

PATIENT ASSISTANCE CONSIDERATION APPLICATION

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): Over age 18 ____; Under age 18 ____. Total annual gross income of all household members: _____	
SPECIAL CIRCUMSTANCES (OPTIONAL)	
Please describe in detail special financial circumstances and/or medical-related expenses you would want us to consider that impacts your ability to pay for your pneumatic compression device. <u>Please note: medical expenses must be listed with dollar amounts to be considered.</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) *PREFERRED 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

SUBMIT APPLICATION AND DOCUMENTATION:

Email: TactilePAC@tactilemedical.com *(This email option is not an encrypted or secure method.)*

Fax: 800.507.6681

Mail: 1331 Tyler Street NE, Suite 200, Minneapolis, MN 55413

FOR QUESTIONS:

Phone: 866.261.2611 Option 2

Tactile Medical

1331 Tyler Street NE, Suite 200
Minneapolis, MN 55413 USA

Toll-Free Tel: 866.435.3948
Toll-Free Fax: 800.507.6681

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

