Application for Customer Assistance



RespirTech recognizes some patients do not have adequate financial resources to help pay for the inCourage[®] Airway Clearance Therapy and may need financial help. Because we are dedicated to working with patients to help maintain and improve their quality of life, we have developed a program to help eligible patients with their payment obligations, not covered or mandated by their insurance programs, for the inCourage System.

Submission of this application is required to apply for RespirTech's customer assistance program to help meet your financial responsibility for the inCourage[®] System. The application will be reviewed and if approved, RespirTech will agree to forgive all or a portion of your payment obligation. Applicants have <u>30 days</u> from receipt of this application to submit required information for review. All of the information requested in the application is voluntary; however, failure to completely and accurately provide the information necessary to assess your individual circumstances and financial resources may result in denial. To apply for consideration of a full or partial waiver, please assist us by providing the information requested below.

PLEASE NOTE: APPLICATION WILL NOT BE PROCESSED WITHOUT COPIES OF YOUR FIRST TWO PAGES OF LAST YEAR'S FEDERAL TAX RETURN ATTACHED OR, IF YOU ARE ON SOCIAL SECURITY AND THAT IS PATIENT'S SOLE INCOME SOURCE, THEN SEND THE MOST RECENT SOCIAL SECURITY STATEMENT INSTEAD. (Social security numbers should be blacked out prior to sending.)

This application, including last year's tax return or Social Security Statements, should be sent to the RespirTech Finance Department via mail (2896 Centre Pointe Drive, St. Paul, MN 55113), via fax (800.962.1611), or via email (<u>finance@respirtech.com</u>).

CONFIDENTIAL OR PRIVILEGED: This information is intended only for the use of the individuals to whom it is addressed and may contain information that is privileged, confidential or exempt from other disclosure under applicable law. If you are not the intended recipient, you are notified that any disclosure, printing, copying, distribution or use of the contents is prohibited. If you have received this in error, please notify RespirTech immediately by telephone 800-793-1261 or by sending it via fax to 800.962.1611 and then permanently destroying the original document.

RespirTech[®]

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www.respirtech.com (tel) 800.793.1261

(fax) 800.962.1611 2896 Centre Point Drive, St. Paul, MN 55113

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Application for Customer Assistance



Date of Application: ___/__/

Patient Name:	Patient Date of Birth:
Patient Account Number:	Est. Acct Balance:
Insurance Company:	Medical Facility:
Applicant's Name:	Relationship to Patient:
Address:	Phone Number:
	Applicant's Date of Birth:
Spouse's Name:	Spouse's Date of Birth:
Applicant's Employer:	
Spouse's Employer:	
Name of other dependents in the household:	· · ·
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Please indicate any extraordinary circumstances that may affect your ability to pay your financial obligation for the inCourage System:

FOR OFFICE USE ONLY:								
Approved	Disapproved	Amount Waived:						
Signature and Titl	e				Date			
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www.respirtech.c	com (tel) 800.79)3.1261 (fax) 80	0.962.1611	2896 Centre Point I	Drive, St. Paul, I	MN 55113	* >>>>	