

CARES Financial Assistance Application

Need help? Call us at (844) 534-3510 | Mon. – Fri. 8 a.m.-8 p.m. ET

Complete this application if you have trouble paying your MyProstateScore 2.0 (MPS2) bill from Lynx Dx. Your response will help us determine the assistance you may qualify for.

Patient Information

First name

Last name

Date of birth

Telephone number

State of residence

Gross annual household income

Number of family members in household

Additional information you wish to provide (optional)

Acknowledgement

I hereby acknowledge that:

- The above information is true and correct according to the best of my knowledge.
- Program availability is not guaranteed and may be limited or unavailable in certain states or certain health insurance plans.
- Income may be verified independently. Lynx Dx reserves the right to request documented proof of financial need. I should be prepared to provide financial documents as required.
- I authorize the release of any financial records necessary to verify the above information.
- I understand that submission of this application does not guarantee approval of financial assistance.

Patient or responsible party signature

Date

Name (please print)

Submit your application using any option below:

Email
billing@lynxdx.com

Mail
Lynx Dx CARES
P.O. Box 7027
Ann Arbor, MI 48107-7027

Fax
(216) 662-2532

Lynx Dx will contact you once your application is reviewed. In the meantime, do *not* yet pay your bill.