

Date: \_\_\_\_\_

**FINANCIAL RESPONSIBILITY FORM**

\_\_\_\_\_ agrees to be financially responsible for charges incurred for the rental of specialty medical equipment from Ergo Midwest, Inc. Financial responsibility is absolute and unconditional.

Patient Name \_\_\_\_\_.

Patient Residing at \_\_\_\_\_.

Equipment provided \_\_\_\_\_.

Daily Per Diem Charge \_\_\_\_\_.

Responsible party named above agrees that Ergo Midwest, Inc retains all ownership rights to the equipment.

Responsible party named above agrees to notify Ergo Midwest, Inc to pick up said equipment when it is no longer needed and may do so at any time without penalty.

Delivery and pick up fuel surcharges may apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date