



PATIENT ACCESS SUPPORT SERVICES FORM (PASS)

PURPOSE

The PGDx Access Support Services (PASS) financial assistance program offers discounts to patients in compliance with U.S. Department of Health and Human Services guidelines. Eligibility is based on family size and income level. Tiered discounts are available up to 100%.

INSTRUCTIONS FOR RETURN

Email customersupport@pgdx.com or fax (667) 212-5252.

ORDERING PHYSICIAN INFORMATION

| | | | |
|---------------|------------|-------|-------------|
| LAST NAME | FIRST NAME | MI | INSTITUTION |
| EMAIL ADDRESS | | PHONE | FAX |

PATIENT INFORMATION

| | | |
|--------------------------------------|------------|----|
| LAST NAME | FIRST NAME | MI |
| STREET ADDRESS | | |
| STREET ADDRESS LINE 2 | | |
| CITY | | |
| STATE | ZIP CODE | |
| COUNTRY | | |
| PHONE | | |
| EMAIL ADDRESS | | |
| <input type="radio"/> Urgent request | | |

PREFERRED CONTACT INFORMATION

| |
|--|
| PERSON TO CONTACT |
| EMAIL ADDRESS |
| PHONE |
| RELATIONSHIP TO PATIENT <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other |

HOUSEHOLD INCOME

- | | |
|---|--|
| <input type="radio"/> Less than \$20,000 | <input type="radio"/> \$65,000 - \$75,000 |
| <input type="radio"/> \$20,000 - \$30,000 | <input type="radio"/> \$75,000 - \$90,000 |
| <input type="radio"/> \$30,000 - \$40,000 | <input type="radio"/> \$90,000 - \$105,000 |
| <input type="radio"/> \$40,000 - \$50,000 | <input type="radio"/> \$105,000 - \$120,000 |
| <input type="radio"/> \$50,000 - \$60,000 | <input type="radio"/> Greater than \$120,000 |

Number of family members in household supported by above income ____.

PLEASE ADVISE OF ANY EXTENUATING CIRCUMSTANCES YOU WOULD LIKE NOTED WITH YOUR CONSIDERATION

| | |
|--|-------------|
| SIGNATURE (I HEREBY ACKNOWLEDGE THIS INFORMATION IS TRUE AND ACCURATE) | DATE SIGNED |
|--|-------------|

PGDx (OFFICE USE ONLY)

| | | | |
|-----------------|---|----------|--|
| PGDx NUMBER | <input type="radio"/> FULL SUPPORT <input type="radio"/> PARTIAL SUPPORT <input type="radio"/> NO SUPPORT | | |
| DATE OF RECEIPT | APPROVAL DATE | INITIALS | |

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT CUSTOMERSUPPORT@PGDx.COM