

Daavlin Home Phototherapy Patient Order Form



Fax To: 214-414-2533 ■ Email To: sales@dermitech.com
Mail To: PO Box 801403, Dallas, TX 75380-1403

To be filled out by the PATIENT. Please print clearly. For assistance, please call 214-377-8144.

Patient Information

Patient Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Cellphone _____ Alternate Phone _____

Email Address _____

Shipping Address (if different from above):

Name _____

Address _____ City _____ State _____ Zip _____

I prefer to be contacted via Email Phone Text

Product Choice



DermaPal
Hand-held
Wand,
Scalp & Spots



Code: E0691



1 Series
18" Panel,
Face, Hands,
Feet, etc.



E0691



7 Series
6' Tall Cabinet,
Full-Body



E0694

Circle Lamp
Quantity:
8 Lamps
10 Lamps
12 Lamps



M Series
Hand/Foot Unit,
Lamps in Base
& Hood



E1399



4 Series
4' Tall Panel,
Medium Areas



E0692

Circle Lamp
Quantity:
10 Lamps
20 Lamps



Levia
Targeted
Phototherapy



E1399



UV Series
6' Tall Cabinet,
Full-Body Surround



E0694

Circle Lamp
Quantity:
12 Lamps
16 Lamps
24 Lamps

Lamp Type: **Narrowband UVB** (default) Other _____

Confirmation

I confirm that the above information is accurate and complete to the best of my knowledge. I agree to follow my prescriber's instructions for the proper use of this medical device.

It is important to understand the size, weight and electrical requirements of your device. Please discuss these details and any special delivery needs you may have with your Dermitech representative by calling 214-377-8144.

I have read and agree to the Patient Agreement.

Signature (Required) _____ Date _____

Relationship to Patient: Self Parent Authorized Representative

If Authorized Rep., reason patient can't sign _____

Patient Agreement

Below are the terms and conditions of sale or evaluation of home medical equipment. Please read carefully and sign the Patient Order Form if you agree. Please call 214-377-8144 if you need assistance or have questions.

- Home medical devices that we sell can only be purchased or evaluated with a valid prescription or written order from a licensed physician per FDA regulations.
- You agree to use your home medical device only in the manner in which it was intended. This includes following your physician's instructions and scheduling periodic follow-up examinations. Minor patients for whom this unit is prescribed are required to be under the supervision of a parent or guardian who understands the use of the device and assumes full responsibility of the minor. You agree to follow all safety precautions, including wearing protective goggles during all home phototherapy treatments.
- Dermitech's HIPAA Privacy Policy, Medicare Standards, Patient Bill of Rights and Scope of Services documents are available at www.dermitech.com/forms, and a printed copy will be included with your device upon delivery. To receive a copy by fax, mail or email, call Dermitech at 214-377-8144.
- There is no obligation to purchase when your insurance benefits and eligibility are verified. However, once you have instructed Dermitech to process your order, payment in full of the agreed upon price becomes your responsibility. You understand that unmet deductibles, co-pays and changes in plan benefits can sometimes affect the amount of reimbursement you receive, and you agree to pay the difference between the agreed upon price and the amount of your insurance reimbursement.
- If your balance due is over 60 days late, a collection company may be used to collect payment. You will be responsible for collection company fees in addition to the balance due.
- If your device has not yet been paid in full and your insurance company sends payment to you instead of to Dermitech, you agree to forward this payment to Dermitech within five business days of receipt.
- Only purchases of new products within the contiguous 48 states qualify for free delivery. Hawaiian and Alaskan deliveries will incur additional shipping charges.
- Large equipment will be delivered to the ground floor door of your home or garage. If you desire additional service, such as a stair carry or transport to the interior of your home, you must make arrangements yourself or contact Dermitech regarding these or other services. Dermitech on-site service is currently only available in selected areas of Texas and applies to specific models.
- Upon delivery to your home, you agree to inspect the package and to note any damage on the freight receipt prior to accepting the delivery. If you are unable to fully inspect the equipment before signing off on the delivery, you agree to indicate "Further Inspection Required - Concealed Damage Possible" on the freight receipt and to notify Dermitech or Daavlin within two business days of the product being delivered if any damage is present.
- You agree that you have read and fully understand the size and weight of the device and that you have space to accommodate it. Further, you confirm your understanding that some large devices may require a special electrical outlet that may need to be installed for the device to operate. Information on size, weight and electrical requirements can be found on the equipment supplier's website at www.daavlin.com or you may contact Dermitech at 214-377-8144.
- You agree that purchased prescription medical equipment is non-returnable, therefore all sales are final.
- You understand, as the purchaser, that signing the Patient Order Form document constitutes my understanding and agreement to the terms and conditions contained herein, which are applicable to the purchase of home medical equipment.

Home Phototherapy Evaluation Agreement



Please Sign and return to Dermitech

Only If Evaluating

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To be read and signed by the PATIENT. For assistance, please call 214-377-8144.

Additional Terms and Conditions for Evaluation

These additional terms and conditions only apply to evaluations. You can disregard this page if you are purchasing equipment. For assistance, please call Dermitech at 214-377-8144.

- Devices available for evaluation are limited to specific models and to Narrowband UVB lamp type only.
- The term for an evaluation is three calendar months. After that time, you can choose to purchase a new device, return the device, or purchase the device you evaluated if offered that option.
- For the DermaPal and 1 Series models, you must be a resident of the USA. For other available models, you must be a resident in Dermitech service areas in Texas and Oklahoma. There may be an additional travel charge for delivery of large equipment depending on the location.
- You agree to pay the evaluation fee and security deposit (if required) in advance with a major credit card. The security deposit will be reimbursed within 14 days upon return or retrieval of the equipment in good condition, or it may be applied to a purchase.
- You understand that if the evaluation unit is not returned or purchased after 14 days of the program completion, a collection company may be used to collect the purchase balance. You will be responsible for collection company fees in addition to the purchase balance.
- You agree to be available during normal business hours for appointments to deliver, retrieve, or service the equipment if necessary.
- For the DermaPal and 1 Series models, the unit must be shipped back to Dermitech within 14 days of the program completion, in the original box with all accessories.
- You understand that evaluation equipment is the property of Dermitech. You agree to pay for repair or replacement of the equipment due to misuse, loss, breakage, flood, fire, theft, etc. Your maximum liability is the price of replacement part(s) or the retail price of the equipment in case of a total loss.
- You agree to keep the evaluation equipment in its delivered condition, free of scratches, scuffs, dents, broken lamps, etc. Light wear is acceptable and expected from regular use.

I understand that signing this document constitutes my understanding and agreement to the additional terms and conditions contained herein, which are applicable to evaluating home phototherapy equipment.

Signature _____ Date _____

Name (please print) _____

Relationship to Patient: Self Parent Other _____

Dermitech

Phone: 214-377-8144 ▪ Fax: 214-414-2533

Hours: 9:00am to 5:00pm