



siParadigm Financial Assistance Program Application

Please complete the information below for your healthcare provider-ordered test:

✓ Check one. I am applying for:

Uninsured Assistance- I do not have any medical health insurance. If I meet the low-income criteria, I understand that my cost for testing will be limited to: \$0 if my income is up to 2x federal poverty level (FPL); \$100 if my income is 2-3x FPL; or \$295 if my income is 3-4x FPL.

Under-insured Assistance- I currently have medical insurance coverage with

_____, and have supplied all current policy information to my clinician’s office for submission with my Test Request Form. If I meet the low-income criteria for my healthcare provider-ordered test, I understand any out-of-pocket expense resulting from my medical insurance claim will be limited to the amount listed above under Uninsured Assistance.

✓ **Number of family members in household supported by the income listed below:** _____

✓ **Household Annual Gross Income (AGI):** \$ _____ (Note: AGI includes the following for all members of your household: Gross Salary, Unemployment Compensation, Disability and Worker’s Compensation, Social Security and/or Supplemental (SSI) Benefits, Public Assistance (TANF, SNAP, etc.). As supporting documentation, please submit a copy of the first page of your most recent tax return (IRS Form 1040, 1040A or 1040EZ), or document summarizing income such as a W2. If you are unable to submit income documentation, briefly describe in the space below your income source(s) and why your tax return is not available:

I hereby certify that the information provided by myself or my legal representative is true and accurate. I have read and understand the siParadigm Financial Assistance Program requirements, and understand that siParadigm LLC. reserves the right at any time and without notice to modify the application form; to modify or terminate this Program; and to audit the information I have provided on this application.

Patient Signature

Date

Printed Name

Date of Birth