

# APPLICATION for COMPASS

## Compassionate Assistance Program: Financial Options for Patients

PATIENT INFORMATION (please print)					
Patient's Last Name:	First:	Middle:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Birth date: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address or P.O. Box:			Home Phone:  (    )	Cell Phone:  (    )	
Apt/Suite: (optional)	City:		State:	ZIP Code:	

I choose to apply to the COMPASS Program.  
 (Complete FINANCIAL INFORMATION, SIGN, and DATE below)  
 If I am eligible for enrollment in COMPASS, I understand that my financial responsibility may be limited based on my eligibility.

I choose NOT to apply to the COMPASS Program.  
 (SIGN and DATE below) I understand that by choosing not to apply to COMPASS, I am responsible for all charges not covered by any insurance carrier.

FINANCIAL INFORMATION	
Current annual household gross income	\$
Number of household members dependent on the above income (including applicant)	

(OPTIONAL) Please advise of any extenuating circumstances that you would like considered. (If you need additional space, please write on the back of this form.)

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Patient/Guardian Signature

Date of Signature

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I attest that the information provided is complete and accurate. I understand that during my participation in the COMPASS Program, Interpace Diagnostics may request information related to this application. All information will remain confidential and will not be shared with any other entities. I understand that Interpace Diagnostics reserves the right to change or discontinue this program at any time.

**Conditions:**

- \* To be considered eligible for the COMPASS Program, insured patients agree to provide patient consent for Interpace Diagnostics to appeal denials with the insurer.
- \* COMPASS is not available to patients covered by Medicare, Medicaid, or any other government program, or where the program is restricted or prohibited by contractual obligation, or federal or state law. COMPASS is only available to patients within the United States.