



# Indigent Patient Testing Agreement Form

This agreement is between NeoGenomics Laboratories and:

Client Name & Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

NeoGenomics Laboratories will accept on a limited basis certain tests for indigent patients. In an effort to supply quality medical care for indigent persons NeoGenomics Laboratories agrees to provide laboratory services to the patient(s) listed below at the indicated discount below in order to match the client's provided discount to its indigent patients. Both the Client and NeoGenomics Laboratories agree that they will not in any way attempt to collect payment above the discounted amount from the patient(s), persons related to the patient, or entities associated with the patient(s) including third party payors. Furthermore, NeoGenomics Laboratories reserves the right to verify assets of patients and their families and bill the full amount of all services rendered in the event that indigence cannot be proven.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Service: \_\_\_\_\_

% Discount provided by Client: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client Representative & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of NeoGenomics Laboratories Representative

\_\_\_\_\_  
Date