



# AveroCares Financial Assistance Application

Avero Diagnostics offers financial assistance based on guidelines provided by the US Department of Health and Human Services, which may reduce your balance due. Learn more at [averodx.com/cares](http://averodx.com/cares).



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If you have any questions, please call **844.745.8249**

- ▶ Program availability is not guaranteed and may be limited or unavailable in certain states or under certain health insurance plans.
- ▶ Please do not make any payments until you have been notified regarding the status of your application.

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Patient Name  Patient Date of Birth

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Responsible Party Name (if different from patient) Telephone Number

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Invoice Number(s)

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Number of Family Members in Household State of Residence

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Gross Annual Household Income

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Please attach ONE of the following documents to substantiate household income (required)

- A copy of your most recent pay stub(s)
- A copy of last year's income tax return
- A copy of last year's IRS Form W2
- A proof source indicating that you are eligible for government assistance or unemployment programs

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Additional information you wish to provide

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I hereby acknowledge that the above information is true and correct according to the best of my knowledge. I also 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.

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Patient or Responsible Party Signature Name (please print) Date

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**Please mail this form and the required documentation to:**

Avero Financial Assistance  
P.O. Box 3951  
Sarasota, FL 34230-3951

Or fax to: **941-256-7781**