

## STEP 1: PATIENT INFORMATION (US RESIDENTS ONLY)

First name	MI	Last name	Date of birth (MM/DD/YYYY)	Cell phone #
Email address		Employer (if applicable)	Household size	Household income (pre-tax)
Address			City	State
			Zip	

## 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	\$74,940
2	\$101,460
3	\$127,980
4	\$154,500
5	\$181,020
6	\$207,540
7	\$234,060
8	\$260,580

For households larger than 8, please contact Client Services.

Income values are pre-tax and based on 2018 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	\$12,490	\$49,960	\$62,450	\$74,940
2	\$16,910	\$67,640	\$84,550	\$101,460
3	\$21,330	\$85,320	\$106,650	\$127,980
4	\$25,750	\$103,000	\$128,750	\$154,500
5	\$30,170	\$120,680	\$150,850	\$181,020
6	\$34,590	\$138,360	\$172,950	\$207,540
7	\$39,010	\$156,040	\$195,050	\$234,060
8	\$43,430	\$173,720	\$217,150	\$260,580

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](http://www.invitae.com/billing) for more information.**

Income values are pre-tax and based on 2018 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/guardian signature (required)	Printed name	Date (MM/DD/YYYY)
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## 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.

**Provide the patient/guardian's most recent federal tax return, Form 1040. After April 15, 2019, only the 2018 Form 1040 will be accepted.**

*If you are unable to submit income documentation, briefly describe below your income source(s) and why your tax return is not available:*

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