

RespirTech, a Philips company, recognizes some patients do not have adequate financial resources to help pay for the products and services received from our organization and may need financial support. We are dedicated to helping patients maintain and improve their quality of life, and we have developed a program to assist eligible patients.

Submission of this application is required to apply for RespirTech's patient support program. The application will be reviewed and if approved, RespirTech will agree to forgive all or a portion of your payment obligation for up to **15 months**. Applicants have **15 days** from receipt of this application to submit required information for review. All the information and documentation requested in the application is voluntary. However, failure to completely and accurately provide the information necessary to assess your individual circumstances and financial resources will result in denial and all current and future patient balances will be the responsibility of the patient. To apply for consideration of a full or partial waiver, please provide the information requested below.

Application instructions: *(Application located on next page)*

Step 1: Locate documentation of **all annual household income, in which the patient is the taxpayer or dependent (e.g., child, qualifying relative) of the taxpayer**. See below for documentation examples. Include any additional supporting documentation of your financial need (e.g., recent loss of job, significant paid medical expenses, etc.).

Preferred Annual Household Income Documentation:

- ✓ First two pages of your most recent federal tax return (Form 1040)

For income not included in your tax return or if you were not required to file a tax return, see alternative annual household income documentation options. To process your application, you must provide documentation of all household income. →

Alternative Annual Household Income Documentation, provide all that apply:

- ✓ Social Security Administration statement
- ✓ Prior 60 days of pay stubs *(date must be visible)*
- ✓ Pension letter
- ✓ Unemployment benefit letter
- ✓ Worker's compensation letter
- ✓ Disability statement
- ✓ VA benefits letter
- ✓ Wage and tax statements (e.g., W-2, 1099 MISC., etc.)

****Please black out social security and account numbers on any documents prior to sending.****

Step 2: Complete, sign, and date the one-page application found on the next page.

Step 3: Submit your completed application along with your annual household income documentation gathered in **Step 1** to RespirTech via one of the methods noted on the application on the next page.

If you need further assistance or have questions, please contact RespirTech's customer care team at 800.793.1261.

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Patient support program application



Patient account number: _____ Application due date: _____

Complete all 3 below steps to complete your application:

Step 1: Locate documentation supporting all your annual household income and financial need. Check the below boxes indicating what documentation you are submitting with your application. **Black out all references to your social security or account numbers on any documents provided.**

Federal tax return Social Security Administration statement Other: _____

Step 2: Complete, sign, and date the below application:

Date of application: _____ Patient date of birth: _____

Patient name: _____

List all medical insurances carried by the patient: _____

Applicant's name (if different then patient): _____

Applicant's relationship to patient: _____

Address: _____ Phone number: _____

Annual household income: \$ _____ Number of dependents in the household: _____

Please indicate any extraordinary circumstances that may affect your ability to pay your financial obligations for the products and/or services provided by RespirTech. Note: for any extraordinary circumstances to be considered as part of this application, **proof of the circumstance must be provided** (e.g., Unemployment payments if a job loss has happened since last tax year, etc.).

By signing below, you certify that the above provided information and any attached documentation provided by you is true and accurate.

Signature

Date

Step 3: Submit your completed application, annual household income documentation and any other supporting documentation of financial need to RespirTech using one of the below methods:

DocuSign®: Contact RespirTech for link **Email:** RespirTech_PSP@philips.com **Fax:** 1.833.277.8438

Mail: RespirTech, Attn: PSP Team, 5905 Nathan Lane North, Suite 200, Plymouth, MN 55442

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