



Myriad Financial Assistance Program Application Under-insured Patients

The Myriad Financial Assistance Program (“MFAP” or “Program”) is available to assist with out-of-pocket costs for those patients who have private commercial insurance that is not Federally-funded. Insured patients who meet both the MFAP medical and the financial requirements described below are eligible for assistance to reduce their out-of-pocket expense to no more than \$100. Note: An incomplete application will delay processing.

UNDER-INSURED PATIENTS – Please complete the information below:

- I certify that I do not carry Federally-funded health insurance (i.e., Medicare, Medicaid, Tricare, Medicare Advantage).

- Gross annual household income: \$ _____

As supporting documentation, please submit a copy of the first page of your most recent tax return (IRS Form 1040, 1040A or 1040EZ). If you are unable to submit a tax return, in the space provided below, briefly describe your income source(s) and why your tax return is not available:

- Number of family members in household supported by above income: _____
- I certify that the gross annual household income for the number of persons listed above is less than the MFAP Financial Criteria @: www.myriadpro.com/mfap

I hereby certify that the information provided by myself or my legal representative is true and accurate. I have read and understand the Myriad Financial Assistance Program requirements. I understand and agree that Myriad Genetic Laboratories, Inc. reserves the right at any time and without notice to modify the application form; to modify or terminate this Program; and to audit the information I have provided on this application.

Patient Signature

Date

Printed Name

Date of Birth

**Myriad Genetic Laboratories, Inc. · 320 Wakara Way · Salt Lake City, UT 84108
Phone: (800) 469-7423 · Fax: (801) 584-3615**

Myriad and the Myriad logo are either trademarks or registered trademarks of Myriad Genetics, Inc. in the United States and other jurisdictions

08/2016