

EQUIPMENT FORM

PERSONAL INFORMATION

Full Name :

(PLEASE USE CAPITAL)

Child's Full Name : Birthdate : ____/____/____ Gender : ☐ Male ☐ FemaleAddress : Phone Number : Email : Insurance : Insurance ID : Equipment Status : ☐ Accepted ☐ Denied ☐ Not Applied ☐ Other Through Insurance T-shirt Size : Diagnosis : Can We Share Your Story w/ photo/video : ☐ Yes ☐ No

rights if applicable

Equipment Applying For : Attach Separate Page for Measurements/Details

MEDICAL CONTACTS: PCP -OR- SPECIALIST

Contact Name : Contact Name : Phone # : Phone # :

OFFICE USE ONLY

Date Recieved : Amount : Date Review : Date Ordered : Decision : Date Received :

More Information :

PO BOX #463 Grants Pass, OR 97528

(877) 354-7365

www.mecdisabilities.org

THANK YOU



EQUIPMENT FORM

EQUIPMENT INFORMATION

Equipment Needed
(PLEASE USE CAPITAL)

:

Who Recommended

:

Please attach letter of medical necessity or recommendation. Along with prescription and insurance denial if applicable. You will hear a decision within 120 days of MEC Disabilities receiving the completed application.

If we need any other information or documentation to get the equipment we will contact you at your preferred method of contact. After 3 tries and fails of contact your application will be filed and on hand for 1 year. Please contact us if anything changes such as measurements etc.

Measurements/Details

DELIVERY IF ACCEPTED

Please select below your preferred method of contact and if personal delivery is ok. In most cases the equipment will be delivered by the company we order from but it can potentially be delivered by a board member of MEC Disabilities if ok.

☐ Phone ☐ Email

☐ In Person Delivery OK ☐ In Person Delivery **Not** OK

OFFICE USE ONLY

Equipment Information :

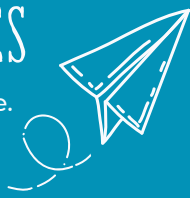
More Information :

PO BOX #463 Grants Pass, OR 97528

(877) 354-7365

www.mecdisabilities.org

THANK YOU



EQUIPMENT FORM

YOUR STORY

If you would like to share your story with us and possibly our followers please tell us your story below. If there is not enough space please feel free to attach another page to continue telling us.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PERMISSION TO SHARE YOUR STORY

Can we share your story?

YES

NO

More Information :



PO BOX #463 Grants Pass, OR 97528



(877) 354-7365



www.mecdisabilities.org

THANK YOU