



Application for Economic Hardship

T: 770-686-3620 F: 888-316-1232
5680 Oakbrook Parkway Suite 100 Norcross GA. 30093

Please send the completed form with the test requisition or fax it at the time of sample collection to 888-316-1232

PATIENT INFORMATION		
Last Name:	Middle Initial:	First:
Birth Date:	SSN:	PHONE:
Street Address:		
City:	State:	Zip:
STATEMENT OF MEDICAL NECESSITY		
I, the ordering medical provider, confirm that testing is medically necessary and that test results may impact medical management for the patient. _____ initials		
CERTIFICATION OF ECONOMIC HARDSHIP		
The above patient has no medical insurance and I have established to my satisfaction that this patient's existing financial resources are not sufficient to cover the cost of the testing requested. I am requesting that he/she be included in the Oxy-Gen Laboratory Economic Hardship Program. To the best of my knowledge, this patient's household income falls below 250% of the Poverty Level as established by the U.S Department of Health and Human Services. I will also provide comparable discounted and/or waived fee arrangements to this patient for a substantial portion of my services.		
Test Requested: _____		
Physician Signature:		NPI Number:
Print Physician Name:		Institution/Clinic:
ADDITIONAL INFORMATION		
This completed form must be received with the sample kit or notify that it will be received separately no later than 72 hours of test requisition and submission. Direct any questions about this program, including questions pertaining to patient's who may have extenuating circumstances, to our billing representative at phone number 770-686-3620 or email billing@oxy-genlab.com		
Note: This form does not replace the official test requisition form, which must accompany the sample kit in order for testing to be initiated.		
Accepted for Oxy-Gen Laboratory by:		

PATIENT SIGNATURE	
Signature:	
Printed Name:	Date: