# Patient Financial Support Application

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|---|---|---|---|
| **Patient Name:** | | **SSN:** | |
| **Address:** | **City:** | **State:** | **Zipcode:** |
| **Phone Number:** | | **DOB:** | |

## Insurance Information

**Do you have medical coverage?** **No** **Yes**

If "Yes," please list responsible party information and include a copy of the insurance card:

**Millennium Health Account Number:**
(Required)

| | |
|---|---|
| **Insurance Carrier Name:** | **Phone Number:** |
| **Address:** | |
| **Policyholder Name and ID#:** | |

## Financial Information *(All values should reflect year to date income for all household members)*

| | |
|---|---|
| **Financial** | Household gross income (monthly): _____<br>(Total gross income for all household members) (include recent pay stub, W-2, unemployment or disability statement, other verification of income.) |
| | Household Size: _____<br>(Number of people who contribute to or are dependent on the household gross income.) Your application may be subject to audit and/or request for additional information.) |

I hereby swear under penalty of perjury under the laws of the United States that the above information is true and correct. I authorize Millennium Health to verify the above information for the sole purpose of assessing financial need. If this application is approved, I understand that financial assistance only applies to toxicology testing. I understand that if I do not qualify, I will be notified and Millennium Health will bill me. I have agreed to notify Millennium Health if my financial condition changes or improves.

Patient Name (Print): _____ Date: _____

Patient Signature: _____ Date: _____

Responsible Party Signature: _____ Date: _____

**Submit this signed application along with required documentation to:**

Via Mail:

Millennium Health, LLC
ATTN: Patient Billing Services
16981 Via Tazon, San Diego, CA 92127

Via Fax:

(858) 433-5844

**For more information, contact Millennium Health's Patient Billing Services at (877) 451-7337.**

Millennium Health has contractual and legal obligations to use reasonable efforts to collect patient balances. Millennium Health understands the difficult circumstances some patients may experience with out-of-pocket costs and will work with them to structure affordable payment plans and, in appropriate situations, offer financial assistance programs.