



bach diagnostics
passion, science, care

Financial Hardship Application

PATIENT INFORMATION

Patient's last name	First	Middle
Birth Date / /		

FINANCIAL INFORMATION

Current annual household income	\$
Number of household members dependent on the income stated above (including the applicant)	
Annual medical expenses (please provide documentation)	\$
Reason for requesting financial hardship:	

APPLICATION DECLARATION

I attest that the information provided is complete and accurate.

I agree that at any time during my enrollment, Bach Diagnostics may request additional documents to authenticate the statements made on my application.

Patient/Guardian Signature _____ Date _____

Please email us at Lab@Bachdiagnostics.com or fax : 949-236-6646