

# FINANCIAL ASSISTANCE APPLICATION



Aligned with our belief that genetic testing should be accessible for all, GeneDx, LLC, offers flexible billing and payment options, including a Financial Assistance Program (FAP). To help us know if you qualify for this program please complete the application below. **To avoid any delays, make sure to fill in all fields.**

**PLEASE NOTE:** Financial assistance is for testing that is billed through insurance. Some commercial health plans will not allow GeneDx to offer financial assistance. Financial assistance may be granted for self-pay on a case by case basis. To discuss other payment options or to find out if you qualify for financial assistance, please contact us at (888) 729-1206, option 2 or [billing@genedx.com](mailto:billing@genedx.com).

Name (Last, First, Middle Initial)		Date of Birth (MM/DD/YYYY)	
Email Address		Primary Phone Number	
Address		City	State
Accession Number or Account Number from GeneDx bill (if known)		Household Size	Household Income (pre-tax)

To see if you qualify for GeneDx's Financial Assistance Program (FAP), we need to know your household size (the number of people who live in your home) and household income before taxes. Your total household income includes the following for ALL members of your household: Gross Salary (your wages), Unemployment Compensation, Disability and Worker's Compensation, Social Security and/or Supplemental (SSI) Benefits, Public Assistance (TANF, SNAP, etc.), Pension/Retirement, Dividends/Interest, Rents/Royalties, Unemployment or Worker's Compensation, Alimony, and/or other Assets.

Your health insurance company will solely determine what your member financial responsibility will be for the GeneDx testing. This amount will be listed on the Explanation of Benefits (EOB) letter your health insurance company sends to you (the EOB letter is **not** a bill). GeneDx will then bill you based on the EOB member financial responsibility. If you are approved for FAP, we will discount your final bill from GeneDx by the amount listed in the table below for which you are eligible. The table is based on the 2022 federal poverty guidelines and will be updated as federal guidelines change annually.

PERSONS IN FAMILY/HOUSEHOLD	DISCOUNTED AMOUNT DUE BASED ON HOUSEHOLD INCOME				
	\$0	\$75	\$150	\$200	\$250
1	\$14,580	\$36,304	\$43,594.20	\$50,884.20	\$58,320
2	\$19,720	\$49,103	\$58,962.80	\$68,822.80	\$78,880
3	\$24,860	\$61,901.40	\$74,331.40	\$86,761.40	\$99,440
4	\$30,000	\$74,700	\$89,700.00	\$104,700.00	\$120,000
5	\$35,140	\$87,498.60	\$105,068.60	\$122,638.60	\$140,560
6	\$40,280	100,297.20	\$120,437.20	\$140,577.20	\$161,120
7	\$45,420	\$113,095.80	\$135,805.80	\$158,515.80	\$181,680
8	\$50,560	\$125,894.40	\$151,174.40	\$176,454.40	\$202,240

We need some additional documents to confirm your household income. We are required by applicable law to collect this information.

Along with this completed form, please send copies of two of the three types of supporting documentation:

- Type 1: Your most recent federal tax return (1040 or 1040EZ)
- Type 2: Your W-2 withholding statement
- Type 3: Your two, most recent and consecutive paystubs (2 paystubs count as one type of documentation)

Other Extreme Financial Situations – Please provide documentation for any other financial difficulties that you would like GeneDx to take into consideration, such as:

- A copy of your bankruptcy status
- A summary of excessive medical bills
- The recent death or disability of a household earner

I hereby certify that the information provided above and the documentation I provide to GeneDx are true and accurate. GeneDx reserves the right, at any time and without notice, to modify the application form, to modify or terminate this program, to audit my information or to request additional documentation of income and financial need.

**IMPORTANT: All information you send to us is handled safely and securely but only your first and last name, date of birth, and gross income information are needed on the documents you send us.**

**Please black-out other sensitive personal information such as social security number and net income.**

**Please send this completed form and your blacked-out supporting documents to us via one of the following secure options:**

1. Fax to: 201-421-2020
2. Email: [Billing@genedx.com](mailto:Billing@genedx.com)

**AS A REMINDER:** By applying for our financial assistance program, GeneDx will bill your insurance.

Patient/Responsible Party's Signature	Date (MM/DD/YYYY)
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# FINANCIAL ASSISTANCE PROGRAM PROCESS



## STEP 1: COMPLETE APPLICATION AND PREPARE SUPPORTING DOCUMENTATION

Select two of the three types of supporting documentation from the previous page and black-out your sensitive personal information (i.e. social security number).

GeneDx only needs to be able to view your first and last name, date of birth, and gross income. Here are some examples of how to black-out your documents:

Sample Company 123 Main St. Gaithersburg, MD 12345		EARNINGS STATEMENT				
EMPLOYEE NAME	SSN	EMPLOYEE ID	CH	CK NO.	PAY PERIOD	PAY DATE
John Doe	[REDACTED]	12345		76543	MM/DD/YY - MM/DD/YY	MM/DD/YY
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOAL	YEAR-TO-DATE
GROSS WAGES	[REDACTED]	[REDACTED]	970.00	FICA MED TAX FICA SS TAX FED TAX	[REDACTED]	[REDACTED]
YTD GROSS	YTD DEDUCTIONS	YTD NET PAY	CURRENT TOTAL	CURRENT DEDUCTIONS	NET PAY	

2.2.2.2		Employee's social security number		OMB No 1545-0048	
1 Employee identification number (EIN)	[REDACTED]	11 Wages, tips, other compensation	[REDACTED]	2 Federal income tax withheld	[REDACTED]
3 Social security wages	[REDACTED]	4 Social security tax withheld	[REDACTED]	5 Medicare wages and tips	[REDACTED]
6 Medicare tax withheld	[REDACTED]	7 Social security tips	[REDACTED]	8 Allocated tips	[REDACTED]
9 Control number	[REDACTED]	10 Verification code	[REDACTED]	11 Nonqualified plans	[REDACTED]
12a D	[REDACTED]	12b DD	[REDACTED]	12c P	[REDACTED]
12d	[REDACTED]	13	[REDACTED]	14	[REDACTED]
15	[REDACTED]	16 State wages, tips, etc.	\$50,000	17 State income tax	[REDACTED]
18 Local wages, tips, etc.	[REDACTED]	19 Local income tax	[REDACTED]	20 Locality name	MU

**W-2 Wage and Tax Statement** 20XX  
Form 991 - For State, City, or Local Tax Department Department of the Treasury - Internal Revenue Service



## STEP 2: SEND YOUR COMPLETED FORM AND PREPARED DOCUMENTATION

Please send your documents via one of the following secure options:

1. Fax to: 201-421-2020
2. Email: [Billing@genedx.com](mailto:Billing@genedx.com)

Once you have sent your FAP materials, please contact us to make sure we have received your application and documentation.

1-888-729-1206, option 2 or [billing@genedx.com](mailto:billing@genedx.com)



## STEP 3: FAP REVIEW, EXPLANATION OF BENEFITS (EOB) AND PAYMENT

Once your Financial Assistance Program (FAP) application and documents are reviewed, we will contact you to let you know if you're approved.\*

If your testing is complete, your health insurance company will send you your Explanation of Benefits (EOB) letter which may arrive before you have been contacted by GeneDx about your FAP. You do not need to make any payment until GeneDx has notified you and has sent you a GeneDx bill.

If you are approved for FAP, the discounted amount will be applied to the member financial responsibility listed on your EOB.

YOUR Insurance Company		Explanation of Benefits (EOB)	
Subscriber Information		Total of Claim(s)	
First: John	Last: Doe	Your current claim(s) total:	\$350.00
ID: Z12345678		Your Insurance Company paid:	\$50.00
Patient: John Doe ID: Z12345678		Amount you are responsible for: \$300.00 (includes: copays, deductible, coinsurance, not covered or excluded services)	
Medical Services Detail	Your Provider Billed	Member Benefit	Amount Your Provider May Bill You
Claim #: 01-23456-78-90	Amount Allowed	Member Savings	YTD Plan Paid
Provider: ZEE ORAPE	\$350.00	\$50.00	\$0.00
Date(s): 07/01/2019		YTD Copayment	YTD Deductible
Service: LABORATORY		\$0.00	\$100.00
		YTD Coinsurance	YTD Other Liability
		\$0.00	\$0.00
		YTD TOTAL	\$100.00
Total for Claim # 01-23456-78-90	\$350.00	\$100.00	\$50.00

\*You will receive a bill with the full amount if you are not eligible or all required documentation has not been received.