

## FINANCIAL ASSISTANCE PLAN APPLICATION

Please fax this completed form with the test requisition for review and approval:

Fax: 844-658-1657

Today's date: \_\_\_\_\_

### PATIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  Mr.  Mrs.  Miss  Ms.

Birth date (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ |  Male  Female | Social Security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Single  Married  Divorced  Separated  Widowed | Best time to contact you \_\_\_\_\_ : \_\_\_\_\_ AM/PM

Best contact no. \_\_\_\_\_ Home phone no. \_\_\_\_\_

Address \_\_\_\_\_ P.O. box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### FINANCIAL INFORMATION

Current annual household gross income \_\_\_\_\_ \$ \_\_\_\_\_

Number of household members dependent on the income stated above (including the applicant) \_\_\_\_\_

**In order to be considered for this program, the following documents must be supplied:**

- This application form completed and SIGNED
- A copy of your most recent tax returns (first two pages only) or two most recent W-2s for all wage earners
- Copy of any information provided by your insurance company related to the reimbursement for Claritas testing

### APPLICATION DECLARATION

I attest that the information provided is complete and accurate. I agree that at any time during my enrollment, Claritas Genomics may request additional documents to authenticate the statements made on my application. I understand that Claritas Genomics reserves the right to change or discontinue this program at any time.

Patient/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

*Privacy Act Notice: Claritas Genomics, Inc. is a CLIA licensed reference laboratory that complies with all aspects of HIPAA, and makes determinations of financial hardship without discriminating on the basis of race, sex, national origin or any other personal attributes.*

*Claritas Genomics, Inc., or any agents of the firm, reserves the right to request reports or other financial documentation from credit reporting agencies, or the patient directly, on a case by case basis. In addition, Claritas Genomics, Inc. reserves the right to discontinue or modify its financial assistance program at its own discretion.*

