

## FINANCIAL ASSISTANCE PROGRAM & APPLICATION

Baylor Genetics understands genetic testing can cause financial challenges, so we offer patients a Financial Assistance Program (FAP) to assist with meeting your genetic testing needs. To help us determine whether you qualify for our FAP, please complete the information below and submit this form to: [Billing@baylorgenetics.com](mailto:Billing@baylorgenetics.com). This application can also be submitted via secure webform at <https://www.baylorgenetics.com/assistance-form/>.

PLEASE NOTE: Baylor Genetics' FAP may be available to patients who opt out of using their in-network or out-of-network benefits and choose to pay the self-pay price, uninsured patients who are unable to pay the self-pay price, or out-of-network patients where insurance paid their portion, but the patient is left with a large out-of-pocket balance. To discuss other payment options, please contact Baylor Genetics at 1-800-411-4363.

### PROGRAM REQUIREMENTS

To determine whether you qualify for Baylor Genetics' FAP, please complete the information below and submit the following:

1. Your total annual gross household income (pre-tax). This includes gross salary (e.g., your wages), unemployment compensation, disability and worker's compensation, social security and/or supplemental (SSI) benefits, Public Assistance (TANF, SNAP, etc.), pension/retirement, dividends/interest, rents/royalties, alimony, child support, and/or other assets.
2. Your household size (e.g., number in household). This means those who you are legally able to claim on your tax returns (e.g., dependents).
3. Documents to confirm your household income and household size that include your name, date of birth, and gross income information. Please remove all sensitive personal information such as social security numbers.
  - a. Copies of two of the following supporting documentation, such as: (1) your most recent federal tax return; (2) your W-2 withholding statement; (3) your two, most recent and consecutive paystubs (2 paystubs count as one type of documentation).
  - b. Other extreme financial situations: In addition to the documents required above (3a), you may provide other documentation evidencing other financial difficulties you would like Baylor Genetics to consider, such as: (1) bankruptcy filings; (2) summary of excessive medical bills owned; (3) recent death or disability of primary household earner.

### PATIENT INFORMATION

Patient Last Name	Patient First Name	MI	Date of Birth (MM / DD / YYYY)
Address	City	State	Zip
E-mail	Primary Insurance Company	Total Annual Gross Household Income	Number in Household
			Test Code Ordered

#### WHAT YOU MAY OWE BASED ON YOUR HOUSEHOLD INCOME

Household Size*	\$0	\$150	\$250
1	\$30,120	\$60,420	\$90,360
2	\$40,880	\$81,760	\$122,640
3	\$51,640	\$103,280	\$154,920
4	\$62,400	\$124,800	\$187,200
5	\$73,160	\$146,320	\$219,480
6	\$83,920	\$167,840	\$251,760
7	\$94,680	\$189,360	\$284,040
8+	\$105,440	\$210,880	\$316,320

\* You will not be asked to pay more than your insurance assigns your responsibility.

**FINANCIAL ASSISTANCE PROGRAM & APPLICATION**

**ATTESTATION**

I hereby certify that the information provided, and the documentation submitted is true and accurate. Baylor Genetics reserves the right at any time and without notice to modify the application form, to modify or terminate this FAP Program; and to verify the information I provide on this application. I further certify and agree that I will not seek reimbursement or credit for this testing from any insurer, health maintenance organization, government program, or other source of financial assistance. I understand that if I do not qualify, I will be notified. I acknowledge that I am neither related to, nor employed by, the healthcare provider ordering the genetic test(s) from Baylor Genetics. Baylor Genetics can require the patient to pay full price if it later determines that inaccurate information was provided.

\_\_\_\_\_  
Name of Patient or Legal Representative

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Signed (MM / DD / YYYY)

**EXAMPLES OF SUPPORTING DOCUMENTATION**

- Copy of Most Recent IRS 1040 Tax Form
- Social Security Disability or Survivor Benefits
- Catastrophic Situations (Death or Disability)
- Earnings from Work – Last 2 Paycheck Stubs
- Child Support Statement
- Other Documentation Showing Inability to Pay
- Unemployment Payment Information
- Proof of Bankruptcy Settlement

**OFFICE USE ONLY**

APPROVED     DENIED

\_\_\_\_\_  
Full Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (MM / DD / YYYY)