

### What is Biodesix financial assistance?

At Biodesix, we are committed to providing access to our tests. That's why we offer financial assistance to qualified patients which may help to reduce or eliminate the cost of Biodesix testing.

### Who is eligible to apply for financial assistance?

Patients with a: 1) household income of \$175,000 or less and; 2) household net worth of \$2,000,000 or less and; 3) Biodesix bill for testing of \$100 or more

#### PATIENT INFORMATION

Patient Name			Household Income (Box 9, IRS Form 1040)	
Date of Birth			Number of Dependents	
Address			Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City	State	Zip Code	Are you legally blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone			<input type="checkbox"/> My net worth is <b>less</b> than \$2,000,000.	

Include copies of objective information to confirm financial need (IRS Form 1040, W2, Social Security Statement etc.). Redact sensitive data before sending. Application must be received no later than six months from the date of first Biodesix bill.

Did you have any financial hardships, or changes to your financial situation within the last year that you want us to consider? Please include dollar amounts and corresponding documentation (i.e., decrease in income, unexpected increase in expenses, etc.).

I certify that the above information is complete and accurate to the best of my knowledge. I understand and agree that additional information may be requested to process and/or audit this application. All medical and financial information will be kept confidential, except as otherwise required by law. I hereby authorize Biodesix and information providers to obtain and disclose information from physicians, insurance companies, and other information providers as necessary, to verify the information provided in this application.

Patient Signature


Date


### How to submit the application?

 Return with the blood sample

 **Email:** PatientAccess@biodesix.com

 **Mail:** Biodesix Billing,  
P.O. Box 732569, Dallas, TX, 75373-2569

 **Phone:** 1.844.367.3090; choose "billing" option

 **Fax:** 1.866.432.3338

Once the application is received, Biodesix will determine eligibility and a decision letter is sent to the patient within five business days.