



PERMOBIL FOUNDATION IN-KIND PRODUCT APPLICATION

The submission of this application shall serve as proof that all information is complete and truthful. Further, the applicant certifies that all options to obtain coverage and payment from insurance(s) have been attempted and exhausted. *Any incomplete applications will be rejected.*

CLIENT INFORMATION

First Name: _____ Last Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____

Diagnosis: _____

DEALER INFORMATION

IMPORTANT: Prior to submitting an application the Client's dealer must have obtained a quote from Permobil.

Name of Dealer: _____ Phone #: _____

Dealer Contact/ATP Name: _____ Email: _____

Permobil Quote #: _____ Permobil Representative: _____

INSURANCE INFORMATION

IMPORTANT: All insurance options MUST be submitted and denied PRIOR to application submission and MUST be included with application (attach a copy of any documentation from the primary insurance carrier associated with the claim and denial)

1. What is your primary insurance coverage (please check one):
Medicare Medicaid Private Insurance (please identify _____)

2. What item(s) requested were denied by your primary insurance? (list in priority of medical need)

3. Have all appeal options been denied by your primary insurance? Yes No

4. Do you have secondary insurance? Yes (please identify): _____ No

5. If the answer to question 4 is "Yes", what items requested were denied by your secondary insurance?

DONATION REQUEST: Provide an overview of applicant's request, critical need and how the product(s) requested will aid in their mobility.

You must attach letter from your doctor or physical therapist regarding the medical necessity of your request.

RESEARCH STUDY:

You may be eligible to participate in future research studies. Would you like to be contacted?
Yes No

CERTIFICATION AND ACCEPTANCE: *I certify that information contained herein is true and complete and accept the obligation to comply with the terms and conditions if the request is awarded as a result of this application. **Non-Discrimination:** The Permobil Foundation will not make contributions that discriminate on the basis of race, color, religion, gender, mental or physical disabilities, sexual orientation, national origin, age, citizenship, veteran/reserve/national guard status or other protected status; partisan political organization; or groups limited to members of a single religious organization.*

PUBLICITY WAIVER AND RELEASE AGREEMENT:

I hereby irrevocably permit, authorize and license to Permobil Foundation and its licensees, assigns, successors, parent company, subsidiaries, owners, operators, and other affiliates, and each of the respective officers, directors, employees, shareholders, contractors, agents, associates, and representatives, (collectively "Assignees"), the universal, unrestricted and perpetual right to use my name, image, likeness, voice and/or appearance as such may be embodied or recorded in any photos, video recordings, audiotapes, digital images, or any similar medium, (collectively "Information"). I understand this waiver and release signifies that the Information described herein may be electronically displayed via the Internet or via any other medium with no time limit on or geographic limitation to which these materials may be distributed. By signing the in-kind product application and/or sponsorship application, I hereby waive any right that I may have to inspect and/or approve the finished works or the use(s) of the Information. I further hereby release, discharge and agree to hold harmless Assignees from any liability, any claim or cause of action, whether now known or unknown, for defamation, invasion of privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the Information. PARENTS OR GUARDIANS OF CHILDREN UNDER AGE 18 MUST SIGN THIS RELEASE: I am the parent or guardian of the minor named above. I hereby make and enter into each and every representation, license and assignment described above on behalf of me, the minor, and any other parent or guardian of the minor. I believe and represent that I have legal authority to make these representations, grant this license and assign the Information to Assignees, and I agree to indemnify Assignees for all liability arising out of any lack of authority on my part to make such representations.

Client's Signature: _____ **Date**_____

And/or signature of person completing this form _____ Relationship to client: _____

DEALER/VENDOR AGREEMENT

Before the Foundation Board of Directors will review this request, we require all parties be aware that the Foundation cannot assist with future repairs to the product/chair that is being requested. Meaning if the Foundation Board of Directors approves to donate the requested item(s) and if for some reason a repair is needed on this chair the financial obligation and service of the repair is between the client and the dealer. By signing below, you agree to handle future repairs and services with the client and that the Foundation is not liable/responsible. Please note that if you order the chair prior to the board's decision on this request we CANNOT assist with any upgrades or financial support after the chair has been ordered, therefore hold on ordering until you are notified as no credits will be issued.

Signature of Dealer: _____ Date_____

The following MUST be submitted with this application or it will be rejected, no exceptions:

- Fully completed application with signature of applicant and dealer
- Permobil Quote # *(if you have a copy of your quote please include with your application)*
- Copy of all insurance denials and appeals
- Letter of medical necessity from doctor/physical therapist

To submit application:

- Email to: Info@permobilfoundation.org