Amy Hammant, RLC, IBCLC
INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT
North Georgia Breastfeeding Center and Wellness

4065 Tantalum Bnd, Cumming, GA 30040
NPI#: 1003146549 | Tax ID#: 474345257 | IBLCE#: L-12954
northgeorgiabreastfeedingcenter.com
(678) 965-0103 | amy@millcmama.com

Hospital-Grade Breast Pump Rental Agreement

Lessee Information ***(please print clearly)***

_____ _____
Name of person using equipment Today's date

_____
Street address

_____
City State/Province Zip/Postal Code

_____
Email address

(_____)_____ (_____)_____
Landline phone number Cell/Mobile phone number

_____
Name of person signing contract, *if different from above* Relationship

Rental Period ***(payment due in advance)***

	CPT/MOD	
❑ **Week**	E0604	$_____
❑ **Month**	E0604	$_____
❑ **3 Months**	E0604	$_____
❑ **6 Months**	E0604	$_____

Additional Supplies

QTY	PART (CPT/MOD)	PRICE EACH	EXT. PRICE
_____	**Accessory Kit** (E0604)	$_____	$_____
_____	**Flange** (A4284)	$_____	$_____
_____	**Piston** (E0603)	$_____	$_____
_____	**Tubing** (99070)	$_____	$_____
_____	**Other** (99070):	$_____	$_____
		TOTAL SUPPLIES:	$_____

Payment Method ❑ Check (# _____) ❑ Cash ❑ Credit Card (Visa/MC/AmEx/Disc)
Number: _____ Exp: ___/_____ Signature: _____

TOTAL AMOUNT OWED TODAY:
$_____

Initial Rental Period Expires _____/_____/_____

Pump Number _____

HOW TO RETURN THE PUMP: Notify us by email, phone, or text that you are ready to return it and when a convenient time would be to pick it up from your home. PLEASE CLEAN THE PUMP THOROUGHLY or you will be responsible for the cleaning fee noted below.

PUMP RENTAL AGREEMENT TERMS: This Agreement for the rental of a hospital-grade breast pump ("Equipment") is made between the lactation consultation practice listed below and the Lessee listed above. Lessee agrees to the following terms:

1. The Equipment is the property of the lactation consultation practice listed below.
2. Any accessory kit or parts purchased are the Lessee's permanent property and do not need to be returned at the conclusion of the rental term.
3. Rental fees will be paid in the amount listed above until the pump is returned to the lactation consultation practice listed below, even if the pump is not used during that time.
4. At conclusion of the rental term, the pump rental term may be renewed by prepayment or the Equipment must be returned to the lactation consultation practice listed below.
5. **The Equipment will be returned in clean condition or a cleaning fee of $_____ will be charged to Lessee's account.**
6. The Equipment shall be returned in good physical condition or a minimum repair fee of $_____ will be owed by Lessee. This fee does not apply to mechanical failure or normal wear and tear.
7. No person other than Lessee will be allowed to use the Equipment.
8. Lessee will notify the lactation consultation practice listed below of changes of address, email, or phone number(s).
9. The Equipment will not be removed from the state/province in which it was rented without the written consent of the lactation consultation practice listed below
10. Lessee will pay all legal fees and costs required for collection of unpaid rental fees and Equipment retreival.
11. The lactation consultation practice listed below may cancel this Agreement at any time with one (1) day's notice.
12. The lactation consultation practice listed below is not liable for damages resulting from defective Equipment.
13. This Agreement shall be subject to the laws of the home state/province of the lactation consultation practice listed below.

Notify us immediately if the pump does not perform correctly so that we can replace or repair it.

Signed and Agreed

Name of Lactation Practice:_____

_____ _____
Lessee or Designated Representative Date Lactation Practice Representative Signature Date

White Copy: Lessee | Yellow Copy: Client's Insurance | Pink Copy: Provider

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