

BIOPSY INC. CO-PAY ASSISTANCE APPLICATION

Applicant Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- City, State, ZIP Code: _____
- Phone Number: _____
- Email Address: _____

Insurance Information:

- Insurance Provider: _____
- Policy Number: _____
- Group Number: _____

Medical Information:

- Healthcare Provider: _____
- Provider's Phone Number: _____
- Diagnosis: _____
- Procedure Required: _____

Financial Information:

- Annual Household Income: _____
- Number of Dependents: _____

Supporting Documents:

- Proof of income (e.g., recent pay stubs, tax returns)

- Medical records or a letter from your healthcare provider indicating the need for a biopsy or MRI.
- Co-pay amount required \$_____
- Facility or office requiring co-payment contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

Applicant's Statement: I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of assistance.

Signature: _____

Date: _____

Please submit your completed application and supporting documents to Biopsy Inc. via email at Biopsyinc@Biopsyinc.org or mail to:

Biopsy Inc.
P.O. Box 144
Germantown, Maryland 20874
United States

If your application is approved, you will be informed of the payment date. The payment will then be sent directly to the facility or office requiring the co-payment on your behalf.

Important Notice: Due to our status as a charitable organization, approval of applications is limited to one co-payment per applicant, annually.

For any questions or additional assistance, please contact us at 1-877-594-3004 or email Biopsyinc@Biopsyinc.org.

Privacy Notice

Biopsy Inc. is committed to protecting your privacy. This Privacy Notice explains how we collect, use, disclose, and safeguard your information when you visit our website or use our services.

Information We Collect:

- **Personal Information:** We may collect personal information such as your name, address, email address, phone number, and insurance details.
- **Medical Information:** We may collect medical information related to your diagnosis and treatment.
- **Financial Information:** We may collect financial information such as your income and payment details.

How We Use Your Information:

- To provide and manage our services, including processing your application for co-pay assistance.
- To communicate with you about your application and our services.
- To comply with legal and regulatory requirements.

Disclosure of Your Information:

- We may share your information with healthcare providers, insurance companies, and other third parties as necessary to process your application and provide our services.
- We may disclose your information if required by law or to protect our rights and safety.

Your Rights:

- You have the right to access and update your personal information.
- You have the right to request the deletion of your personal information, subject to certain exceptions.
- You have the right to opt-out of certain disclosures of your information.

Security of Your Information:

- We use administrative, technical, and physical security measures to protect your personal information.

Changes to This Privacy Notice:

- We may update this Privacy Notice from time to time. We will notify you of any changes by posting the new Privacy Notice on our website.

Contact Us: If you have any questions or concerns about this Privacy Notice, please contact us at:

Biopsy Inc. P.O. Box 144 Germantown, Maryland 20874

United States

Phone: 1-877-594-3004

Email: Biopsyinc@Biopsyinc.org

Indemnification: Biopsy Inc. agrees to indemnify, defend, and hold harmless (its' Board members) from and against all claims, damages, liabilities, costs, and expenses (including reasonable attorneys' fees) arising out of or related to:

1. Any breach of this Agreement by Biopsy Inc.
2. Any negligent or wrongful act or omission by Biopsy Inc. or its employees, agents, or subcontractors.
3. Any infringement of intellectual property rights by Biopsy Inc. in connection with the services provided under this Agreement.

Disclaimer: Biopsy Inc. is not liable or responsible for the care or actions of the facility or office performing the biopsy and or receiving the co-payment.

I have read the Privacy notice, Disclaimer and Indemnification and I fully understand, and I fully agree.

Signature: _____ Date: _____