

Order Form



Medical Alert



GPS

- Protects you at home & away from home
- Mobile Device works nationwide on AT&T cellular system
- Fall Detection



Classic

- Protects you while at home
- No landline required
- Fall Detection

Choose Plan:
(Select One*)

- GPS Monthly**
\$39.95/month
- Vital Sign Monthly**
Telehealth Nurse Alert Response
\$49.00/month

- Classic Monthly**
\$29.95/month
- Vital Sign Monthly**
Telehealth Nurse Alert Response
\$49.00/month

*Taxes and/or \$15 shipping charge may apply

Telehealth Nurse Alert Response

If Vitals Sign plan selected above, you must select a blood pressure cuff.

Choose One:
(One-time charge**)



- Blood Pressure Monitor (medium)**
\$57.00

-OR-



- Blood Pressure Monitor (large)**
\$76.00

Choose Additional Peripherals:
(One-time charge**)



Digital Weight Scale
\$68.00



Pulse Oximeter
\$182.00



Diabetes Starter Kit
\$125.00



Test Strips 50CT
\$117.00 (3 @ \$39.00)

(Required with DM Program)

**Taxes may apply

- CHF Program**

- COPD Program**

- DM Program**

- 150 Test Strips**

Choose Second Button:
(Circle One)



Pendant



Wrist Button (White)



Wrist Button (Black)

Subscriber Information

Name: _____

Address: _____

Suite/Unit: _____

City: _____

State: _____

Zip Code: _____

Primary Phone: _____

Email: _____

Alternate Information

First Name: _____

Last Name: _____

Phone: _____

Initial Bill:

Monthly Charge:

Mail, fax or email completed order form to:

Avery Telehealth
8585 E Bell Road, Suite 102
Scottsdale, AZ. 85260
Phone: 480-214-9052
Fax: 480-315-0220
Email: dmiller@averytelehealth.com

Credit Card Information

(Circle One) **VISA AMEX MASTERCARD DISCOVER**

Name: _____

Billing Address: _____

Card Number: _____

Exp: _____ Security Code: _____

Referral Code:

Subscriber Signature

Date



8585 East Bell Road, Suite 102
 Scottsdale, AZ 85260
 Phone: (480) 214-9052
 Fax: (866) 664-8892
 www.averytelehealth.com

Visiting Angels and Avery Telehealth Agreement

Client / Patient's Name: _____ Date: _____
 Date of Birth: _____

1. As a Visiting Angels Client who has contracted for 20 hours or more of Service per week, I will receive a Personal Emergency Response System and Avery Telehealth Remote Patient Monitoring services at no cost.
2. I understand that in the event I drop below 20 hours of Visiting Angels Service per week or are on Service for less than 90 days, I will be financially responsible for the cost of the peripherals that I received which may include a digital scale, blood pressure monitor, glucose machine etc. The device cost are listed on the backside of this agreement.
3. I further understand that if I stop service with Visiting Angels, I can opt to continue having Remote Patient Monitoring services and the Personal Emergency Response system on a private pay basis.
4. Please see the attached sheet for pricing information.
5. Once Remote Patient Monitoring service has ended, the Personal Emergency Response System Hub must be returned within 10 days or the Client / Patient will be charged \$195.00 for the hub.

I have read this Agreement carefully and understand all the terms of this Agreement. I agree to return the hub in good working order.

Client / Patient Signature: _____ Date/Time: _____

Person with legal right to sign if patient unable:
 _____ Date: _____

PLEASE COMPLETE AND FAX TO 866-664-8892