



## Rental Program Policy and Price List

Saltillo Corporation assists professionals, families and clients in making the appropriate purchase decision by offering communication aids in a rental program. Communication aids may be rented on a monthly basis to determine whether the product meets an individual's needs. Once determined, the device is either returned or purchased. If purchased, the existing device stays in place and balance will need to be paid.

If the device is purchased within the first three months of rental, all three months' rental payments will apply toward the purchase price. If the rental goes beyond three months, the first month's rental fee paid to Saltillo is used to cover administrative costs. Subsequent rental fees are applied toward the purchase of the rented unit. If the rental payments accumulate to equal the purchase price of the communication aid, accessories and shipping charges, the rental automatically converts to a purchase.

In the event 3rd party funding for the communication aid becomes available, the reimbursement (whether paid to Saltillo or the customer directly) is first applied to any balance on the account; any remaining funds are reimbursed to the customer.

If you need assistance with getting a device funded through federal, state or insurance organizations, please contact your Saltillo Regional Representative. If your Saltillo Regional Representative cannot process your claim or you don't have a Saltillo Regional Representative, contact the Prentke Romich Company at 800-268-5224. Saltillo is partnered with the Funding Department at the Prentke Romich Company to process requests for Medicaid, Medicare and private insurance. In cases of financial hardship, or lack of 3rd party funding, Saltillo will work with an individual to review available financing alternatives.

### Product Monthly Rental Fee Monthly Total

(\*\*Pricing does not include applicable state sales tax)

Product	Monthly Rental Fee
Chat Fusion 10	\$360
Chat Fusion 8	\$360
NOVA chat 12	\$360
NOVA chat 10	\$360
NOVA chat 8	\$360
NOVA chat 5	\$360
TouchChat Express 10	\$360
TouchChat Express 8	\$360

### Rental Agreement

A signed Saltillo Rental Agreement and guaranteed payment (credit card, Purchase Order, or check) is required before shipment. The first month's rental fee is applied toward administrative costs and subsequent rental fees apply to the purchase of the rented unit. If the rental payments accumulate to equal the purchase price of the rented unit, accessories and shipping charges, it automatically converts to a purchase. In the event 3rd party funding for the communication aid is being sought, the client must be working with a qualified SLP to determine the appropriateness of the device. In addition, should 3rd party funds become available, the reimbursement (whether paid to Saltillo or the customer directly) is first applied to any balance on the account; any remaining funds will be reimbursed to the customer.

To participate in the Saltillo Rental Program, a copy of the completed and signed rental agreement must be sent to the Saltillo Regional Representative or to Saltillo Corporation:

For purchase order, check or credit card forward/fax to:

**Saltillo Corporation**

2143 Township Road 112

Millersburg, OH 44654

Phone: (877) 397-0178 Fax: (330) 674-6726

**1. CLIENT**-The client is the person who will be receiving the equipment or services

Client Name (Last, First, MI):			
Address:		Name of Facility:	
City:	State:	Zip:	County:
Home Phone: ( ) -	Work Phone: ( ) -	Fax: ( ) -	

**2. BILLING ADDRESS** - The facility or individual issuing the purchase order, credit card, check or other payment

Name:			
Address:		E-Mail:	
City:	State:	Zip:	
Phone: ( ) -	Alternate Phone: ( ) -	Fax: ( ) -	

**3. SHIPPING ADDRESS** - Check if the shipping address is the same as the client address , or billing address , or complete below if different than either.

Name:			
Address:		E-Mail:	
City:	State:	Zip:	
Phone: ( ) -	Alternate Phone: ( ) -	Fax: ( ) -	

**4. EQUIPMENT** -Specify the device and required selections from the options listed; plus, list accessories needed. *If requesting a wheelchair mounting kit, please specify the tubing size of your wheelchair.*

Choose <input type="checkbox"/> Chat Fusion 8 <input type="checkbox"/> Chat Fusion 10 <input type="checkbox"/> NOVA chat 12 <input type="checkbox"/> NOVA chat 10 <input type="checkbox"/> NOVA chat 8 <input type="checkbox"/> NOVA chat 5 <input type="checkbox"/> TouchChat Express 8 <input type="checkbox"/> TouchChat Express 10			
Select 1 Model: <input type="checkbox"/> Standard or <input type="checkbox"/> Plus or <input type="checkbox"/> D+			
Optional Symbol Set: <input type="checkbox"/> PCS    Optional Speech synthesizer <input type="checkbox"/> Acapela    Optional Language: <input type="checkbox"/> Spanish American			
Accessories: <input type="checkbox"/> ChatPoint (only available with Chat Fusion 8 and 10)    Other:			

**5. TRIAL PERIOD** - Specify the length of time you are requesting, the rate listed from page one, and calculate the total. (\*\*You may be charged applicable state sales tax. Contact us at 877-397-0178 to confirm your sales tax rate.)

# months x \$ rate = Total \$
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**6. METHOD OF PAYMENT**-Indicate method of payment and calculate total cost for this evaluation, *attach check or purchase order.*

<input type="checkbox"/> Mastercard, Visa or AMEX Expiration date: __ __ month __ __ Year CV# __ __	<input type="checkbox"/> COD	<input type="checkbox"/> Check
Credit card #	<input type="checkbox"/> Purchase Order	
Select method of billing: <input type="checkbox"/> Bill me for the entire rental period or <input type="checkbox"/> Bill me monthly		

**7. TERMS OF AGREEMENT**-By signing below you indicate that you understand and agree to terms of the rental policy and agreement. If an individual signs on behalf of a facility, the facility must agree to assume responsibility for the equipment should the individual and facility part company.

1. My signature implies authorization to charge my credit card in the event that I fail to return the equipment.
2. I understand that I am responsible for any repair or replacement costs incurred due to abuse, negligence, loss, theft or non-return.
3. I intend this to be legally binding whether transmitted by mail or facsimile.
4. I understand I am required to provide my social security (or EIN#) and a credit card number regardless of my method of payment. Federal ID#, EIN or Social Security # or Drivers License # _____
Printed Name: _____ Signature: _____ Date: _____