Dear Patient,
We've included a Financial Hardship Application with this letter. This form allows you to request adjusted costs for your durable medical equipment (DME) and related services when you're facing financial challenges.

At Synapse Health, we believe everyone deserves access to the care they need. By completing this form, you help us ensure equitable support while also meeting important legal and ethical standards. To be considered for the hardship program, you must submit all required materials within 15 days of receipt of this letter. Your submission must include:

- The fully completed and signed Financial Hardship Application
- Proof of income (examples include recent pay stubs, tax returns, or other official financial income documentation)
- Most recent bank statements

Until we receive the completed application and all supporting documentation, we are unable to review your application or consider you for the hardship program.

Please mail your completed application and supporting documents to:
Synapse Health, Inc.
169 Madison Ave, Suite# 15752
New York, NY 10016

If you have questions or need assistance, our team is here to help guide you through the process.
You can reach us at 1.888.336.9363.

Warm regards,
The Synapse Health Team