

PRODUCT APPLICATION for United Spinal Association

IMPORTANT:

- This form must be submitted to the Permobil Foundation and approved PRIOR to ordering a Permobil wheelchair. If approved the wheelchair quote will be revised to reflect the donation. The revised quote will be sent to the provider/dealer of the wheelchair. Donation credit cannot be issued if the chair is ordered prior to approval.
- Due to the limited number of United Spinal donations available please limit your request based on critical need and financial limitations to ensure that patients in greatest need have access to donations.

DATE: _____

CLIENT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____

DEALER INFORMATION

Name of Dealer & Contact: _____ Dealer Email: _____

Permobil Quote #: _____ Permobil Representative: _____

PRODUCT REQUESTED:

SmartDrive MX2+ _____ _____ t Seat Elevator

INSURANCE INFORMATION

Do you have insurance? Yes No

If yes (please check one): Medicare Medicaid Private Insurance

Was your insurance denied in full or partially denied? _____

DONATION REQUEST: Please explain an overview of your request and financial/medical necessity.

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.

Signature of Applicant _____ Date _____

TO SUBMIT THIS FORM: Email to info@PermobilFoundation.org

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 donation 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 the Permobil Foundation 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:

- o Fully completed application with signature of applicant and dealer
- o Permobil Quote #

To submit application: email to info@permobilfoundation.org