

CONSUMER APPLICATION

About UNION HEALTH:

Union Health is one of the nation's largest healthcare networks. We work closely with the top medical suppliers to provide you a more cost-effective way to obtain your supplies & equipment, which you may qualify for at little to not cost.

Are You In Need Of Our FREE Service?

Our Network provides FREE home delivery & product support for all medical supply needs regarding:
Diabetes • Arthritis • Mobility Limitations • Male Impotence • Respiratory Conditions

CHECK OFF THE MEDICAL SUPPLIES You Currently Use / May Have Use For:

DIABETES

Diabetic Testing Supplies

ARTHRITIS

Back Brace

MOBILITY

Power Wheelchair

Power Scooter

ERECTILE DYSFUNCTION

ED Pump

RESPIRATORY

Oxygen Supplies

Respiratory Nebulizer Medication

BRIEF CONSUMER INFORMATION (Please fill out the 5 fields marked with *)

*First Name: _____ *Last Name: _____

*Address: _____

*Phone Number: _____ D.O.B.: _____

Primary Insurance: _____ Secondary Ins: _____

Prescribing Physician: _____ Phone #: _____

Address: _____

SIGNATURE REQUIRED To Begin Taking Advantage Of Our Free Service!

A Union Health Customer Service Representative will contact you to verify your information.

*Signature: _____ Date: _____

By filling out and signing this form, I authorize Union Health and/or any of its affiliates to contact me regarding the coordination of shipment and/or the furnishing of a Medicare covered item that is to be rented or purchased. In addition, I am confirming that receipt of this application was due to my attendance at a public seminar, health fair, trade show and/or public event.

OFFICIAL USE ONLY - Writing Associate

Signature: _____ Date: _____

Print Name: _____

- Log into web Portal – Submit
 - Consumer will be contacted within 20 minutes during business hours
 - Call Union Health Support line with questions or concerns: 954.772.9504
- Notes: _____