

Receive a \$25.00 Cash Card Now

Step One

Fill out, sign, and return the required forms in the Consumer Membership Benefit Packet.

- Assignment of Benefits and Consent Form
- Medical Records Request Form
- Direct Compensation Program Prior Authorization Request Form

Step Two

Complete the survey below and mail back to:

Method HCS R&D Department
105 S. State Street #602
Orem, UT 84058

Step Three

Wait for your \$25.00 Cash Card to be mailed to you. Once all documents and payment request are received by Method HCS, the compensation cash card will be mailed.

Cut here and mail back to Method HCS R&D Department

Exemplary Consumer Satisfaction and Survey

- Yes No Was the delivery technician friendly?
- Yes No Was all the paperwork understandable?
- Yes No Was the user instructions included with the delivered product?
- Yes No Were you properly instructed on the use of the supplies/equipment?
- Yes No Were all of your questions answered?
- Yes No Was the warranty/repair and return policy provided to you?
- Yes No Was the financial responsibility requirements explained to you?
- Yes No Does the product you received meet your expectations?
- Yes No Has the product you received helped relieve your pain?
- Yes No Has the Method HCS process been easy?

Notes/Comments:

Print Name

Membership Number (not required)

Signature

Date