



MEDICAL CENTER FOUNDATION OF HARTFORD
 1032 E. Sumner Street
 Hartford, WI 53027



Subscriber Application Form

Date: _____

CST Phone: 888-557-4462 ~ CST Fax: 800-325-5145

Referral Information

Subscriber Name:	Primary Phone:
Address:	Cell Phone:
City State, Zip:	Family Member Contact: Name:
Gender: Male Female	Address:
Language Spoken:	City, State, Zip:
*Hidden Key Location / Lockbox:	Telephone:
Person Financially Responsible (if other than self): Name:	<u>BOB 3600/4200 - Enhanced PERS</u> I can pay the \$25.00 per month cost
Telephone:	\$35 per month for 2 people
Address:	Monthly Invoice Auto Pay*
City, State, Zip:	*If Auto pay, CST will contact Subscriber for Auto pay information
<u>BOB 6000 - Fall Detector PERS</u> I can pay the \$45.00 per month cost	<u>CST 8000 - Mobile PERS</u> I can pay the \$40.00 per month cost
Monthly Invoice Auto Pay*	Monthly Invoice Auto Pay*
*If Auto pay, CST will contact Subscriber for Auto pay information	*If Auto pay, CST will contact Subscriber for Auto pay information

Medical Information

Doctor's Name:	Medical Conditions (heart, high blood pressure, hearing, etc.):
Clinic Name:	
Address:	Hospital Name:
City:	Address:
State, Zip:	City:
Phone:	State, Zip:
Allergies:	Medication Location:

Installation Information

Who shall we call when our installers are ready to install your CST unit?

Name: _____ **Relationship:** _____

Phone: Home: _____ **Cell:** _____ **Work:** _____

People to Call

Responder 1 Name:	Relationship:
	Have Keys? YES NO
Address:	How far away does the responder live:
City, State Zip	Home #:
	Work #:
	Cell #:

Responder 2 Name:	Have Keys? YES NO
Relationship:	How far away does the responder live:
Address:	Home #:
City	Cell #:
State, Zip:	Work #:

* A hidden key is not a requirement, but is strongly suggested for emergency purposes when a responder, EMT's or police are unable to enter your residence. The subscriber understands if a call for help is received and the subscriber cannot answer the door for 1) listed responder, or 2) an emergency responder (police, EMT's), responder may need to break into the subscriber's home, possibly causing damage. The subscriber accepts these terms and agrees not to make any claim against the responder, Medical Center Foundation of Hartford or Critical Signal Technologies for damages caused by forced entry.

I understand that I am responsible for the care of the unit while in my possession, and for its safe return. I am aware that if I no longer need the unit, it is not transferable to any other family member or acquaintance and I will contact CST directly to arrange safe return of the unit. If the equipment or part of it becomes lost, stolen or damaged beyond repair, my estate or I will pay the replacement cost listed below.

- BOB 3600/4200 Enhanced Emergency Medical Alert System – Replacement Cost - \$150.00
 - Additional Help Button Replacement Cost - \$45.00
- BOB 6000 – Fall Detector Emergency Medical Alert System Replacement Cost - \$270.00
 - Additional Help Button Replacement Cost - \$65.00
- CST 8000 Mobile Medical Alert System – Replacement Cost: \$259.00

In the rare event my unit or its components malfunction, I should call CST to alert them, and I will contact a family member or responder to check in on me until such time as an installer/technician is available to correct the problem. I have read and fully understand and accept the guidelines and terms of the CST Program.

SIGNATURE: _____ **DATE:** _____

Please return this application form to:

**CST Program
Medical Center Foundation of Hartford
1032 E. Sumner St.
Hartford, WI 53027**

For office use only: Received Application _____ Foundation _____ Private Pay _____
