Hereditary Cancer Testing Financial Assistance Application

If you would like to be considered for Financial Assistance to pay for your Hereditary Cancer Testing, please complete the questions below.

Here are some important notes to consider before applying:

- This form must be completed in its entirety to be considered.
- This form must be completed by the PATIENT.
- We may need to obtain additional information from the Testing Provider to proceed.
- This form must be completed PRIOR to or the initial stage of getting tested.
- Patients CAN NOT get personally reimbursed for testing costs.
- Payments for testing will be sent DIRECTLY to the testing lab.
- You may be asked for copies of your bill from the testing lab.

Once you have COMPLETED this form, our organization will make a determination as soon as possible. You will be contacted with a determination or the need for further information within 14 days. If you have questions in the meantime, please reach out to us via email at financial@hereditarycancer.org

Please note: Information on this form is used by The Hereditary Cancer Foundation to make determinations and metric purposes only! Data is NEVER SOLD or SHARED by the Hereditary Cancer Foundation.

* Indicates required question

1. Email *

____

2. First and Last Name *

____

3. Date of Birth *

____

Example: January 7, 2019

4. Address *

5. City *

6. State *

7. Zip Code *

8. Phone Number *

9. Race *

10. Gender *

11. Do you have PERSONAL history of cancer? *

Mark only one oval.

- Yes
- No

12. Do you have FAMILY history of cancer? If so, Please provide below. (Specific Relation and age at diagnosis) *

13. I have already had my testing *

Mark only one oval.

- Yes
- No *Skip to question 17*

14. If you have tested? What Date was your sample was taken?

Example: January 7, 2019

15. Name of Provider that ordered your Hereditary Cancer Testing? *

16. What TESTING LAB is your Genetic Testing being preformed through? *

Mark only one oval.

- Invitae
- Myriad
- Ambry
- Pancea
- Other

Financial Determination Questions

Must be completed to make final determination

17. Have you applied for Financial Assistance with the testing lab? *

Mark only one oval.

- Yes
- No
- Did Not Qualify

18. If you applied for Financial Assistance with Testing Lab, What was the determination? *

Check all that apply.

- [ ] I Qualified for a reduced Cost
- [ ] I DID NOT QUALIFY-Income was too High
- [ ] I DID NOT QUALIFY-I have Medicaid, Medicare
- [ ] Other: ____________________

19. What is the AMOUNT DUE from the testing Lab? *

____

20. Income Range Based on Family Size *

Check all that apply.

- [ ] Less than $20,000
- [ ] $20,000 to $35,000
- [ ] $36,000 to $50,0000
- [ ] $51,000 to $75,000
- [ ] $76,000 to $100,000
- [ ] More than $100,000

21. Family Size *

Check all that apply.

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9+

22. Are there any extenuating circumstances that should be noted on this application, that may not accurately reflect your ability to pay? If so, please let us know! *

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Consent and Acknowledgements

23. I am aware that the information on this form is used by The Hereditary Cancer Foundation to make determinations for financial assistance and metric purposes only! Data is NEVER SOLD or SHARED by the Hereditary Cancer Foundation. *

Mark only one oval.

- Yes
- No

24. I am aware that if granted financial assistance through The Kamie K Preston Hereditary Cancer Foundation, they will pay for the testing on my behalf directly to the testing lab. *

Mark only one oval.

- Yes
- No

25. I agree to allow the Kamie K Preston Hereditary Cancer Foundation to contact my provider and for my provider to release any additional information needed to process the funding to the Kamie K Preston Hereditary Cancer Foundation. *

Mark only one oval.

- Yes

26. If I am granted financial assistance, I agree to allow the Kamie K Preston Hereditary Cancer Foundation to contact the testing lab and pay the balance on my behalf. *

Mark only one oval.

- Yes

27. I agree to allow the Kamie K Preston Hereditary Cancer Foundation to obtain genetic testing results. This information will be used as metrics and in data points. This information will be NON-IDENTIFYING to you as a patient. This will allow us to provide data to donors, obtain grants for future use or general data points for our organization. *

Mark only one oval.

- ◯ Yes-I will provide via this link: https://forms.gle/PXiUj4TZnVJf6RKB7
- ◯ Yes-You may obtain from provider

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