

U.S. CHARITABLE DENTAL PROGRAM

APPLICATION FOR DONATION OF ZIMMER BIOMET DENTAL PRODUCTS

Please read carefully the information below outlining Americares Medical Outreach's capabilities regarding Zimmer Biomet product donations for U.S. Charitable Dental Procedures.

1. Americares will consider requests for the donation of Zimmer Biomet dental products to U.S. licensed clinicians performing procedures in the U.S and for patients who qualify for charitable assistance based on the patient's inability to pay for the procedures to be performed and the products to be used. By signing this agreement, the clinician is confirming that the patient is indigent and meets those standards.
2. Neither the patient, a family member, insurance company, nor a federal, local, or state program, nor any other third party payer will be charged for the Zimmer Biomet products and/or services performed in conjunction with the procedure.
3. **All requests for Zimmer Biomet product donations for U.S. charitable dental procedures must be pre-approved by Americares prior to the procedure taking place. We cannot approve any product donations for procedures that have already taken place.**
4. Americares asks you to provide gender and age data only. Please do not provide any other patient information.
5. The clinician must provide Americares with a description of the dental procedure(s) s/he will be performing. The products to be donated will be determined by the clinician in consultation with Zimmer Biomet Dental Customer Service.
6. All approved products will be shipped to the clinician by Zimmer Biomet. Americares is not involved with providing the actual products and has no liability whatsoever in this regard.
7. Donated product will only be used to treat the patient indicated in the application; it will not be used on any other patients.
8. Upon completion of the procedure(s) wherein the last donated product is used, the clinician will notify Americares via email confirming all procedures have been completed and advise if there are any unused dental products to be returned.
9. All donated product not used will be returned to Zimmer Biomet within ten days of the final procedure.
10. I agree to notify Americares immediately of any occurrence that has the potential to negatively impact Americares.
11. **I agree to fully indemnify, hold harmless and defend Americares and Zimmer Biomet, its directors, officers, employees and agents from and against all claims, demands, causes of action, lawsuits and any liability, costs and expenses (including reasonable attorney's fees and costs) resulting from usage of Americares donated product.**

I have read and agree to follow the terms as stated above:

Clinician's Name:

Clinician's Signature

Date

If completed electronically and returned via email, a typed signature is acceptable. If completed by hand, please write clearly, then print, sign and return the application by fax or email.

Please email (medicaloutreach@americares.org) or fax 203-658-9510 completed paperwork to Americares. For any questions, please email as above or call 203-658-9500 and ask for Medical Outreach.

MEDICAL OUTREACH



88 HAMILTON AVE • STAMFORD, CT 06902
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WWW.AMERICARES.ORG

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By completing and submitting this form, you affirm that you will personally oversee the use of and will take full responsibility for the Zimmer Biomet product donation approved by Americares. In compliance with Internal Revenue Service regulations, these products will be used for indigent patients only and will not be sold or exchanged for property or services.

CONTACT INFORMATION			
1.	Clinician's Contact Information		
	Name:		
	Practice Name:		
	Street Address:		
	City:	State (2-letter):	Zip:
	Email:	Telephone #:	
2.	Implant Administrator's Contact Information		
	Name:		
	Email:	Telephone #:	
3.	Ship to Address (if different than address above)		
	Practice Name:		
	Street Address:		
	City:	State (2-letter):	Zip:
	Contact Name:	Contact Phone #:	
PROCEDURE & PATIENT INFORMATION			
	Full Description of Dental Procedure(s):		
	Date of Final Procedure:	Patient Age:	Gender:
LICENSE INFORMATION			
License Type (DDS, DMD):		License State (2-letter):	Exp. Date:
<input type="checkbox"/> A copy of the Clinician's current U.S. state medical/dental license is included with the application.			
<input type="checkbox"/> The Clinician's state no longer provides a hard-copy license. A copy of the Clinician's current driver's license or passport is attached instead.			

Clinician's Name:

Clinician's Signature

Date

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