



Rental Program Policy and Price List

Salttillo Corporation assists professionals, families, and clients in making the appropriate purchase decision by offering communication aids in a rental program. Communication aids may be rented on a monthly basis to determine whether the product meets an individual's needs. Once determined, the device is either returned or purchased. If purchased, the existing device stays in place and balance will need to be paid.

If the device is purchased within the first three months of rental, all three months rental payments will apply towards the purchase price. If the rental goes beyond three months, the first month's rental fee paid to Saltillo is used to cover administrative costs. Subsequent rental fees are applied towards the purchase of the rented unit. If the rental payments accumulate to equal the purchase price of the communication aid, accessories, and shipping charges, the rental automatically converts to a purchase.

In the event 3rd party funding for the communication aid becomes available, the reimbursement (whether paid to Saltillo or the customer directly) is first applied to any balance on the account; any remaining funds, are reimbursed to the customer.

If you need assistance with getting a device funded through federal, state, or insurance organizations, please contact your regional Distributor. If your regional distributor cannot process your claim or you don't have a regional distributor, contact the Prentke Romich Company at 800-268-5224. Saltillo is partnered with the Funding Department at the Prentke Romich Company to process requests for Medicaid, Medicare and private insurance. In cases of financial hardship, or lack of 3rd party funding, Saltillo will work with an individual to review available financing alternatives.

Product Monthly Rental Fee Monthly Total

(**The rate reflected in the monthly total column includes OH 6.5% Sales Tax. California residents will need to include the municipal tax in addition.)

Product	Monthly Rental Fee	Monthly Total**
ALT-Chat	\$350	\$372.75
ChatPC Silk or 4	\$250	\$266.25
NOVA Chat 7	\$350	\$372.75
ChatBox*	\$45	\$47.93
ChatBox 40	\$95	\$101.18
VocaFlex*	\$95	\$101.18
Falck Voice Amplifier*	\$95	\$101.18
EchoVoice—4*	\$95	\$101.18

*These items are not fundable through insurance, Medicaid or Medicare

Rental Agreement

A signed Saltillo Rental Agreement and guaranteed payment (credit card, Purchase Order, or check) is required before shipment. The first month's rental fee is applied towards administrative costs and subsequent rental fees apply to the purchase of the rented unit. If the rental payments accumulate to equal the purchase price of the rented unit, accessories, and shipping charges, it automatically converts to a purchase. In the event 3rd party funding for the communication aid is being sought, the client must be working with a qualified SLP to determine the appropriateness of the device. In addition, Should third party funds become available, the reimbursement (whether paid to Saltillo or the customer directly) is first applied to any balance on the account; any remaining funds, will be reimbursed to the customer.

To participate in the Saltillo Rental Program, a copy of the completed and signed rental agreement must be sent to the regional distributor, the Saltillo Corporation, or to PRC:

For Medicaid, Medicare or Insurance forward/fax to:
PRC
1022 Heyl Road
Wooster, OH 44691
Phone: (800) 262-1984 Fax: (330) 263-4829

For purchase order, check or credit card forward/fax to:
Salttillo Corporation
2143 Township Road 112
Millersburg, OH 44654
Phone: (800) 382-8622 Fax: (330) 674-6726

1. CLIENT-The client is the person who will be receiving the equipment or services

Client Name (Last, First, MI):			
Address:		Name of Facility:	
City:	State:	Zip:	County:
Home Phone: () -		Work Phone: () -	
		Fax: () -	

2. BILLING ADDRESS - The facility or individual issuing the purchase order, credit card, check or other payment

Name:			
Address:		E-Mail:	
City:	State:	Zip:	
Phone: () -		Alternate Phone: () -	
		Fax: () -	

3. SHIPPING ADDRESS - Check if the shipping address is the same as the client address , or billing address , or complete below if different than either.

Name:			
Address:		E-Mail:	
City:	State:	Zip:	
Phone: () -		Alternate Phone: () -	
		Fax: () -	

4. EQUIPMENT -Specify the device and required selections from the options listed; plus list accessories needed. *If requesting a wheelchair mounting kit, please specify the tubing size of your wheelchair.*

Option A	Choose <input type="checkbox"/> ChatPC Silk or <input type="checkbox"/> ChatPC-4 or <input type="checkbox"/> ALT-Chat
	Select 1 Model: <input type="checkbox"/> Standard or <input type="checkbox"/> Plus or <input type="checkbox"/> D+ Select 1 Symbol Set: <input type="checkbox"/> Symbol Stix (not available for CPC-4) or <input type="checkbox"/> PCS
	Select 1 Synthesizer: <input type="checkbox"/> Neospeech or <input type="checkbox"/> Acapela or <input type="checkbox"/> Loquendo (Available for ChatPC-Silk only)
	Select 1 Color: <input type="checkbox"/> Black or <input type="checkbox"/> Blue or <input type="checkbox"/> Red (Available for ALT-Chat only)
Option B	<input type="checkbox"/> NOVachat 7 Select 1 Model: <input type="checkbox"/> Standard or <input type="checkbox"/> Plus or <input type="checkbox"/> D+
	Optional Symbol Set: <input type="checkbox"/> PCS Optional Speech synthesizer <input type="checkbox"/> Acapela
Option C	<input type="checkbox"/> ChatBox-40 Select 1 Model: <input type="checkbox"/> Standard or <input type="checkbox"/> XT or <input type="checkbox"/> Plus or <input type="checkbox"/> XTPlus Select 1 Color: <input type="checkbox"/> Red or <input type="checkbox"/> Grey
Option D	Choose <input type="checkbox"/> ChatBox-1 or <input type="checkbox"/> ChatBox-DX
Accessories:	

5. FUNDING - Specify your funding source (check all that apply) When funding is being sought, you may skip section 7.

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Insurance	<input type="checkbox"/> Not applicable
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6. TRIAL PERIOD - Specify the length of time you are requesting, the rate listed from page one, and calculate the total.

months x \$ rate = Total \$

7. METHOD OF PAYMENT-Indicate method of payment and calculate total cost for this evaluation, *attach check or purchase order.*

<input type="checkbox"/> Mastercard, Visa or AMEX Expiration date: __ month __ Year CV# __	<input type="checkbox"/> COD	<input type="checkbox"/> Check
Credit card #	<input type="checkbox"/> Purchase Order	
Select method of billing: <input type="checkbox"/> Bill me for the entire rental period or <input type="checkbox"/> Bill me monthly		

8. TERMS OF AGREEMENT-By signing below you indicate that you understand and agree to terms of the rental policy and agreement. If an individual signs on behalf of a facility, the facility must agree to assume responsibility for the equipment should the individual and facility part company.

1. My signature implies authorization to charge my credit card in the event that I fail to return the equipment.
2. I understand that I am responsible for any repair or replacement costs incurred due to abuse, negligence, loss, theft or non-return.
3. I intend this to be legally binding whether transmitted by mail or facsimile.
4. I understand I am required to provide my social security (or EIN#) and a credit card number regardless of my method of payment. Federal ID#, EIN or Social Security # or Drivers License # _____

Printed Name:	Signature:	Date:
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