

Patient Financial Assistance Application

Dear Patient,

You may be able to receive discounted care. Completing this application will help Precipio Diagnostics determine if you are eligible to receive discounted services from Precipio, or through other public programs that can help pay for your healthcare. If you are uninsured, a social security number is not required to qualify for discounted care. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help determine whether you qualify for any public programs. Please complete this form and submit it to Precipio Diagnostics by mail, or by fax to apply for discounted care at the time of submission of your test request.

PATIENT INFORMATION

Last Name	First Name	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB / /	Social Security # - -
Address	City	State	Zip	Home Phone () -	Cell Phone () -

TREATING PHYSICIAN

Physician Name	Practice/group/Hospital Name	Contact telephone () -
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INSURANCE AND INCOME INFORMATION

Do you have insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medicare, Medicaid, Tricare or other government health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of persons in household: _____
Family monthly gross household Income (please include all sources of income): \$ _____	Estimated Family monthly expenses (please include all recurring expenses): \$ _____	Value of Family assets (bank, vehicle, real estate etc): \$ _____

Who should we contact to provide our response: <input type="checkbox"/> Patient <input type="checkbox"/> Practice via: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/> Patient relative/designee: Name: _____ Contact phone: _____ Preferred time to call: _____	Please provide any additional information regarding any additional extenuating circumstances which you would like us to consider as part of your application:
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PATIENT CERTIFICATION AND SIGNATURE

If I do not have insurance, I certify that I am not eligible for Medicare, Medicaid, or any other state or government health insurance and will not seek reimbursement from any insurance carrier or government agency for charges waived by Precipio Diagnostics. If I have insurance, I Certify that I will not seek reimbursement from any insurance carrier or government agency for fees that are my financial responsibility. I certify that the information contained in this application is correct to the best of my knowledge. Patient/Guarantor acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist Precipio in determining whether the patient is eligible for financial assistance. I authorize the release of any and all financial records necessary to verify the above information. I understand this information will not be used for any other purpose unless I give written consent, or if the government permits or requires. I certify that I will notify Precipio Diagnostics within 30 days if there is any change in my eligibility status with regard to income and health care coverage. Upon the request of Precipio Diagnostics, I will provide documentation, including but not limited to personal financial records, which are necessary to verify the information contained in this application. Precipio Diagnostics reserves the right to modify or discontinue this program with respect to any patient or in its entirety, at any time.

Patient signature	Date / /
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Directions for completing the application

1. Include the application with the test requisition form.
2. Please include a photocopy of your driver's license, and a copy of your federal tax return form for the most recent year.
3. Please mail to the address listed below, or fax this Financial Assistance Program Application to 203.901.1289 within 2 days of test order.

Precipio Diagnostics
C/O Financial Assistance Program
4 Science Park, 3rd floor
New Haven. CT 06511

If you have any questions, please call Precipio customer service at 203.787.1717.

You will receive notification of determination within 10 business days of receipt of a complete application and all required documents.