

CLINICIAN/PATIENT ADVOCATE FORM



Complete this form and submit to PayerDevelopment@tactilemedical.com.

Completion of this form indicates your willingness to be contacted to participate in outreach to Health Plans via letter writing, email or phone calls to advocate for coverage of Tactile Medical products.

Clinician Information

Clinician Name

Clinic Name

Phone

Email

City, State

Patient Information

Patient Name

Phone

Email

City, State

Current Health Plan Name

Tactile Medical

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Minneapolis, MN 55416 USA

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Toll Free Fax: 866.435.3949

Hours: 7 a.m. to 7 p.m. CT, Monday–Friday
tactilemedical.com