

Insured Financial Hardship Form

S&G Labs Hawaii, LLC is committed to treating all patients equitably, with dignity and respect. Consistent with Hawaii and Federal Law, S&G Labs has instituted this Patient Assistance Program for patients who are unable to pay the entire amount of their bill due to financial hardship, as determined by Federal Poverty Guidelines. Hardship assistance is available for insured patients who cannot afford their co-payment or deductible bills. **Uninsured or Non-PAR insured patients should discuss an alternative testing option with their ordering healthcare providers. There is no option for a 100% discount and regular and prompt payments are required for participation in this program.**

Patients may apply for a Financial Hardship Discount by completing and signing this Application Form.

S&G Labs reserves the right to request that any eligible patient submit any supporting documentation for proof of eligibility and/or continuing eligibility. The amount of Financial Hardship Discount will be determined based on the Hawaii Federal Poverty Guidelines – for 2022, the Financial Hardship Discount will be calculated as follows:

Annual Household Income

| Persons in Household | 100% of Federal Poverty Guidelines | 200% of Federal Poverty Guidelines |
|-----------------------------|------------------------------------|------------------------------------|
| 1 | \$15,630 | \$31,260 |
| 2 | \$21,060 | \$42,120 |
| 3 | \$26,490 | \$52,980 |
| 4 | \$31,920 | \$63,840 |
| For each additional person | \$ 5,430 | \$10,860 |
| Financial Hardship Discount | 75% | 50% |

To be eligible for a Financial Hardship Discount:

- You must be insured with a participating plan for the S&G Labs Hawaii testing services.
- S&G Labs Hawaii must have received a valid order for S&G Labs Hawaii testing services from your treating healthcare provider confirming the testing services are medically necessary for your treatment.
- Your annual household income must be at or below 200% of current Hawaii Federal Poverty Guidelines (above).

You must complete and sign this Application with the following information:

Patient Name _____

Home Address _____

Phone _____

Employer (if any) Address _____

Date of Birth _____

Your S&G statement number _____

Your Date(s) of lab service _____

Location of lab service _____

Total Household Gross Income \$ _____

Number of persons in Household _____

I HEREBY AFFIRM THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT I WILL NOTIFY S&G Labs Hawaii OF ANY MATERIAL CHANGE IN MY FINANCIAL CIRCUMSTANCES, WHICH INCLUDES A CHANGE HOUSEHOLD INCOME OR INSURANCE. I HEREBY ATTEST THAT I AM NEITHER RELATED TO, NOR EMPLOYED BY, THE PHYSICIAN WHO ORDERED THE TESTING.

Patient Signature _____

Date _____



S&G Labs Hawaii, LLC

75-240 Nani Kailua Dr. Suite 6A
Kailua-Kona, HI 96740

Phone: 808.329.9675

Fax: 808.657.0838

Email: billing@sglabshawaii.com