



GEM Patient Assistance (GPA) Request Form

Patient Name

Patient Date of Birth

Physician Name

Physician Location

I certify that the Number of Persons in Household (including myself) is:

I certify that my Annual Household Income is (check one):¹

- | | | |
|--------------------|-------------------|-------------------|
| \$0-\$15,000 | \$16,000-\$30,000 | \$31,000-\$45,000 |
| \$46,000-\$60,000 | \$61,000-\$75,000 | \$76,000-\$90,000 |
| \$91,000-\$105,000 | \$106,000 + | |

Reason for Request for Financial Assistance:

Patient Signature:

By signing, I certify to the facts set out in this form, and I further certify that I am a United States citizen or legal resident and am unable to pay for this test.

Application Date:

Test Date:

Questions? Email: customerservice@ashion.com

Office Use Only

Approved

Approved Amount:

Signature

Denied

Approver:

Date:

¹ Ashion reserves the right to request documentation to verify any representations on this form, including income. Income verification can be in the form of your most recent tax return, unemployment benefit documentation, or disability