



FINANCIAL ASSISTANCE DISCLOSURE APPLICATION

Date of Request:		Account Number:	
Patient Name:	DOB:	Telephone:	
Address:	City:	State:	Zip Code:
Gross Monthly Income: \$		The number living in the household:	

Health care expenses can undoubtedly be a significant concern for you and your family. MD Labs has agreed to review your personal financial information for consideration in potentially awarding you a financial assistance discount from the patient responsibility balance on your bill.

To apply for assistance, please complete this form and send it to:

MD Labs
Attn: Compliance Department
10715 Double R Blvd # 102 or FAX: 775-499-5146 Attn: Compliance Department
Reno, NV 8952

Within thirty (30) days of your completed submission, you should expect to receive a response from MD Labs regarding your application. This application needs to must be completed only once each calendar year. To determine eligibility for a financial assistance discount, you must apply for assistance and provide MD Labs with **one or more of the required documents** of financial need. Examples of such documentation are set forth below:

- | | |
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| <p>Current Wage Statement(s)</p> <p>Previous Year's W2</p> <p>Annual Statement of Social Security Income</p> | <p>Previous Year's Tax Return</p> <p>Copy of Current SNAP Card</p> |
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Questions about supporting documentation should be directed to the MD Labs patient billing specialist at **(775) 499-5150**.

The financial assistance discount will be based on a percentage of the current Federal Poverty Guidelines, as shown below for the year 2020. Source: <https://aspe.hhs.gov/2020-poverty-guidelines>

Family Size	Annual HHI	Family Size	Annual HHI
1	\$12,760	5	\$30,680
2	\$17,240	6	\$35,160
3	\$21,720	7	\$39,640
4	\$26,200	8	\$44,120
		Each Additional	+\$4,480

Patients who cannot afford to pay their bills are encouraged to request financial assistance before making any payment to their account. Once payment is made, payments received shall not be refunded. If you do not qualify for a discount, or a discount is not sufficient due to other circumstances, MD Labs will make every effort to develop an option that works for you. Please call an MD Labs patient billing specialist at **(775) 499-5150**.

I hereby certify the above information is true, correct, and complete and have attached documentation of household income as indicated above. I understand that MD Labs reserves the right to verify all information submitted.

Patient Name:	Signature:	Date:
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For MD Labs Use Only		
Reviewed By:	Date:	Approved %: