

U.S. CHARITABLE SURGERY PROGRAM

APPLICATION FOR ZIMMER BIOMET DONATED PRODUCTS

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

1. Americares will consider requests for the donation of Zimmer Biomet products to U.S. licensed physicians performing surgeries in the U.S and for patients who qualify for charitable assistance based on the standards used by the hospital in which the surgery will take place. By signing this agreement, the physician is confirming that the patient 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 surgery and/or services performed in conjunction with the surgery.
3. **All requests for Zimmer Biomet product donations for U.S. charitable surgeries must be pre-approved by Americares prior to the surgery. We cannot approve any product donations for surgeries that have already taken place.**
4. Americares asks you to provide patient gender and age data only. Please do not provide any other patient information.
5. The physician must provide Americares with a detailed description of the type of surgery s/he will be performing, as well as the complete product numbers for and quantities of the products that s/he anticipates using for that surgery. In most cases, actual products to be used will be determined in the operating room and substitutions for sizes and/or similar products are permitted.
6. Requests for donated products must be pre-approved by Americares, usually working in conjunction with the physician's Zimmer Biomet sales representative. In most cases, the sales representative will bring all approved products to the operating room for the surgery. In cases where a sales representative is not involved, it is the responsibility of the physician and/or medical facility to ensure that the products are available in the operating room. Americares is not involved with providing the actual products and has no liability whatsoever in this regard.
7. Upon completion of the surgery, the sales representative (or medical facility/physician if applicable) will fax or email to Americares a copy of the **operating room sticker list that includes the hospital patient sticker showing the surgery date and the surgeon's name and that has been signed by the surgeon. Please remove or block out patient health information.** A clear cell phone photo is acceptable. Americares will review the products used and, assuming there are no major unexplained discrepancies, will approve and process the charitable donation. Americares is not involved with Zimmer Biomet's internal accounting or inventory procedures. For any questions about how the charitable donation is processed once approved, please contact Zimmer Biomet.
8. Given constraints on products available for donation, Americares anticipates limiting requests to enable a maximum of 2 patients per year per physician/organization/medical facility.
9. I agree to notify Americares immediately of any occurrence that has the potential to negatively impact Americares.
10. **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 Zimmer Biomet donated products facilitated by Americares U.S. Charitable Surgery Program.**

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

Physician's Name:

Physician'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.

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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. Physician's Contact Information			
Name:		Practice Name:	
Street Address:			
City:		State (2-letter):	Zip:
Email:		Telephone #: Specify if Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>	
2. Zimmer Biomet Representative's Contact Information			
Name:		Distributor:	
Street Address:		Office Contact Name:	
		Office Contact Email:	
City:		State (2-letter):	Zip:
Email:		Telephone #: Specify if Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>	
3. Medical Facility Contact Information (where surgery will be performed)			
Facility Name:			Account #:
Street Address:			
City:		State (2-letter):	Zip:
Contact Name:		Contact Phone #:	
SURGERY & PATIENT INFORMATION			
Type of Surgery (full description):			
Date of Surgery:		Patient Age:	Gender:
LICENSE INFORMATION			
License Type (MD, DO):	License State (2-letter):	Exp. Date:	
<input type="checkbox"/> A copy of the Physician's current U.S. state medical license is included with the application.			
<input type="checkbox"/> The Physician's state no longer provides a hard-copy license. An online license verification <u>and</u> a copy of the Physician's current driver's license are attached instead.			

Physician's Name:

Physician's Signature

Date

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