

**PLEASE NOTE: ADDITIONAL DOCUMENTATION REQUIRED!  
PLEASE FAX THE PATIENT'S FACE SHEET AND THE ORDER AND PRESCRIPTION FORM WITH  
THIS APPLICATION.**

<b>Section 1</b>	<b>Patient Information</b>			
Last Name:		First Name:		MI:
DOB:		Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Mailing Address:				
City:		State:		Zip:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a U.S. Military Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have public or private insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Section 2</b>	<b>Financial Information</b> <i>(if any items is \$0, please indicate \$0 – do not leave blank)</i>			
Total Annual Household Income:		\$		
Number in Household:	<i>(to include spouse, legal guardian and dependent)</i>			
Extraordinary Medical Expenses:		\$		
Explanation of Extraordinary Medical Expenses:				
Additional Considerations for Receiving Patient Assistance:				
<b>Section 3</b>	<b>Consent</b>			

I understand the above information is being provided to Smith+Nephew, Inc., or its assigned agent, with the intent of receiving financial assistance for the Negative Pressure Wound Therapy I have been prescribed. I understand that Smith+Nephew, Inc. has the right to verify this information and to request additional proof or documentation. I authorize Smith+Nephew, Inc. to use and/or disclose this information to verify if I am eligible to participate in the patient assistance program and understand that such verification may include contacting me, my physician and affiliated healthcare personnel, and/or any current insurance provider for additional information. I further understand that based on a review of the information provided, I may still have a financial liability (e.g. office visit copay). I swear, or affirm that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

**Questions? The Smith+Nephew Reimbursement Hotline is available Monday-Friday between the hours of 8:00AM and 7:00PM ET at 1-866-988-3491.**