

Patient Assistance Program
PICO[◇] sNPWT
No Bill Signature Form
Phone: 866-988-3491
Fax: 866-304-6692



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

It is understood by our staff and physicians that, in the event we receive any PICO Single Use Negative Pressure Wound Therapy (sNPWT) product for a patient that has been approved by the Patient Assistance Program, we understand that the patient shall be free of any financial obligation related to the cost of the product. Furthermore, when utilizing this particular PICO product, our facility shall not charge for the product or any related procedure utilizing such product.

Sincerely,

Signature

Date

Printed Name and Title

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**.

This fax is for the use of the intended recipient only and may contain privileged or confidential information. If you have received this transmission in error, please notify us immediately and destroy this message. Thank you.



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