



REM DIAGNOSTICS

SPECIALISTS IN SLEEP

Sleep Diagnostic Equipment Responsibility Acknowledgement

Name: _____ Date: _____

I acknowledge receipt of sleep diagnostic equipment in the form of a ResMed ApneaLink Air device and will return the equipment in the condition received, excluding disposable items.

I will return this equipment between 9AM and 12PM on _____ to the address listed below.

I understand other patients are scheduled to use this equipment upon its return and a daily charge of \$100.00 will be accrued for each day overdue.

REM Diagnostics, Inc.
1329 Broad Street, Suite C
San Luis Obispo, CA 93401
Ph: 805-785-0126

In the event of damage or loss, I agree to report the issue upon return of the device. I acknowledge I am responsible for repair or replacement of the damaged or missing parts up to \$2,400.00. I further agree that I am personally responsible for the above charges related to loss, damage or punctuality and understand that my insurance company and/or HMO will not pay these fees on my behalf.

Equipment Check List:

- ApneaLink Air Device
- Effort Sensor
- Belt
- Oximeter

_____ Date _____
Patient Signature

Patient Print