



Financial Assistance Disclosure Form and Application

T: 770-686-3620 F: 888-316-1232
 5680 Oakbrook Parkway Suite 100 Norcross GA. 30093
billing@oxy-genlab.com

| Patient Information | | | |
|-------------------------|------------------|-------------------------|-------------|
| Patient Name: | | DOB: | Phone: |
| Address: | | Patient E-mail: | |
| | | City: | State: Zip: |
| Date of Application: | Test(s) Ordered: | Account Number: | |
| Insurance Carrier Name: | | Insurance ID Number: | |
| Policyholder Name: | | Insurance Phone Number: | |

| Household Information |
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Oxy-Gen Laboratory has agreed to review your financial information for consideration of a financial assistance discount on the patient responsibility balance of your bill. To apply for assistance, please complete this form and submit to Oxy-Gen Laboratory via fax or email. To determine eligibility for a financial assistance discount, a patient must apply for assistance and provide Oxy-Gen Laboratory with documents (IRS Form 1040 or W2 Form and proof of mortgage/rent payment if any) demonstrating financial need. Questions or concerns about supporting documentation should be directed to Oxy-Gen Laboratory patient billing.

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|---------------------------|------------------------|------------------------|------------------|
| Household Income: | Family/Household Size: | Mortgage/Rent Payment: | |
| Number of kids in college | School Tuition | Car Payment | Medical Expenses |

Additional Information:

I hereby certify the above information true, accurate and complete. I have attached all documentation needed as indicated above. I understand Oxy-Gen Laboratory reserves the right to verify all information submitted. I authorize Oxy-Gen Laboratory to bill any insurance/health coverage on behalf of myself and I irrevocably assign to and direct that payment be made to Oxy-Gen Laboratory. I also authorize Oxy-Gen Laboratory to release any information required for billing. I further authorize Oxy-Gen Laboratory to release results to my authorized provider.

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| Signature: | Date: |
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| For internal use only |
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| Reviewed By: | | | | | Date: |
| <u>Accession #</u> | <u>Date of Service</u> | <u>Amount Owed</u> | <u>Amount Approved</u> | <u>Adjusted Amount</u> | <u>Denial Reason</u> |
| | | | | | |