Advanced Respiratory, Inc. A Hillrom Company
1020 West County Road F
Saint Paul, MN 55126-9864
Telephone (800) 426-4224 ▪ Confidential Fax (888) 295-1860

PATIENT APPLICATION for FINANCIAL OBLIGATION WAIVER

This application is required for persons interested in receiving assistance from Advanced Respiratory, Inc., A Hillrom Company. Please complete ALL sections of this form and include all required documentation.

A Financial Representative will contact you promptly once your application has been received and a determination has been made regarding assistance to be offered. If you have any questions or concerns while completing this application, please feel free to contact us at the toll-free number listed above.

PATIENT INFORMATION

Name _____ Account Number _____
If not known, leave blank

Address _____ Date of Birth _____

City _____

State _____ Zip _____ Telephone Number _____

Number of Persons in Household _____

Are you a Citizen of the U.S.? Yes ☐ No ☐ If No, please submit photocopy of Legal Resident Card.

PRODUCT INFORMATION

Please check the box for which Product Type applies

☐ The Vest® Airway Clearance System ☐ VitalCough® System ☐ Monarch® System

☐ Life 2000® Ventilation System
Co-pay, co-ins, and deductible only

Do you currently have a Device? Yes ☐ No ☐

RELEASE AND CERTIFICATION

I am submitting the information above for the purpose of obtaining financial assistance from Advanced Respiratory, Inc. I certify that the information provided is true and correct to the best of my knowledge. I understand that the information is in strict confidence and will be used only by Advanced Respiratory, Inc. to ascertain my ability to pay for products and services provided by Advanced Respiratory, Inc.

I understand that this application is subject to the guidelines of The Patient Assistance Program and that eligibility will be determined by the program guidelines and criteria. By signing below, I certify that everything I have stated on this application and on any attachments is true and complete.

_____ _____
Signature of Applicant Date