APIFINY™ Non-PSA blood test | APIFINY® PRO on MagArray® Non-PSA blood test

Financial Assistance Program (FAP) Application

Phone: 877-436-3894
Submit this signed application to: Armune BioScience Financial Assistance Program
401 W. Morgan Rd, Ann Arbor, MI 48108
Or Fax to: 949-222-5019 Or email to: customerservice@armune.com

Patient Information
Name (Print First & Last):
Address (Number & Street Name, City, State, Zip Code):
Phone Number(s):
Date of Birth (MM/DD/YY):
Account Number (from billing statement):

Health Insurance/Other Assistance
Are you covered by any of the following? (Check all that apply)
☐ Medicare ☐ Medicaid ☐ Health Ins ☐ Cancer Program ☐ VA ☐ None (Uninsured)

A patient may not be eligible for FAP participation in certain federally funded programs.

Total Gross Yearly Income		Household Size	

If no income, please explain	

Household Income Guidelines	**Out of Pocket Amount**
$50,000 or less	$50.00
> $50,000 to $75,000	$100.00
> $75,000 to $100,000	$200.00
> $100,000 responsible for all copays, coinsurance and deductibles and any patient responsibility up to the	
the full cost of the test.	
Must be a US Citizen or permanent US resident to be eligible for the FAP & must provide documents below:	
• Completed application with signature	
• Proof of income (attach a recent tax return, pay stub, W2, unemployment or disability statement, etc.)	

Certification		
I certify that the above information is correct to the best of my knowledge. I authorize the release of any of this information from my employer and/or holders of this information, for the purpose of evaluating assistance in the payment of my medical bills and verification of my income.		
Patient /Guarantor signature	Date	

Armune BioScience®