

# Patient Financial Support Application



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): \_\_\_\_\_  
(Total gross income for all household members) (include recent pay stub, W-2, unemployment or disability statement, other verification of income.)

Household Size: \_\_\_\_\_  
(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) 217-0258

Via Email:

patientbillingservices@millenniumhealth.com

**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.

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