

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. 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.

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

Availability of Language Assistance

Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-411-4363 (TTY: 711) o hable con su proveedor.
Chinese (Simplified)	中文 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-411-4363 (文本电话: 711) 或咨询您的服务提供商。
Chinese (Traditional)	中文 注意: 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-800-411-4363 (TTY: 711) 或與您的提供者討論。
Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-411-4363 (TTY: 711) o makipag-usap sa iyong provider.
Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-411-4364 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
Arabic	انجام اول لوصول انكمي شاقين سنب تامل عمل ريفوتل كبس انم تامدخ و قدع اسم لئاس و رفوتت امك. فين اجمل اوي و غلل ادع اسم ل تامدخ كل رفوتت س ف ، في رعب ال غلل ا شحتت تنك اذا بي سنب. اناجم امدقم اول ا شحتت و ا (711) 1-800-411-4364 م قرا لى ل ع ل ص ت ا
French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliares appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-411-4364 (TTY : 711) ou parlez à votre fournisseur.
Korean	한국어 주의: (한국어)를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식의 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-411-4364 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Russian	РУССКИЙ ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-411-4364 (TTY: 711) или обратитесь к своему поставщику услуг.
Portuguese (Brazilian)	Modelo de aviso de disponibilidade de serviços de assistência linguística e auxílios e serviços auxiliares (§ 92.11) ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-411-4364 (TTY: 711) ou fale com seu provedor.
Haitian	Kreyòl Ayisyen ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed aladispozisyon w gratis pou lang ou pale a. Ed ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-411-4364 (TTY: 711) oswa pale avèk founisè w la.
Hindi	हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नशुलक भाषा सहायता से वाए उपलब्ध होती हैं। सुलभ परांपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और से वाए भी नशुलक उपलब्ध हैं। 1-800-411-4364 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-411-4364 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-411-4364 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-411-4364 (tty: 711) o parla con il tuo fornitore.
Urdu	ودرا تفم ی هب تامدخ روا ادا م اوع م بس انم ی ل ع ک ے نرک مدارف تامل عمل م ی م س ش م راف ی ئاس و ل باق . ن ی ہای س تد تامدخ ی ک دد تفم ی ک نابز ی ل ع ک ے ا پ ا و ت . ن ی ہ ے ت ل و ب و درا پ ا رگا : ن ی ہ م چ و ت . ن ی ہ ر ک ت ا ب ے س . ن دن ن ک مدارف ے ن پ ا ی ن ی ر ک ل ا ک ر پ (TTY: 711) 1-800-411-4364 . ن ی ہ ہای س تد

OFFICE USE ONLY

APPROVED DENIED

Full Name

_____/_____/_____
Date (MM / DD / YYYY)