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# Hospital-Grade Breast Pump Rental Agreement

## Lessee Information *(please print clearly)*

\_\_\_\_\_  
Name of person using equipment Today's date

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State/Province Zip/Postal Code

\_\_\_\_\_  
Email address

(\_\_\_\_)\_\_\_\_ (\_\_\_\_)\_\_\_\_  
Landline phone number Cell/Mobile phone number

\_\_\_\_\_  
Person signing contract, *if different from above* Relationship

## Rental Period *(payment due in advance)*

CPT/MOD

Week E0604 \$\_\_\_\_\_

Month E0604 \$\_\_\_\_\_

3 Months E0604 \$\_\_\_\_\_

6 Months E0604 \$\_\_\_\_\_

## Additional Supplies

QTY PART (CPT/MOD) PRICE EACH EXT. PRICE

\_\_\_\_ Accessory Kit (E0604) \$\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_ Flange (A4284) \$\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_ Piston (E0603) \$\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_ Tubing (99070) \$\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_ Other (99070): \$\_\_\_\_\_ \$\_\_\_\_\_

**TOTAL SUPPLIES: \$\_\_\_\_\_**

**Payment Method**  Check (# \_\_\_\_\_)  Cash  Credit Card (Visa/MC/AmEx/Disc)

Number: \_\_\_\_\_ Exp: \_\_\_/\_\_\_ Cvv \_\_\_\_\_

Signature: \_\_\_\_\_

**TOTAL AMOUNT OWED TODAY:**

**\$\_\_\_\_\_**

Initial Rental Period Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Pump Number \_\_\_\_\_ Type \_\_\_\_\_

**HOW TO RETURN THE PUMP:** Notify us by email, phone, or text that you are ready to return it and when a convenient time would be to pick it up from your home. **PLEASE CLEAN THE PUMP THOROUGHLY** or you will be responsible for the cleaning fee noted below.

**PUMP RENTAL AGREEMENT TERMS:** This Agreement for the rental of a hospital-grade breast pump ("Equipment") is made between the lactation counseling practice listed below and the Lessee listed above. Lessee agrees to the following Terms:

1. The Equipment is the property of the lactation counseling practice listed below.
2. Any accessory kit or parts purchased are the Lessee's permanent property and do not need to be returned at the conclusion of the rental term.
3. Rental fees will be paid in the amount listed above until the pump is returned to the lactation counseling practice listed below, even if the pump is not used during that time.
4. At conclusion of the rental term, the pump rental term may be renewed by prepayment or the Equipment must be returned to the lactation counseling practice listed below.
5. **The Equipment will be returned in clean condition or a cleaning fee of \$\_\_\_\_\_ will be charged to Lessee's account.**
6. The Equipment shall be returned in good physical condition or minimum repair fee of \$\_\_\_\_\_ will be owed by Lessee. This fee does not apply to mechanical failure or normal wear and tear.
7. No person other than Lessee will be allowed to use the Equipment.
8. Lessee will notify the lactation counseling practice listed below of changes of address, email, or phone number(s).
9. The Equipment will not be removed from the state/province in which it was rented without the written consent of the lactation counseling practice below.
10. Lessee will pay all legal fees and costs required for collection of unpaid rental fees and Equipment retrieval.
11. The lactation counseling practice listed below may cancel this Agreement at any time with one (1) day's notice.
12. The lactation counseling practice listed below is not liable for damages resulting from defective Equipment.
13. This Agreement shall be subject to the laws of the home state/province of the lactation counseling practice listed below.

**Notify us immediately if the pump does not perform correctly so that we can replace or repair it.**

**Signed and Agreed**

Name of Lactation Practice: Naturally Nurtured Birth Services, LLC

\_\_\_\_\_  
Lessee or Designated Representative                      Date

\_\_\_\_\_  
Lactation Practice Representative Signature                      Date