



H2H VENAPRO DVT PREVENTION SERVICE AGREEMENT

This Agreement is entered into by and between Range of Motion (“ROM”) and the below Surgical Center or Hospital (“Facility”) as of the date of last signature written below.

Name of Surgical Center / Hospital:		Telephone:	
Street Address	City	State	Zip Code

Facility elects to participate in ROM’s Deep Venous Thrombosis (DVT) Prevention Service program, and ROM and Facility hereby agree as follows:

1. ROM agrees to provide Facility with the following:
 - a. VenaPro Portable DVT units (Equipment) in quantities necessary to support Facility’s applicable patient volume and operational process needs, including repair or replacement of malfunctioning Equipment;
 - b. Single-use Sequential Compression Devices (SCDs) delivered on a routine and as-requested basis in quantities necessary to support Facility’s applicable patient volume needs;
 - c. ROM Assignment of Benefits / Letter of Medical Necessity service forms for ROM to administer Equipment / SCD billing processes for all patients Facility is not ;
 - d. Postage pre-paid envelopes for Facility to mail completed ROM Assignment of Benefits / Letter of Medical Necessity service forms weekly to ROM;
 - e. In-service staff training on Equipment, and technical / customer service support on an as-requested basis;

2. Facility agrees to the following:
 - a. Operate and maintain Equipment according to Manufacturers Guidelines;
 - b. Promptly return any malfunctioning, and non- or under-utilized Equipment to ROM, and to cooperate in returning all Equipment upon termination of this Agreement;
 - c. Reimburse ROM for any missing / lost, stolen, or damaged Equipment at the rate of \$350 per unit. A par level of _____ number of the VenaPro Kits will be kept in the facility. Each order that is sent to ROM will be replenished via drop shipment, regular mail to facility.
 - d. Properly complete and submit to ROM on a weekly basis fully signed ROM Assignment of Benefits / Letter of Medical Necessity service forms for each patient the Equipment is used on at the Facility or provided to for Take-Home use;
 - e. In the event Facility desires to bill for prescription(s), Facility agrees to pay ROM, Inc. a fee of \$350 for Equipment and all logistics associated with the product going home with the patient. Once the product goes home with the patient Facility shall not be responsible for the return of the equipment, ROM, Inc. shall assume this responsibility. Exhibit “A” is a list of payers identifying billing to be provided by ROM or Facility.

Facility understands ROM has paid for said equipment from DJO, LLC. Facility understands ROM retains title to the Sequential Compression Device (SCD) inventory provided to Facility until used on applicable patients of the Facility.

IN WITNESS WHEREOF, the authorized parties hereto have executed this Agreement and intend to be bound thereby. Either party may terminate this agreement upon thirty days advance notice.

Signature: Facility

Signature: Range of Motion

Printed Name & Title

Printed Name & Title

Date:

Date: