

Program Application

Patient Information

First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		Unit or Apt	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Primary Phone Number	Secondary Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Preferred Contact Method		
<input type="text"/>	<input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> Both		

Financial Information

Does the patient have insurance?

☐ Yes ☐ No

What is the total gross annual household income?

Please include income from all earners living in the household.

How many household members are supported by the total gross annual household income?

Additional Context

Please provide any details you would like considered in the box below. If needed, attach additional pages to this application.

Extenuating Circumstances

Please check any extenuating circumstances that apply.

- ☐ Retired
- ☐ Short or long term disability
- ☐ Significant credit card debt
- ☐ Significant medical expenses
- ☐ Supporting family outside of household (such as child support or spousal support)
- ☐ Temporary loss of income due to health
- ☐ Permanent loss of income due to health
- ☐ College expenses
- ☐ Non-local travel expenses for medical treatment
- ☐ Other

Under penalty of perjury, I certify that the above information is True and Correct:

Patient or Authorized Representative

Printed Name	Signature*	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*As a Personal Representative of the patient, I am completing this Application on the patient's behalf and my signature certifies that I have explained to the patient the nature and purpose of this Application and the patient has consented to my completing it on their behalf.

Relationship to Patient

This Program does not constitute health insurance. Naveris may request documentation to verify income, including recent tax returns. By applying for the Program, you are attesting under penalty of perjury that you are providing truthful information, that you are eligible for assistance, and that you have insufficient financial resources to pay for the performed test. We may discontinue or change this Program at any time for any reason without prior notice.