MIDWEST COMPRESSION
Pneumatic Compression Devices

PATIENT ASSISTANCE REQUEST APPLICATION

NAME	DOB
STREET ADDRESS	**PHONE**
CITY/STATE/ZIP	**EMAIL**

1. Adjusted gross household income: _____ monthly **OR** _____ yearly
2. How many people contribute to this household income? _____
3. How many people are supported by the household income? _____

Provide copies by choosing any of the following that best reflect the income reported above:

1. Federal tax form (Page 1 & 2, SSN may be crossed out) from the most recent year **A tax return is preferred but not required.*
   OR
2. Medicaid information (Medicaid beneficiaries)
   OR
3. Any combination of the following that apply to your household income:
   - One month of paycheck statement(s) from the most recent month **Must show year-to-date gross income.*
   - Social Security statement of benefits (SS1099, 4506T)
   - Pension/Annuity/Retirement account statements (1099R)
   - Most current bank statement **Must be a complete month statement pre-printed with account owner's name. Only the account number may be crossed out.*

Midwest Compression cannot process your application until documentation of household income is received.

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. **Please note: medical expenses must be listed with dollar amounts to be considered**.

I certify that all information is true and correct to the best of my knowledge. I understand that Midwest Compression 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 Midwest Compression to ascertain my ability to pay for the equipment and services provided by Midwest Compression. 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: info@midwestcompression.com *(This email option is not an encrypted or secure method.)*

Fax: Attention: Intake Dept. 800.886.4201*(Secure Fax)*

Mail: Midwest Compression Attention: Intake Dept., P.O. Box 42, Richland, MI 49083

Midwest Compression
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