



SUMMARY OF PATIENT PAYMENT OPTIONS



Account Management Options:

To view your account activity or to update your information online, follow these simple steps:

- 1) Go to the internet site www.peryourhealth.com.
- 2) When prompted, enter the account number and password shown on your CellNetix invoice.

If you prefer to speak with a live person, or have any questions about your invoice, please contact our billing department at 1-877-340-5884.

*We understand that life circumstances can cause unexpected financial difficulties for anyone. At CellNetix Pathology & Laboratories, it is our policy to work with our customers to reach a swift and compassionate resolution regarding financial concerns.

We ask that our patients contact our billing office by e-mail at billing@cellnetix.com or at 1-877-340-5884 Monday-Friday, 6am-5pm PST, to initiate a conversation to resolve financial issues. Each case is reviewed on an individual basis. A 40% discount is automatically applied to an uninsured account. Payment plans are available. We will match charity care awards from referring physicians and hospitals, or based on proof of financial hardship.

Our billing office may ask that you:

- forward to us documentation showing your doctor's charity care award.
OR
- fill out and return to us the CellNetix Confidential Financial Information Form for proof of financial hardship (on the reverse side) and attach the following information:
 - Most recent signed IRS Tax Forms (1040 and W-2)
 - Check stubs for the past 30 days for all employed persons living in the home
 - Unemployment check stubs for the past 30 days (if applicable)
 - Proof of all other income received in the past 30 days
 - DSHS Denial Letter (if applicable)
 - Documentation of charity care awarded/denied by referring physician or hospital

Please mail the completed form and attachments to: Cellnetix Pathology & Laboratories, P.O. Box 1907, Greenville, TX 75403. Questions regarding the form or this process can be directed to the billing office at 1-877-340-5884, Monday - Friday, 6am-5pm PST or by e-mail to billing@cellnetix.com.

Once we receive this information, we will be able to make an assessment based on your specific situation. If documentation of your doctor's charity care award is not available, you will need to complete the CellNetix Confidential Financial Information Form; without it, we will not be able to make a determination.

**CELLNETIX PATHOLOGY AND LABORATORIES
CONFIDENTIAL FINANCIAL INFORMATION FOR PATIENT RECORDS**

FULL NAME:			
LAST	FIRST	MI	
ADDRESS:			
STREET	CITY	STATE	ZIP
PHONE:			
OCCUPATION:	PRESENT EMPLOYER:	YEARLY GROSS INCOME:	
SPOUSE'S OCCUPATION:	SPOUSE'S PRESENT EMPLOYER:	SPOUSE'S YRLY GROSS INCOME:	
BANKING INFORMATION:	OTHER INCOME: \$	DO YOU HAVE MEDICAL INSURANCE? YES or NO (if yes, please complete below) Name: _____ Address: _____ Policy# _____ Group# _____	
CHECKING ACCT: \$	CHILD SUPPORT: \$		
SAVINGS ACCT: \$	PENSION: \$		
OTHER ASSETS: \$	# DEPENDENTS ADULT: CHILD:		
UNEMPLOYMENT/PUBLIC ASSIST: \$			
YOUR RESIDENCE: RENT OR OWN	MORT/RENT PER MO: \$		
PLEASE LIST CURRENT DEBTS OTHER THAN NORMAL HOUSEHOLD EXPENSES:			
NAME OF CREDITOR	AMT OF PAYMENT/BAL DUE	ITEM PURCHASED	
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTALS:	\$		

IN COMPLETING THIS FINANCIAL STATEMENT, I HEREBY AFFIRM THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE, AND GIVE MY CONSENT FOR FURTHER VERIFICATION.

SIGNATURE OF RESPONSIBLE PARTY DATE