



Dear Patient:

Thank you for your interest in the PiRL[®] (Phadia Immunology Reference Laboratory) Patient Financial Assistance Program for the uKnow Peanut Test. So that we can determine your eligibility, please complete and sign the attached application form and mail the form to:

PiRL Patient Financial Assistance Program Administrator
Phadia Immunology Reference Laboratory
4169 Commercial Avenue
Portage, MI 49002

If you have any questions about the PiRL Patient Assistance Program, please feel free to contact:

Customer Service Phone #: 1.800.346.4364, Option 1
Customer Service Fax #: 1.888.243.5214
Customer Service email: usdiag.cust.serv@phadia.com

Once we receive your completed application, your application will be evaluated to determine if you qualify for financial assistance. Please allow approximately 2 weeks for your application to be processed. You will be notified by mail if your request for financial assistance is approved or denied.

If you have questions or concerns, please do not hesitate to contact us. Thank you for your interest in the uKnow Peanut test. We look forward to processing the attached request for financial assistance.

Sincerely,

PiRL Patient Financial Assistance Program Administrator

**uKnow[®] Peanut Molecular Allergy Test
Patient Financial Assistance Application**

Patient Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Patient Date of Birth: _____

1. Does the patient have medical insurance coverage? Yes No
If "Yes," please list responsible party information: *(Please include a copy of insurance card)*
Insurance Carrier Name: _____
Insurance Carrier Address: _____
Insurance Carrier Phone #: _____
Policyholder Name: _____
ID#: _____

2. Total annual gross household income*: \$ _____
*Total household income includes the following for all members of your household: Gross Salary, Unemployment Compensation, Disability and Worker's Compensation, Social Security and/or Supplemental (SSI) Benefits, Public Assistance (TANF, SNAP, etc.), Other Income.

3. Attach a copy of verification of your most recent full year's income (i.e., W-2, Federal Tax Return).

4. Number of family members in your household supported by above income: _____
As a general guideline, we plan to extend financial assistance for those living at or below 2 times the federal poverty limit (2011 - single person: \$21,780; family of 4: \$44,700).

5. (Optional) Please advise of any extenuating circumstances that should be considered to assess this request for financial assistance. If you need additional space, please write on the back of this form or use a separate sheet of paper.

I hereby acknowledge the above information is true and correct. I authorize PiRL to verify the above information for the sole purpose of assessing financial need, including the right to verify the supporting documentation for the above request. I understand that if I do not qualify, I will be notified and PiRL will bill me. I hereby acknowledge that I am neither related to, nor employed by, the physician who ordered the testing.

Responsible Party Name (Print): _____
Responsible Party Signature: _____ Date: _____

Healthcare Provider Name (Print): _____
Healthcare Provider Signature: _____ Date: _____

Physician Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ eMail Address: _____

Please mail completed application, including attachments, to:
PiRL Patient Financial Assistance Program Administrator
Phadia Immunology Reference Laboratory
4169 Commercial Avenue, Portage, MI 49002

Financial Assistance Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
If denied, document reason: _____
PiRL Patient Financial Assistance Program Administrator (Print): _____
PiRL Patient Financial Assistance Program Administrator (Signature): _____ Date: _____
Chief Medical Officer, US (Print): _____
Chief Medical Officer, US (Signature): _____ Date: _____
Vice President, Commercial Operations, US (Print): _____
Vice President, Commercial Operations, US (Signature): _____ Date: _____