

REQUEST FOR PATIENT ASSISTANCE CONSIDERATION

PATIENT INFORMATION	
NAME	DOB
STREET ADDRESS	PHONE
CITY/STATE/ZIP	EMAIL
HOUSEHOLD FINANCIAL INFORMATION	
Number of people living in the home and dependent on the household income (including you): _____ Total annual gross income of all household members: _____	
SPECIAL CIRCUMSTANCES (OPTIONAL)	
Please describe in detail special circumstances and/or expenses you would want us to consider that impacts your ability to pay for your pneumatic compression device. <u>Please note: medical expenses should be listed with dollar amounts.</u>	
DOCUMENTATION OF HOUSEHOLD INCOME	
Gather copies of any of the following for all people living in the household and return with the completed application: <ul style="list-style-type: none"> Federal tax form from most recent year (1040, 1040A, 1040EZ) One month of paycheck stubs from most recent month Social Security statement of benefits (SS1099, 4506T) Medicaid information (Medicaid beneficiaries) Tactile Medical cannot process your application until documentation of household income is received.	
SIGNATURE AND APPROVAL	
I certify that all information is true and correct to the best of my knowledge. I understand that Tactile Medical is relying upon this information to determine my financial need. I provide this information in strict confidence and direct that this information be used by Tactile Medical to ascertain my ability to pay for the equipment and services provided by Tactile Medical. I understand that no promise of reduction or waiver has been made and that only authorized staff may respond to this request.	
SIGNATURE	DATE

Tactile Medical complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, sex, or any other legally protected characteristic.

Attention: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1.866.435.3948.

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.435.3948.

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.435.3948。

Tactile Medical

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Hours: Monday through Friday, 7 a.m. – 7 p.m. CT
www.tactilemedical.com

