

AA Medical Equipment Company

127 Pearl Street / PO Box 598

Attleboro, MA 02703

508-222-9146

Financial Disclosure

Application for Medicare Co-Insurance Waiver

Medicare law requires a health care provider (such as a pharmacy or medical equipment company), that accepts an assignment for services billed to the Medicare program, bill the beneficiary for a portion of the cost of these services. This is called co-insurance. The health care provider may, however, elect to waive all or a portion of the Medicare co-insurance if the health care provider determines that the beneficiary does not have the ability to pay the Medicare co-insurance. In order to assist us in determining if you have the ability to pay the Medicare co-insurance, please complete the following and return to us.

Name:	
Address:	
Phone Number:	Medicare Number:
Financial Information	
Monthly Net Income:	
Monthly Expenses:	
Rent or House Payment:	Utilities:
Car Payment:	Other Transportation:
Food:	Medical Bills:
Total Monthly Expenses:	

I certify that the above information is true and correct and I request that the Medicare co-insurance be waived.

Signature

Date