior and current investigations and complaint resolutions. Based upon the results of each investigation, procedures must be developed to correct the problem identified in order to prevent future occurrences.

After attempts to resolve your complaint with your supplier you can call Kohll's Corporate Office at 402-895-6812 or contact 1-800-MEDICARE (1-800-633-4227).