



C-Series C12 RENTAL POLICY

The C12 Rental Program is designed for... professionals, family members and potential users who wish to obtain a C-12 on a trial basis for clinical assessment/ evaluation, to accommodate short-term disabilities, or to help gain insurance approvals.

Length of the Rental Period... is typically 1 to 3 months. Two-week rental periods are also available. If you need to request an extension, call Customer Service (800-793-9227) and make payment arrangements for additional rental fees.

The C12 Rental Kit includes...

- | | | |
|-------------------------------|--------------------------------|-----------------------|
| ❖ C12 Device | <u>Pre-Installed Software:</u> | <u>Documentation:</u> |
| ❖ Table-Top-Stand/Mount Plate | ❖ Communicator 4 Premium | ❖ C12 User's Guide |
| ❖ AC Power Adapter | ❖ Functionally Speaking | |
| ❖ Keyboard (USB) | ❖ Sono Suite | |
| ❖ Mouse (USB) | ❖ Wordpower | |
| ❖ Stylus | ❖ Sample Page Sets | |

Other accessories available upon request:

- ❖ Backpack Carrying Case
- ❖ Keyguards:
(DaeSSy) Mounts – We have standard Rigid, Folding and SwingAway Mounts available for rentals. Customized mounts are not always available; please call for details, as some restrictions will apply.

If you do not see an item listed above, call Customer Service for assistance.

Rental fees... \$700.00 for a one month rental and \$700 per month thereafter for additional months. There is a minimum of one month to rent and a maximum of three months. There is also a monthly fee for renting a mount. The fee ranges from \$25-\$100 per month and is dependent on which mount is rented. A fee of \$100 for two-way shipping and handling is also applied.

Return shipping... it is the responsibility of the customer to return all rental equipment by the due date agreed upon at the beginning of the rental period. Return shipping instructions are provided with every rental kit along with a pre-paid Return Shipping label.

If the C12 rental equipment is damaged, lost, stolen or not returned by the due date... the customer (i.e., the party who signed the Rental Contract) will be responsible for repair/replacement costs or late fees.

A Late Fee of \$250 per week will be charged for all equipment that arrives at Tobii ATi's Dedham office after the return date. **** PLEASE INITIAL HERE****

If you want to convert your Rental to a Purchase... your first 2-week or first month's rental fee will be applied to the purchase price IF your order is placed at the end of the rental period or within the following 30 days. **We do not sell rental equipment.** If you purchase a C12, you will get a new device and return all rental equipment.

To start the Rental process... please fill out the attached C12 Rental Order Form and Rental Contract and return to Tobii ATi with payment. We accept check, purchase order, or credit card (Visa, MasterCard, and American Express) as methods of payment.

Please Note: To those submitting claims for Medicaid, Medicare, or health insurance coverage: You are responsible for paying monthly rental fees to Tobii ATi until your coverage begins. We will reimburse you for payments that are later covered by insurance. If you are renting a C12 and are waiting for an authorization for purchase, you are responsible for extended rental fees.



C-Series C12 RENTAL ORDER FORM

Items:	Cost per month	Number of Months	Total
C12 Rental Kit Package	\$700.00		
Included upon request: <input type="checkbox"/> Backpack Carrying Case <input type="checkbox"/> Switch <input type="checkbox"/> Keyguard: specify type under Other: below or call for details	no charge		
DaeSSy Mounts (CHOOSE ONE MOUNT BELOW)			
If needed You MUST specify the INNER frame clamp size for your DaeSSy Mount: Note: Not all request may be accommodated please call for frame clamp sizes available.			
Rigid Mount (standard 22 x 3 vertical)	\$100.00		
Folding Mount (standard 22 x 3 vertical)	\$100.00		
SwingAway Mount (right angle 22 x 16)	\$100.00		
Rolling Mount (standard 24 or 32 inch base)	\$100.00		
Ergotron Mount	\$50.00		
Desk Mount	\$25.00		
<input type="checkbox"/> Add C EYE GAZE to C12\$900 <input type="checkbox"/> Extra Batteries and Charger\$200			
Tax (if applicable) \$ _____ Round-trip shipping \$ 100 Total \$ _____			

Requested Start Date:

End User Name:

Bill to:

Name _____
 Affiliation _____
 Address _____
 City _____
 State _____ Zip _____
 Day Telephone () _____
 E-mail address _____

Ship to:

Name _____
 Affiliation _____
 Address _____
 City _____
 State _____ Zip _____
 Day Telephone () _____
 E-mail address _____

Form of Payment:

Are you in the process of filing an insurance claim? Yes No
 If Yes: Please indicate the type/source of insurance _____
 Contact Name: _____ Phone: _____
 Check (number) _____
 P.O. Number (please attach P.O.) _____
 VISA/MasterCard/American Express # _____ Expiration Date: _____
 Cardholder's billing name and address (if different from 'Billing information above):



Name _____ Address: _____

C- Series C12 RENTAL CONTRACT

(Please read thoroughly.)

1. I understand that I will be billed at the beginning of the rental period for the time period indicated on the Rental Order Form.
2. I understand this equipment is on loan via a rental policy and must be returned to Tobii ATI on or before the return date, which is established at the time of shipping.
3. I understand that if I am unable to return equipment by the established date, I am responsible for contacting ATI Customer Service by phone, fax or e-mail to establish a new return date.
4. I understand that if I do not return the complete C12 Rental Kit I will be billed for the missing equipment as appropriate.
5. I understand that I am responsible for any repair or replacement costs incurred due to abuse, negligence, theft, or loss of the equipment during the rental period and until the equipment is received by Tobii ATI.
6. I understand that I must return the C12 device and accessories in the condition in which they were received. Specifically, I will make sure to wipe down the device and screen, stylus, mouse, keyboard, switch, and any keyguards with sanitized wipes. Failure to comply will result in a \$25.00 restoration fee.
7. I intend this Rental Contract to be legally binding whether transmitted by mail or facsimile. Tobii ATI must receive this completed contract with form of payment before equipment is shipped.
8. I have read, understand, and agree to the terms of this Rental Contract.

Signature _____ Date _____
(Person financially responsible for equipment)

C-Series C12 Rental/Preview Questionnaire

Name: _____ Date: _____

1. I am a:

- | | |
|--|--|
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Speech, Other | <input type="checkbox"/> AT/AAC Specialist |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Parent/Caregiver |
| <input type="checkbox"/> Special Education, Admin. | <input type="checkbox"/> Rehabilitation Specialist |
| <input type="checkbox"/> Special Education, Other | <input type="checkbox"/> Student |
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Other _____ |

2. I work for a/an:

- | | | |
|--|--|---|
| <input type="checkbox"/> School | <input type="checkbox"/> AT Center | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Clinic/Hospital | <input type="checkbox"/> Rehabilitation Facility | <input type="checkbox"/> Other _____ |

3. My purpose for renting/previewing the C12 is:

- | | |
|---|---|
| <input type="checkbox"/> To evaluate for a client | <input type="checkbox"/> To gain insurance approval |
| <input type="checkbox"/> To evaluate for myself or a family member | <input type="checkbox"/> For a presentation or workshop |
| <input type="checkbox"/> To learn more about the product for professional reasons | <input type="checkbox"/> Other _____ |

4. I heard about the C12 through:

- | | | |
|---|--|---|
| <input type="checkbox"/> Catalog | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Sales Consultant |
| <input type="checkbox"/> Tobii ATI Web Site | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Training | |
| <input type="checkbox"/> Trade Show | <input type="checkbox"/> Referral | |

5. The age of the person or persons that will use this product:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Child 0–3 years | <input type="checkbox"/> Child 6–12 years | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Child 3–6 years | <input type="checkbox"/> Adolescent 13–18 years | <input type="checkbox"/> Geriatric |

(continued on next page)



(Questionnaire, continued)

For Rental Customers Only:

6. The primary diagnosis of the person(s) using this product:

- | | |
|--|---|
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> ALS |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Laryngectomy |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Other _____ |

For Preview Customers Only:

7. Please approximate the percentage of clients seen with the following diagnoses:

- | | |
|-------------------------|----------------------------|
| ___ Developmental Delay | ___ Traumatic Brain Injury |
| ___ Mental Retardation | ___ Stroke |
| ___ Learning Disability | ___ ALS |
| ___ Autism | ___ Laryngectomy |
| ___ Cerebral Palsy | ___ Other _____ |

8. Number of assistive technology clients served: _____ per week _____ per month

9. Other assistive technology devices I have tried include:

10. The primary person(s) that will be involved in supporting the end-user to successfully use this device will be:

Name and Title

Phone Number

Thank you for completing this Questionnaire!

The information you provide will help us to provide better service during your Rental/Preview period and to continue to improve our Rental/Preview program for all of our customers.