

# MEDTYME BENEFITS

# Registration Form



**Medtyme Corporation**  
*"Support Our Sick"*

*Our mission and ultimate goal as an organization is to provide resources to help socially, financially and spiritually to those in need. With support that provides assistance/relief to individuals with a valid medical emergency situation due to a medical setback or devastation.*

Name:*	
Address:*	
City:*	
State/Zip:*	
Phone:*	
Cell/Message:	
E-mail:	
Occupation:	

*Putting determination in a manner that's beneficial to all!*

*How did you hear about MEMRA?*

Organization	Family Member	Friend	Church	Medical Facility	Other
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*The MEMRA Fund accepts individual's emergency requests regardless of diagnosis, age, gender, religion, race or creed!*

Type of Medical Assistance Requested:		New Customer at MEMRA?			
Dr. Office Co-Payments		Membership		Therapy Services	
Funeral/Burial Assistance		Emergency Assistance		Notary Document Signing	
Become A Sponsor		Volunteer Services		Physician Referral	
Assistance With Medical Forms		Home Health Assistance		Pharmacy Prescriptions	

Emergency Room Services		Medical Equipment Rental		Pediatric Care	
Dentistry		Outside Resources		Dependant Care	
Medical Equipment		Live-in Assistance		Out-Patient Care	
Medical Supplies		Other Services		Prenatal Care	

Reason for assistance?
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*Knowing that you can make things different by having the knowledge to accomplish something that makes a difference!*