INVITAE

Patient Assistance Program (PAP) Application

FM106-11

STEP 1: PATIENT INFORMATION (US RESIDENTS ONLY)

Name (last, first, middle)	Date of birth (MM/DD/YYYY)	Social security #
Email address	Cell phone #	Home phone #
Address	City	State
Employer (if applicable)	Household size	Household income (pre-tax)

STEP 2: SELECT ASSISTANCE TYPE - PICK ONE OPTION

◯ OPTION 1: Patient does not carry insurance

Test price will be waived if

Household size	Income under
1	$72,360
2	$97,440
3	$122,520
4	$147,600
5	$172,680
6	$197,760
7	$222,840
8	$247,920

For households larger than 8, please contact Client Services.

Income values are pre-tax and based on 2017 poverty guidelines (https://aspe.hhs.gov/poverty-guidelines)

◯ OPTION 2: Patient does carry insurance*

Out-of-pocket costs are discounted on a sliding scale

Household size	Full discount for income under	80% discount	60% discount	40% discount
1	$12,060	$48,240	$60,300	$72,360
2	$16,240	$64,960	$81,200	$97,440
3	$20,420	$81,680	$102,100	$122,520
4	$24,600	$98,400	$123,000	$147,600
5	$28,780	$115,120	$143,900	$172,680
6	$32,960	$131,840	$164,800	$197,760
7	$37,140	$148,560	$185,700	$222,840
8	$41,320	$165,280	$206,600	$247,920

For households larger than 8, please contact Client Services.

***Patients with U.S. federal or state-funded health insurance (i.e., Medicare, Medicaid, managed Medicaid, out-of-network managed Medicare) should not use this form; instead, please include evidence of such insurance and other applicable documentation, and Invitae will bill the plan directly if appropriate. Please visit www.invitae.com/billing for more information.**

Income values are pre-tax and based on 2017 poverty guidelines (https://aspe.hhs.gov/poverty-guidelines)

Please note: Patient assistance option 1 is not available for exome or proactive tests. Option 2 is not available for exome tests when we are unable to bill insurance (Medicare, Medicaid, or managed Medicare/Medicaid).

STEP 3: PATIENT ATTESTATION

I hereby certify that the information provided above and the documentation I provide to Invitae are true and accurate. I understand and agree that Invitae reserves the right, at any time and without notice, to modify the application form, to modify or terminate this program, to audit my information or to request additional information. I also certify that I do not carry any U.S. federal or state-funded health insurance (i.e., Medicare, Medicaid, Tricare, Medicare Advantage).

▶ Patient signature:	Date:

STEP 4: PATIENT MUST PROVIDE DOCUMENTATION

Invitae must receive confirmation of patient's household income before providing patient assistance, including: wages, social security, pension/retirement, dividends/interest, rents/royalties, unemployment or worker's compensation, alimony, or other assets.

Please provide the patient's **most recent form 1040 (from the patient's federal tax return)****

**If you cannot provide a 1040 form, please contact the Invitae billing team to discuss providing an alternative set of documents.