

Request for Financial Assistance

We are a non-profit providing Hyperbaric Oxygen Therapy. Thanks to generous donations from community members, Hyperbaric Vermont is able to offer limited financial assistance to cover a portion of treatment costs. Based on funding availability, we offer 10-50% of treatment costs to individuals who need assistance.

Eligibility is based on one's ability to pay. Please complete this application and submit it with a copy of the first page of your most recent tax return. Assistance is distributed on a first come, first-served basis, and the amount disbursed may vary depending on the requests received.

Please fill out the form below and mail with the first page of your most recent tax return to: Attention: Operations Director, Hyperbaric Vermont, 250 Main St, Montpelier, VT 05602

Name:	Email:
Address:	
Phone:	
Number of HBOT Treatments Desired:	
10 (\$685) 20 (\$1,210) 30 (\$1,635)	40 (\$1,960)
How much can you contribute toward H	BOT treatment? \$
	" - 1
Gross Adjusted Income \$	# Family Members:
Statement of people places include a brid	f evaluation of your financial need on the back of
this form.	f explanation of your financial need on the back of
tills form.	
I verify that the above information is true	<u> </u>
1 verify that the above information is tra-	c.
Signature:	Date:
250 Main St., Suite 102, Montpelier, VT 05602	
41 IDX Dr., Suite 271, South Burlington, VT 0540	3 Phone: 802-662-5993 Fax: 802-857-5461