

September 2024 version

RENTAL CONTRACT

*To be sent, faxed or e-mailed directly to Melebi SA
No delivery abroad.*

Components of the alarm-system Pipi-Stop® (basic device)



I hereby order an alarm-system Pipi-Stop® (basic device) wireless under the following conditions:

- **Rental price** (including taxes): CHF 3.40/day + mailing costs.
- The device maintenance and the **customized advices** are included.
- The minimum price for a treatment is CHF 100.–.
- All the parts of the device remain the property of Melebi SA. Parts which are not returned will be charged to the customer.
- **Duration of the rental**: this starts with the shipping date and ends when all parts are returned to Melebi SA in the original box. The customer commits himself to send back the device as soon as possible once he no longer uses it or once the medical prescription has expired.
- **Use of the Pipi-Stop®**: Melebi SA declines all responsibility of consequences following a use which is not in accordance to the instructions. Possible damages suffered by the components will be charged to the customer (except the urine-detector).
- Melebi SA reserves the right to communicate about the treatment with the doctor who follows the treatment.



Accessory VIBRA at your choice

- To order **additionally** the VIBRA, tick below
- Vibrating wristband VIBRA wireless, **rented for CHF 1.–/day** (including taxes)
- You may send us back the VIBRA wristband at any time, also before the end of the treatment
- For maintenance, duration of the rental and use, see the conditions above
- The rental costs of the VIBRA are not refunded by the basic health insurances

The **basic health insurances reimburse in part the renting costs** (according to LiMA 15.20), as long as the patient begins his treatment after 5 years of age and you have a medical prescription.

Please keep carefully the medical prescription and send it with our invoice, at the end of the treatment, to the health insurance of the patient. The global amount of the invoice must be paid within 30 days directly to Melebi SA, independently of the refund by your basic health insurance.

Please fill this form in completely and legibly, then return it to us dated and signed.

Legal representative's details	Patient details
Firstname and Lastname:	Firstname and Lastname:
Street + Nr:	Date of birth:
Postal code + City:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
E-mail:	Health insurance:
Phone:	Nr AVS of the patient (cf. <i>social security card</i>) 756.
Phone 2:	Doctor who follows the treatment (name and full address):
Daytime availability:	
Delivery ASAP: <input type="checkbox"/>	
Otherwise shipping date: (<i>departure date at Melebi</i>)	
VIBRA: <input type="checkbox"/> Yes <input type="checkbox"/> No	

City and date:

Signature of the legal representative:

.....

.....