Compassionate Pricing Application Form



Medical Cannabis Argento Medical 3455 Harvester Road, Unit #25 Burlington, On. L7N-3P2 www.argentomedical.ca

Tel: 1-888-742-0062

Medical Cannabis at Argento Medical offers a 10% discount on all cannabis products for eligible patients with an annual income below \$30,000* Restrictions may apply

Instructions

To be eligible for consideration of our Compassionate Pricing Program, applicants must submit:

1.A completed Compassionate Pricing Application Form, attesting total annual income is below \$30,000; and

2.Upon request and as proof of eligibility, a copy of the Notice of Assessment issued by the Canada Revenue Agency during the previous tax year (indicating name, address, taxation year, date issued and summary of line 150 only, with all other information masked) **OR** proof of receipt of financial assistance from a federal or provincial program, indicating that your income falls below \$30,000.

provincial program, indicating that your income falls below \$30,000 **Applicant Information** Please ensure your name is exactly as indicated on your Health Card Date of birth (mm/dd/yyyy) First name Last name Name of caregiver (if applicable) I hereby attest that my total annual income is under \$30,000 I understand that if I falsely represent financial or supporting information, my application for Compassionate Pricing with Argento Medical Inc. will be rejected I must reapply for approval annually I understand that I will be contacted by Argento Medical Inc. to verify eligibility Date (mm/dd/yyyy) Signature Submit documents email to: order@argentomedical.ca or by mail to: Medical Cannabis by Argento Medical Inc., 3455 Harvester Road, Unit #25, Burlington, ON. L7N-3P2

For Argento Medical Staff use ONLY:

Approved by: Name and position:	_ Signature:
Date of approval:	
Patient/caregiver notified by	on (date)

Patient/caregiver directed to place all orders by telephone to redeem this discount