

**Medical Alert
Systems Offer
Peace of Mind with
Independent Living**

The Acadian Medical Alert System gives people across the country the ability to live their lives in the places they are most comfortable, their homes. It also gives them the ability to live as independently as they see knowing that help is only a push of a button away.

Acadian Medical Alert Systems mission is to provide you and your loved ones peace of mind, safety and security through cost effective and comprehensive life saving monitoring solutions. Our Medical Alert subscribers experience independence, peace of mind and improved overall quality of life.



"I subscribed to your service a few months ago for my mother and it has already paid off. She recently fell and thanks to your quick response, we were notified promptly and she was able to get help in minutes."

Scott R.
Albany, NY.

Medical Alert Risk Assessment Quiz

Is it time for a medical alert system?

Medical Alert Systems often save families money in the long term by providing a low cost alternative to assisted living agencies. With a medical alert system, your aging loved ones can be more independent even if they are suffering with chronic medi-

cal conditions. It gives their family and friends peace of mind knowing that qualified emergency medical dispatchers are standing by 24 hours a day, 7 days a week. A medical alert system lets them live where they are most comfortable...their homes.

Use this Medical Alert Risk Assessment Quiz to help you discover if a medical alert service can help you or your loved ones live a more independent and full life.

Questions	Answers	
	YES	No
1. Are you alone for several hours of the day or night?	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 12 months, have you experienced a fall or have you been afraid of falling in your home?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 12 months, have you been to the emergency room or hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you suffer from any of these chronic medical conditions (heart disease, stroke, COPD, osteoporosis, diabetes, arthritis)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you use a walker, cane, wheelchair, stair climber or other devices to assist you in balancing or walking?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you take several daily medications?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have trouble, or need assistance, with any of these daily activities (bathing, dressing, meal preparation, toileting, etc...)?	<input type="checkbox"/>	<input type="checkbox"/>
8. If you had a medical alert service, would it provide you or your loved ones peace of mind when you are alone?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you think that living independently is an important factor in your quality of life?	<input type="checkbox"/>	<input type="checkbox"/>
	SUM YES ANSWERS	

Review your score with the assessment below.

6 - 9 Total Score

Your high score shows a significant risk for falls and other medical situations that may lead to serious safety concerns. **A medical alert system is strongly advised.**

3 - 5 Total Score

Your medium score indicates that there is a risk for a fall and or other medical situations. **A medical alert system would be helpful.**

1 - 2 Total Score

Your low score indicates that a medical alert service may increase, improve and or maintain an independent lifestyle. What would happen if you fell tonight? How would you get up? If you could not get up, how would you get help? **A medical alert system is recommended to maintain independence.**

Medical Alert System Enrollment Form

Enrolling for Acadian Medical Alerts is simple and fast. There are three ways to become a member.

1. Order **ONLINE** at: **www.AcadianMedicalAlertSystems.com**
2. Call us toll-free at **1-877-315-2028**
3. Complete the form below and **FAX** to **1-866-889-8521** or **MAIL** to: **Acadian Medical Alerts, PO Box 91430 Lafayette, LA 70509**

Person Using the Medical Alert System		
Last Name	First Name	
Address 1		
Address 2		
City	State	Zip
Cross Street		
Phone #		
Email Address		
<input type="checkbox"/> Ship to this address		

Person Placing the Order		
<input type="checkbox"/> Same as person using the alert system		
Last Name	First Name	
Address 1		
Address 2		
City	State	Zip
Cross Street		
Phone #		
Email Address		
<input type="checkbox"/> Ship to this address		

Payment Information	
<input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> EFT (Electronic Funds Transfer - see next page)	
Name on Card	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> Exp. Date (MM/YYYY)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> Credit Card Number	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> *CVV Code (3 or 4 digits)
*VERIFICATION VALUE CODE (CVV) This code is a 3 or 4 digit number which helps validate that the customer placing the order actually has the credit card in his/her possession. For VISA, Mastercard and Discover , the CVV is a 3 digit number printed on the back of the card. Look on the back of the card in the signature box. The CVV is the 3 digit code printed after your 16 digit credit card number or last 4 digits of your credit card number. For American Express , the CVV is a 4 digit number printed on the front of the card just above your credit card number on either the right or the left hand side.	

	Home	Home & Yard	Nationwide
Paid Annually	<input type="checkbox"/> \$299.40 per quarter (At \$24.95 per month rate) FREE Lock Box	<input type="checkbox"/> \$359.40 per quarter (At \$29.95 per month rate) FREE Lock Box	<input type="checkbox"/> \$407.40 per quarter (At \$33.95 per month rate) FREE Lock Box
Paid Quarterly	<input type="checkbox"/> \$88.85 per quarter (At \$26.95 per month rate)	<input type="checkbox"/> \$95.85 per quarter (At \$31.95 per month rate)	<input type="checkbox"/> \$135.85 per quarter (At \$36.95 per month rate) \$25 Activation
Paid Monthly	<input type="checkbox"/> \$29.95 per month	<input type="checkbox"/> \$34.95 per month	<input type="checkbox"/> \$38.95 per month \$25 Activation

Additional Services
<input type="checkbox"/> \$49.95 Extra Pendant
<input type="checkbox"/> \$29.95 Hanging Combination Lock Box
<input type="checkbox"/> \$29.95 Wall Mounted Combination Lock Box

Emergency Resonse Medical Alert Systems as low as \$23.95 a month. For a limited time, Acadian Medical Alerts is offering a 30 day risk free trial of its emergency medical alert system. Try the system for 30 days and if you are not completely satisfied with our service, return it and receive a complete refund, excluding shipping. Refunds for unused months will be based on the regular monthly service charge. For example...if you purchase one of our annual monitoring plans and cancel after six months of service, we will calculate what the monthly option rate would have been for the six months of service, and credit you the balance. That way, you'll never pay more than the monthly payment rate. This offer valid only in the United States. Offer cannot be applied to a previous order. Acadian Medical Alerts reserves the right to cancel or change the pro-motion without prior warning. Offer good for a one-time trial per monitored address. Returns must be received 30 days from activation.

Cancellation of service can be made anytime. Acadian Medical Alerts Service has no cancellation fees. Once we receive the equipment we will discontinue your service and refund any unused months. Bills are processed on the 5th of each month. If you cancel your service and we do not receive the equipment by the 5th, you will be charged for that month and each month thereafter we do not receive the equipment by the 5th of that month.

Print Name	Customer Signature	Date
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Electronic Funds Transfer Form

I hereby authorize Acadian Medical Alerts/Acadian Medical Alerts On Call to notify my bank through the Electronic Funds Transfer (EFT) process, to transfer the amount as specified on the Acadian Medical Alerts Order Form, to their bank. I understand this amount will appear on my bank statement for the purposes of payment and amount verification. I further authorize Acadian Medical Alerts/Acadian Medical Alerts On Call to transfer the amount on the order form consistent with frequency selected.

Last Name First Name

Address 1

Address 2

City State Zip

Your Bank's Name

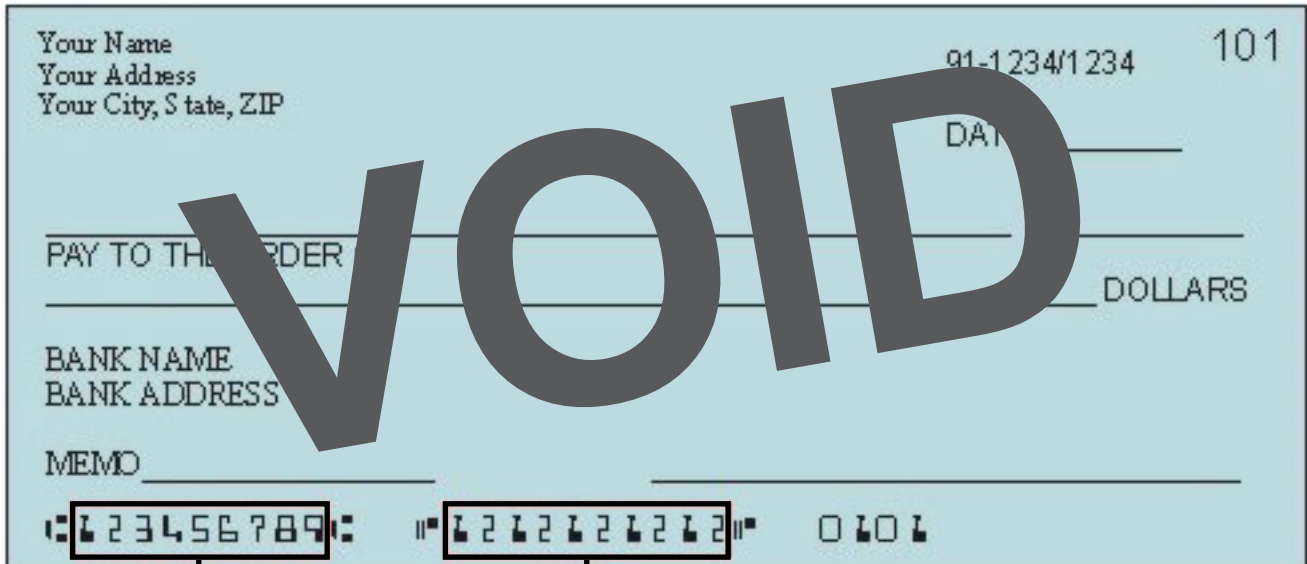
Your Bank Account Number

Bank Routing Number

I understand this authority is to remain in full force and effect until the offices of Acadian Medical Alerts/Acadian Medical Alerts On Call has received written notification from me of its termination in such time and in such manner as to afford the depositor a reasonable opportunity to act on it. I maintain the right to stop payment or the debit entry (deduction) by written notification delivered to the offices of Acadian Medical Alerts/Acadian Medical Alerts On Call to (10) business days or more before this payment is scheduled to be made.

Print Name Customer Signature Date

Attach a voided check below



ROUTING NUMBER
(ALWAYS 9 DIGITS)

YOUR ACCOUNT
NUMBER

The Automated Clearing House (ACH) division of the Federal Reserve Bank says electronic transfer (EFT) is by far safer and more secure than writing a check. EFT is tracked and governed by ACH. It is transmitted in an encrypted format while a check passes through an average of 11 people who have access to all of the bank account and personal information.