3M | V.A.C.® Therapy

Application for 3M™ Charity Care Loaner Program

The 3M™ Charity Care Program is intended only for indigent patients (who meet federal poverty guidelines) with no insurance benefits or no durable medical coverage for NPWT services, who are unable to meet their financial obligations.

Patient Information

Name:	Account #:	
Address:	Apt or Lot #:	
City:	State:	Zip:
Home Phone:	Cell Phone:	
Family Member Contact:	Phone:	
Insurance Name:	Policy #:	

You must sign the Financial Disclosure Statement so your request for eligibility may be determined.

Family Income and Source

	Patient	Spouse/Other Household
Monthly Salary:	$	$
Public Assistance:	$	$
Unemployment Benefits:	$	$
Workman's Compensation:	$	$
Total Family Income:	**$**	**Household Size:**

Confirmation of Indigent Status: If the Inpatient Facility (Hospital) is able to provide a letter (or face sheet) validating for 3M Medical Solutions the indigent status of the patient while receiving inpatient care at that facility — then no additional proof of income (W2s, paystubs) will be required for discharge home.

Financial Statement Payment Plan / Waiver Application

I, or my authorized representative, hereby acknowledge that the information given herein is true and correct. I, or my authorized representative authorize 3M Medical Solutions to utilize the information provided in assessing financial need and release 3M in assessing financial need.

Signature of Person making request	Date	Signature of Patient or Representative	Date

Please fax completed application to Patient Financial Services at 1-888-245-2295.

For additional Information please call **1-800-275-4524**.

NOTE: Medicaid recipients should NOT complete this form. 3M is prevented from requesting financial information from Medicaid patients.