



## FINANCIAL ASSISTANCE DISCLOSURE APPLICATION (FADA)

Date of Request:		Account Number:	
Patient Name:	DOB:	Telephone:	
Address:	City:	State:	Zip Code:
Gross Monthly Income: \$		Number living in the household:	

Health care expenses can undoubtedly be a significant concern for you and your family. MD Labs has agreed to review your personal financial information for consideration in potentially awarding you a financial assistance discount from the patient responsibility balance of your bill.

### To apply for assistance, complete this form and send it or fax it to:

MD Labs  
 Attn: Billing Department  
 10715 Double R Blvd, Suite 102  
 Reno, NV 89521  
 FAX: **775-737-9133**

Within thirty (30) days of your completed submissions receipt at MD Labs, you should expect to receive a response regarding your application status. This application needs to be completed only once per calendar year. To determine eligibility for a financial assistance discount, you must apply for assistance and provide MD Labs with **one or more of the required documents** demonstrating financial need. Examples of such documents are:

- |  |                            |
|--|----------------------------|
| Current Wage Statement(s)                  | Previous Year's Tax Return |
| Previous Year's W2                         | Copy of Current SNAP Card  |
| Annual Statement of Social Security Income |                            |

Questions about supporting documentation should be directed to an MD Labs patient billing specialist at 775 499-5150.

The financial assistance discount will be based on a percentage of the current Federal Poverty Guidelines, as shown below for 2023. Source: [Poverty Guidelines | ASPE \(hhs.gov\)](https://www.hhs.gov/ashpe/sites/default/files/2023-08/2023-Poverty-Guidelines.pdf). You can find a complete list of the links mentioned in this notice on our website. Please go to **MDLabs.com**, click on the **Resources** tab at the top of the page, then click **Billing Resources**. Click on the option titled, **Other Important Links**.

Family Size	Annual HHI	Family Size	Annual HHI
1	\$14,580	5	\$35,140
2	\$19,720	6	\$40,280
3	\$24,860	7	\$45,420
4	\$30,000	8	\$50,560
		Each Additional	+\$5,140



Patients who cannot afford to pay their bills are encouraged to request financial assistance before making any payment to their account. Once payment is made, payments received shall not be refunded. If you do not qualify for a discount, or a discount is not sufficient due to other circumstances, MD Labs will make every effort to develop an option that works for you. Please call an MD Labs patient billing specialist at 775 499-5150.

**I hereby certify the above information is true, correct, and complete. I have attached documentation of household income as indicated above. I understand MD Labs reserves the right to verify all information submitted.**

Patient Name:	Signature:	Date:
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For MD Labs Use Only		
Reviewed By:	Date:	Approved %: