

Marc D. Le Gras, B.Sc., M.D., C.M.  
 James P. Kyser, M.D.  
 Peter H. Chang, D.O.  
 Lindsay Urbinelli, M.D.  
 Melissa Yamauchi, M.D.  
 Jennifer Zupfer, PA-C



300 N Graham, Suite 250  
 Portland, Oregon 97227  
 PH (503) 280-3418  
 FAX (503) 284-7885

## LIABILITY AGREEMENT

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Doctor: \_\_\_\_\_

I, \_\_\_\_\_, received a device with Serial # \_\_\_\_\_ from Pediatric Cardiology Center of Oregon for the purpose of completing studies requested by (my) physician. I agree to the following (please READ and INITIAL each line):

\_\_\_\_\_ I will return the monitor by 5:00pm on \_\_\_\_\_. I understand that there is a specific loan period that has been discussed (and indicated below). Renewal of the monitoring period must be done by telephone with the ordering physician's medical assistant before the due date. **An additional usage fee will be charged for additional time.**

\_\_\_\_\_ I understand that I will be charged the usage fee with or without sending any transmissions to the ordering physician for interpretation.

\_\_\_\_\_ I recognize that I am renting this equipment for the *possible* identification and/or recording of cardiac events. I agree to assume all responsibilities for the loss or damage of the device (including EKG leads if applicable) during the time that I have it in my possession.

\_\_\_\_\_ I understand that the device **CANNOT GET WET.** Please **DO NOT** take in or near water.

\_\_\_\_\_ I understand that in taking possession of the device I am agreeing to allow Pediatric Cardiology Center of Oregon to bill my insurance the monitor usage fee (*see below*). If I do not have insurance, or this charge is not covered by my insurance, the usage fee will be billed to me directly.

\_\_\_\_\_ I understand that failure to return the monitor in the same working condition in which I received it, will result in a replacement fee of (*see below*). I understand that my medical insurance WILL NOT pay for loss or damage done to the monitor and I agree to have the replacement fee charge billed to the credit card for which I've provided the information below, or other agreed upon means of payment for replacement of the monitor.

\_\_\_\_\_ I agree to have a **\$25.00 fee** charge billed to the credit card for which I've provided the information below, or other agreed upon means of payment, for **each day** I have the device in my possession beyond the agreed upon loan period. *Insurance will not cover this fee.*

**Holter Monitor**

Loan Period: \_\_\_\_\_  
 Usage Fee up to 48 hrs: **\$377.00**  
 Replacement Fee: **\$2,800.00**

**Braemar  
King of Hearts Monitor**

Loan Period: \_\_\_\_\_  
 Usage Fee up to 30 days: **\$728.00**  
 Replacement Fee: **\$1,500.00**

**Micro ER or Model 1000 HeartCard**

Loan Period: \_\_\_\_\_  
 Usage Fee up to 30 days: **\$728.00**  
 Replacement Fee: **\$1,200.00**

**\*\*\* By returning the device to us in the self-addressed mailer provided, you are taking full responsibility if the device is lost or damaged. It is strongly advised that you insure the package at the post office or send it either certified or registered. PCC is NOT liable for lost or damaged devices.\*\*\***

Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Card # \_\_\_\_\_ Exp \_\_\_\_\_ CSC \_\_\_\_\_ ZIP \_\_\_\_\_

**NOTE: IF THE DEVICE IS NOT RETURNED, YOUR CREDIT CARD WILL BE CHARGED OR YOUR CHECK WILL BE CASHED AND ANY BALANCE WILL BE BILLED TO YOU.**

