



DiagnoCure Oncology Laboratories  
 1045 A Andrew Dr  
 West Chester, PA 19380  
 Phone# 877-701-9007  
 FAX# 877-701-9009

## Uninsured Patient Assistance Program

Please complete all sections and fax to 877-701-9009

### PRODUCT INFORMATION

Previstage™ GCC Colorectal Cancer Staging Test

### PATIENT INFORMATION

Patient Name:		
Patient Address:		
City:	State:	Zip Code:
Home:	Mobile:	Alternate Phone:

### PHYSICIAN INFORMATION

Physician Name:		
Office Address:		
Office Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Office Contact Name:		
License Number:		

I certify the above patient is uninsured and does not have any financial means to provide payment for the assay requested. I further certify that I/my facility is providing no cost or reduced cost treatment to this patient.

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_



DiagnoCure Oncology Laboratories  
1045 A Andrew Dr  
West Chester, PA 19380  
Phone# 877-701-9007  
FAX# 877-701-9009

## DIRECTIONS FOR ENROLLMENT

---

Return completed application to:  
DiagnoCure Uninsured Patient Assistance Program  
Fax: 877-701-9009

Upon approval of the application, specimens can be sent to the laboratory.

## ELIGIBILITY REQUIREMENTS

---

Patients must meet the following guidelines to qualify for the DiagnoCure Uninsured Patient Assistance Program:

- Patient must be a United States citizen or legal resident.
- Patient must be uninsured and have no insurance coverage
- Patient must not be eligible for coverage through any local, state or federal programs.
- Physician or Facility must be providing low or no cost treatment for the patient.

## INTERNAL USE ONLY

Application Reviewer:	
Date of Review:	
Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Reason _____
Date Physician was Contacted to Move Forward:	