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# Assistive Technology PRODUCTS AND SERVICES Communication Devices Program Third Party Payee Payment Agreement



Winnipeg Regional Health Authority  
Office régional de la santé de Winnipeg

**PART 1: COMMUNICATION DEVICES PROGRAM (CDP) TO \_\_\_\_\_  
(THIRD PARTY PROGRAM "PAYEE")**

Client Last Name \_\_\_\_\_

Client First Name \_\_\_\_\_

Date of Birth: 

D	D	M	M	M	Y	Y	Y	Y	Y

Case Number: \_\_\_\_\_

**PLEASE see attached Prescription and/or Equipment List**

Authorize payment of **\$20/month** equipment rental fee, start date: 

D	D	M	M	M	Y	Y	Y	Y	Y

Authorize payment of **\$25 deposit** for borrowed equipment, start date: 

D	D	M	M	M	Y	Y	Y	Y	Y

Notice of equipment returned/ rental discontinued, end date: 

D	D	M	M	M	Y	Y	Y	Y	Y

**PART 2: THIRD PARTY (PAYEE) TO CDP (FAX 885-2524)**

**Third Party Program (Payee) - Responsibility for Payment:**

1. Payee agrees to assume responsibility to pay the monthly rental fees and/or deposit as assessed by the Communication Devices Program
2. Payee shall ensure full payment of the rental fees, including additional fees if applicable
3. This is a continuing guarantee and shall apply to any ultimate balance due or remaining due to Communication Devices Program.
4. CDP will notify finance to refund Deposit once all equipment has been returned to the program.

**Authorized rental fee** Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Area Office Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

**CDP to invoice (please check or fill in as appropriate):**

**Attention:** \_\_\_\_\_

- Manitoba Family Services & Housing
- Public Guardian & Trustee of Manitoba
- Manitoba Public Insurance
- Workers Compensation Board of Manitoba
- Manitoba Justice, Compensation for Victims of Crime
- Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_