



Patient Financial Assistance Application

Medical Diagnostic Laboratories (MDL) puts forth every effort to make our testing available to those patients without insurance whose physicians have determined the tests ordered are medically necessary to assist with the patient's diagnosis and treatment. MDL offers financial assistance to those patients that are uninsured and have a qualifying total annual gross household income. Consideration for financial assistance will only be given to those patients that provide truthful answers to the questions on the application below. After your application is reviewed and verified, MDL will notify you if you qualify for financial assistance.

Patient Name: _____ Telephone: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

1. What is your total annual gross household income? \$_____ (Total annual gross household income includes any of following for each member of the household: wages, salary, unemployment compensation, disability, worker's compensation, Social Security and/or supplemental SSI benefits, public assistance and any other income sources)
2. How many family members in your household are supported by the total annual gross household income listed in Question 1 above? _____
3. Please include any other factors that you would like MDL to consider when determining whether you qualify for financial assistance. _____

I hereby certify that the information provided on this application for financial assistance is true and correct to the best of my ability.

Sworn and subscribed before me

This ___ day of _____

State of _____

County of _____

Notary Public Signature (Seal)-



Medical Diagnostic Laboratories
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