



PATIENT FINANCIAL SUPPORT APPLICATION

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

MEMBERSHIP

Does the patient have medical coverage? No Yes
 If "Yes," please list responsible party information: (Please include a copy of insurance card.)

Millennium Health Account Number:
 (Required)

| | |
|--------------------------------|----------------------|
| Insurance Carrier Name: | Phone Number: |
|--------------------------------|----------------------|

Address:

Policyholder Name and ID#:

FINANCIAL INFORMATION (ALL VALUES SHOULD REFLECT YEARLY AMOUNTS FOR ENTIRE HOUSEHOLD)

| | |
|------------------|--|
| Financial | Total Gross Yearly Income \$: _____ (Include pay stub, W-2, unemployment or disability statement, or other verification of income) |
| | Household Size: _____ (Number of people who contribute to or are dependent on your household income) Your application may be subject to audit or request for additional documentation. |

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. 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 Agreement to:

Millennium Health, LLC ATTN: Financial Support Department
 15330 Avenue of Science, San Diego, CA 92128

For more information contact Millennium Health:

Phone: (877) 451.7337 Fax: (858) 433.5844

FOR OFFICE USE ONLY

| | | | |
|-----------------------------|----------------------------|-------------------------|--|
| Process Date: | Total Owned: | # of Accounts: | |
| % Approved: | Beginning Date: | Expiration Date: | |
| Processor Last Name: | Denial Reason: | | |
| Approver Name: | Approver Signature: | | |

