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



### CDP to complete PART 1

**PART 1: COMMUNICATION DEVICES PROGRAM (CDP) TO** Name of Organization, i.e. EIA, WCB, MPI  
(THIRD PARTY PROGRAM "PAYEE")

Client Last Name

Client First Name

Client Last Name

Client First Name

Date of Birth: Client Date of Birth  
D D M M M Y Y Y Y Y

Case Number: Client Case Number

### PLEASE see attached Prescription and Equipment List

- Request to authorize payment of **\$20/month** equipment rental fee, start date: Rental Start Date  
D D M M M Y Y Y Y Y
- Authorize payment of **\$25 deposit** for borrowed equipment, start date: Deposit Start Date  
D D M M M Y Y Y Y Y
- Notice of equipment rental discontinued, end date: Rental/Deposit End Date  
D D M M M Y Y Y Y Y

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

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

1. Payee agrees to assume responsibility to pay the monthly rental fees 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.

### Check here to authorize rental/deposit

**Authorized rental/deposit fee** Signature: Signature of authorized personnel (AP)

Name (please print): Full Name of AP Area Office Code: If applicable

Phone: Phone Number of AP FAX: Fax Number of AP Email: Email address of AP

**CDP to invoice (please check or fill in as appropriate):** Check and/or complete for billing purposes

**Attention:** Full Name of Accounts Payable Personnel, if appropriate

- 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: Name of Organization, if different from above
- Mailing Address: Mailing address for accounts payable of organization  
City, Province: City and Province for accounts payable of organization  
Postal Code: Postal Code for accounts payable of organization