

Patient Authorization/Financial Hardship

Genesis Reference Laboratories is the Clinical Laboratory chosen to perform all diagnostic testing services by your facility and/or physician.

I, _____, authorize Genesis Reference Laboratories to:

1. Run laboratory tests on my specimens for proper clinical care.
2. Release the results of the laboratory tests to the ordering practitioner and facility.
3. Release my specimen upon practitioner written request for confirmation.
4. Collect and use any medical information necessary to process my specimen and insurance claim.
5. Receive payments of benefits for laboratory testing performed.

To be eligible for a Financial Hardship Discount:

1. You must be uninsured or under insured for the Genesis Reference Laboratories lab testing services.
2. Genesis Reference Laboratories must have received a valid order for Genesis Reference Laboratories lab testing services from your treating healthcare provider confirming the testing services are medically necessary for your treatment.
3. Your household income must be at or below 200% current Federal Poverty Guidelines. (see attached)
4. You must complete and sign this Application.

If applicable, Genesis Reference Laboratories will bill my insurance provider for the laboratory testing services at the usual and customary charge for the procedures ordered by my practitioner. If my insurance provider pays me directly, then I am responsible for sending the countersigned check or full payment amount to Genesis Reference Laboratories within *10 business days*.

I am currently on disability

I am currently unemployed:

Other:

Household annual income:

Number of persons in household:

I may be required to complete our Charity Hardship Application and Household Member Disclosure Form along with providing proof of income if deemed necessary.

NOTE: Genesis Reference Laboratories runs *all their cash paying patients* through a Hardship Assistance Program to determine eligibility as an additional safeguard. This allows the facility to get an alert of an insurance status change for patients in the hardship program, which changes their coverage to insured. I understand that this authorization expires after one year. I understand that I am required to update my insurance with Genesis Reference Laboratories immediately upon any changes.

Patient Signature:

Date:

Please submit this form to billing@genesisreferencelabs.com. Please allow 2 business weeks for all responses.

2021 POVERTY GUIDELINES

Persons in family/household	Poverty guideline
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

For families/households with more than 8 persons, add \$4,540 for each additional person.