

Office Use Only

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Policies & Agreements

Vital360 & TPP Agreement	au.healthcare.airliquide.com/therapy-partnership-program-agreement
Direct Debit Request Service Agreement	au.healthcare.airliquide.com/direct-debit-request-service-agreement
Connected Care Agreement	au.healthcare.airliquide.com/connected-care-agreement
CPAP/Bi-Level Orientation Checklist	au.healthcare.airliquide.com/orientation-checklist
Credit Reporting Policy	au.healthcare.airliquide.com/credit-reporting-policy
Privacy Policy	au.healthcare.airliquide.com/privacy-policy

Signature

Please carefully read the terms and conditions as set out in the Vital360 & Therapy Partnership Program Agreement, Direct Debit Request Service Agreement, Connected Care Agreement and Orientation Checklist (which form part of this agreement). Links to each of these documents are set out above.

If you have any general questions or concerns in relation to the terms and conditions in the above documents, please don't hesitate to discuss these with a member of our team. If you require guidance as to your individual legal rights under this agreement then we would encourage you to seek independent advice before proceeding.

I acknowledge that I have been advised by Air Liquide Healthcare that the CPAP machine supplied to me has been set according to the prescription from my medical practitioner.

I have read, understood and agree to the terms and conditions of the Vital360 & Therapy Partnership Program Agreement.

I have read, understood and agree to Air Liquide Healthcare's Credit Reporting Policy and Privacy Policy and consent to the collection, use and disclosure of my personal information in accordance with the Privacy Policy

I have read, understood and agree to the Direct Debit Request Service Agreement.

I have read, understood and agree to follow any guidance contained in the CPAP/Bi-level Orientation Checklist.

I have read, understood and consent to the Connected Care Agreement.

I acknowledge that Air Liquide Healthcare has not made any claim or representation as to the effectiveness of the treatment prescribed by my physician(s). I acknowledge that Air Liquide Healthcare has informed me, and I agree that they will not assume any responsibility or liability for the success, failure, or effect of any treatments performed with the equipment.

I consent to Air Liquide Healthcare providing my personal information to my medical practitioner/s, my insurer, or the paying government agency.

I would like to receive updates from Air Liquide Healthcare Pty Ltd about products, services, promotions, special offers, news and events.

Signature

Date