

**Financial Hardship Application**

Commonwealth Diagnostics International, Inc. (“CDI”) understands that healthcare expenses can place a strain on patients and believes that a patient’s physical health should not be dependent on a patient’s financial situation. This Financial Hardship Application is used to assist CDI in determining your eligibility for a financial hardship discount for out-of-pocket medical expenses owed to CDI. Please complete all the requested information on this form, sign at the bottom, and return the signed form to CDI by mail or fax, to one of the following:

<p><b>Mail</b></p> <p>Commonwealth Diagnostics International, Inc. 4 Technology Way Salem, MA 01970 Attn: Billing Department</p>	<p><b>Fax</b></p> <p>888-258-5973</p> <p><b>Email</b></p> <p>customerservice@commdx.com</p>
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***If you have any questions, please contact the Customer Service Department at (888) 258-5966.***

<b>Patient Name</b>	
<b>Patient Address</b>	
<b>Patient Phone</b>	
<b>Patient Date of Birth</b>	
<b>Number of Household Members</b>	
<b>Total Monthly Household Income</b>	

**CERTIFICATION AND AGREEMENT**

I am completing this application to enable Commonwealth Diagnostics International, Inc. to determine my eligibility for a financial hardship discount for out-of-pocket medical expenses owed to CDI. I authorize CDI to verify any information contained in this document for that purpose. I certify that this information is true, accurate and complete in all material respects. The financial hardship discount decision will be emailed to the guarantor’s email address provided.

Patient Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For Staff Use Only**

Discount Determination: _____	Date: _____
Staff Name (Print): _____	
Staff Signature: _____	

FM-003 Rev B