



PERMOBIL FOUNDATION IN-KIND/PRODUCT APPLICATION

CLIENT INFORMATION

First Name: _____ Last Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____

Diagnosis: _____ Model Requested: _____

DEALER INFORMATION

IMPORTANT: All applicants must have a quote from a dealer PRIOR to submitting application

Name of Dealer: _____

Dealer Contact/ATP Name: _____ Phone #: _____

Client Quote #: _____ Permobil Rep/Contact: _____

INSURANCE INFORMATION

IMPORTANT: All insurance options MUST be submitted and denied PRIOR to application submission

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: Explain an overview of your request and critical need (limit to 5 sentences). Please also include a note from your doctor or physical therapists regarding your need.

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.

Signature of Applicant _____

Date _____

Please ensure the following are included with your application:

- Completed application
- Quote # (if you have a copy of your quote please include with your application)

To submit application:

- Email to: Ashley.Davis@permobil.com OR
- Mail to: *(please do not staple pages together)*
 - Permobil Foundation: 300 Duke Drive · Lebanon, TN 37090