

Financial Assistance

Please complete all fields.

Typical form response time is 5-7 business days.

billing@tempus.com
f: 800.893.0276

For immediate application results:

access.tempus.com
p: 800.739.4137



PATIENT INFORMATION					
Last Name		First Name		DOB (MM/DD/YYYY)	Biological Sex
Address (Street, Unit)			City	State	ZIP
Do you have health insurance? Yes No	Primary Method of Contact (Email Address)		Secondary Method of Contact (Phone Number with Area Code)		
Estimated Gross Annual Household Income: (REQUIRED - Numerical values only)			Number of family members in household supported by the gross annual household income, including the patient (REQUIRED):		
Do you have any of the plans listed here? Yes No		BCBSNC (Blue Cross Blue Shield North Carolina), BCBSVT (Blue Cross Blue Shield Vermont), BCSSC (Blue Cross Blue Shield South Carolina), CBC (Capital Blue Cross), CareSource OH/WV/KY/NC			

ORDERING PHYSICIAN & INSTITUTION INFORMATION
Institution (the name of the hospital or practice where you are being treated)
Ordering Physician's Name

EXTENUATING CIRCUMSTANCES		
Alimony and/or child support expenses > \$1,000 per month	Currently enrolled in short or long term disability with my employer	None
Non-local travel for treatment (e.g. hotel, airfare) > \$1,000	Credit card debt > \$,5000	Other:
Supporting family member(s) outside of household	Medical expense > \$5,000	
Qualified for charity care with my physician	Permanent loss of income due to diagnosis or treatment	
Please share any background you would like our financial assistance team to take into consideration when reviewing your application:		

CONSENT TO APPLICATION	
<p>Patient</p> <p>By signing and submitting this application, I (1) consent to receive genetic testing ordered by my healthcare provider; (2) certify that all information provided is truthful and complete, and understand that financial assistance may be withdrawn if the information is inaccurate; (3) consent to Tempus' use of the information to assess and/or verify eligibility for assistance, and when applicable, Tempus may disclose the information above, as well as any eligibility determination that Tempus makes, to a Tempus contracted reference laboratory for its use to assess and/or verify eligibility for its financial assistance program; and (4) acknowledge that I have been provided with information regarding where to find applicable privacy policies (https://www.tempus.com/tempus-privacy-and-compliance-policies/), including the Notice of Privacy Practices (https://www.tempus.com/notice-of-privacy-practices/), which explain how my health information and specimens may be used and Tempus' practices for using de-identified data for any lawful purposes. To opt out of certain secondary uses of de-identified data, please go to (https://www.tempus.com/tempus-privacy-and-compliance-policies/). Your preferences with respect to secondary data use will have no impact on your eligibility for financial assistance.</p>	
<p>Patient Representative</p> <p>As a Legally Authorized Personal Representative of the patient, my signature certifies that: (1) I have the right to submit this application on the patient's behalf; (2) if possible, I've explained to the patient the nature and purpose of this application; (3) the information set forth above is, to the best of my knowledge, truthful and complete; (4) I consent to the genetic testing ordered by the patient's healthcare provider; (5) I consent to Tempus' use of the information to assess and/or verify eligibility for assistance, and when applicable, Tempus may disclose the information above, as well as any eligibility determination that Tempus makes, to a Tempus contracted reference laboratory for its use to assess and/or verify eligibility for its financial assistance program; and (6) I have been provided with information regarding where to find applicable privacy policies (https://www.tempus.com/tempus-privacy-and-compliance-policies/), including the Notice of Privacy Practices (https://www.tempus.com/notice-of-privacy-practices/), which explain how the patient's health information and specimens may be used and Tempus' practices for using de-identified data for any lawful purpose. To opt out of certain secondary uses of the patient's de-identified data, please go to (https://www.tempus.com/tempus-privacy-and-compliance-policies/). The patient's preferences with respect to secondary data use will have no impact on their eligibility for financial assistance.</p>	
Full Name	Phone