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Referral Recipient Information Form

Date _____	Referral Agency/Phone # _____
Name _____	Referred By _____
Address _____	County _____
City _____	State _____ Zip _____
Phone# _____	Date of Birth: M _____ D _____ Y _____
Email _____	

Terms & Conditions:

HERO is a 501(c)(3) charitable non-profit organization, provides medical supplies and equipment to those in need. HERO requests a handling fee for the items that helps fund HERO, allowing it to continue to provide services both locally and globally. These terms and conditions constitute the entire agreement regarding your receipt of medical supplies from HERO. HERO recommends inspecting and cleaning items prior to use.

HERO does not offer medical advice or make any claims or warranties regarding the medical supplies that it distributes. The recipient accepts full responsibility for the safe and proper use of the supplies and equipment. Always consult your own healthcare provider or personal physician regarding the use of medical supplies and equipment. HERO requests the referring agency to have diabetic supplies, nebulizers, O2 concentrator, c-pap, blood-pressure cuffs, pumps, surgical, cardiac-related or similar equipment, recalibrated or inspected by a professional prior to patient use.

THE MEDICAL SUPPLIES COVERED BY THIS AGREEMENT ARE PROVIDED "AS IS." HERO MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. RECIPIENT ACKNOWLEDGES THAT RECIPIENT HAS NOT RELIED ON ANY STATEMENT OF HERO NOT INCLUDED IN THIS AGREEMENT. THE RECIPIENT BEARS THE ENTIRE RISK FOR INJURY AND ILLNESS (INCLUDING COMMUNICABLE DISEASES) RELATED TO THE QUALITY, PERFORMANCE AND USE OF THE SUPPLIES.

UNDER NO CIRCUMSTANCES SHALL HERO OR ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES BE LIABLE TO ANY PARTY FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL, PUNITIVE, OR ANY OTHER DAMAGES, INCLUDING BUT NOT LIMITED TO: PERSONAL INJURY, WRONGFUL DEATH, LOSS OF PROFITS, GOODWILL, OR OTHER INTANGIBLE LOSSES.

Some jurisdictions do not allow the exclusion of certain warranties or the limitation or exclusion of liability for incidental or consequential damages. In such jurisdictions, HERO's liability shall be limited to the fullest extent permitted by law.

By signing below, I acknowledge and agree to the "HERO Terms and Conditions" set forth above.

Signature _____ **Date** _____



Referral Request Form (Equipment/Supplies)

Clients: Ht _____ Wt _____

Manual Wheelchairs Rx needed

- Standard Wheelchair
- Heavy Duty Wheelchair
- Power Wheelchair

Hospital Beds Rx needed

- Semi-Electric
- Full Electric
- Bariatric Bed (350 lbs.+)
- Mattress

Mobility Rx needed for Rollator Walker

- Walker
- Walker w/wheels
- Cane
- Crutches
- Rollator Walker
- Shower Chair
- Commode

Other items request: _____

HERO Waived Fee Program: Client Co-Pay Agency Funded

For clients independently living at home: (NOT IN A FACILITY)

HERO can waive fees on certain items if it is medically necessary. Not all items can be waived.

HERO Copay: You will be asked to pay a small Co-pay (donation) for Waived Fee items.

Copay	Value Waived
\$10	\$10-50
\$20	\$51-100
\$30	\$101-150
\$40	\$151-200
\$50	\$201-250
\$60	\$251-300
\$70	\$301-350
\$80	\$351-400
\$90	\$401-450
\$100	\$451-500

Income Guidelines: HERO follows the Federal Poverty Guidelines for individuals seeking assistance through the Waived Fee Program. To qualify you must provide HERO with the following information.
Total Household income & Total number of people living in the

NOT Waived: Non-medical necessary items:
 ~ Personal hygiene, lotions, soaps, body wipes & shampoo caps, toothpaste & brushes, band aids, first aid creams, scissors & tweezers, nail clippers, slippers, protein drinks, plastic bowls, Sani wipes

Waived Items:
 ~ Bladder Control- adult incontinence briefs, liner pads & chuxs, wipes
 ~ Wound Care- long term after surgery procedure, ABDs, 4x4, Kerlix specialty dressings, tape, coban etc., Hollister & Diabetic supplies
 ~ Injury- ace wraps, ice packs, boots,

HERO has the right to refuse service. Pricing subject to change.

Powered & Non-Powered Item: Rx must be provided for the following items:

- Wheelchairs, scooters, lift chairs, bed, CPAP's
- Manual Hoyer lifts, standing lifts
- Recipients must pay a Copay of \$150 up to \$600 value, Copay of \$250 \$601 to \$1200 on powered items.

We have a 5-day return policy, and a 10% Restocking Fee.

HERO will provide one power item every 3 years.

By signing below, you certify the recipient's financial need.

I request the handling fee be waived due to financial hardship. HERO reserves the right to request proof of income and reserves the right to deny services due to inaccurate financial disclosure.

Annual Household Income (Net) _____ Number in Household _____

Signature of Recipient or Representative _____ Date _____