

## Rental Price List

	Day	Week	Month	Deposit
<b>Standard Wheelchair</b>	18	45	125	100
<b>ELR's (Plus W/C Rental)</b>	---	20		---
<b>Peds. W/C</b>	20	65	135	100
<b>XL Wide W/C (22", 24")</b>	45	95	175	200
<b>Beach W/C</b>	---	175	---	300
<b>Scooter</b>	30	150	195	150
<b>HD Scooter</b>	35	195	295	200
<b>Power W/C</b>	60	175	600	350
<b>Lift Chair - Std.</b>	---	175	195	200
<b>Lift Chair Del. &amp; Set-up</b>	75			
<b>Lift Chair - Large</b>	---	195	195	200
<b>Stroller</b>	15	65	135	100
<b>Portable Ramps</b>	15	65	95	150
<b>IV Pole</b>	---	25	35	100
<b>O2 Concentrator (RX Required)</b>	---	150	350	300
<b>Airline Concentrator (RX Required)</b>	---	275	175 *	300
Includes AC/DC unit and 2 Batteries			* for each additional week	
<b>Third Battery for Airline Conc.</b>	---	65		
<b>Patient Lift (Sling purchase req'd. or B.Y.O.)</b>	---	75	125	100
<b>Hosp. Bed</b>	---	---	150	150
<b>Hosp. Bed Del. + Set-up</b>	95	---	---	---
<b>Hospital Bed Rail</b>	---	45	125	100
<b>Walker</b>	---	40	---	40
<b>Commode (Pail purchase req'd.)</b>	---	40	---	40
Pail & Splash Guard - \$15				
<b>Nebulizer (RX Required)</b>	---	40	---	40
<b>Rollabout Knee Walker</b>	---	45	125	150
<b>Suction Machine</b>	---	75	---	40
\$75 Hose/Filter Kit Purchase Required				
<b>CPAP Unit</b>	---	125	225	200
\$150 Mask/Hose Purchase Required or B.Y.O.				