



Lyme Test Access Program (Lyme-TAP)

P.O. Box 2238, McKinleyville, CA 95519

Submission Fax Line: 707-924-3013

E-mail: info@lymetap.com

Rotary Club of Southwest Eureka Foundation, 501(c)3

The *Lyme Test Access Program (Lyme-TAP)* is a nationwide patient assistance program offered by Rotary Club of Southwest Eureka Foundation to provide reimbursement assistance of initial Lyme-related lab tests to patients who demonstrate true financial need. To apply, send a completed application along with requested documentation to the fax number above. If approved, you may be reimbursed for up to 75% of the list price that the labs publish for testing from a qualified CLIA/Medicare approved laboratory of your choice. Most of the laboratories publish the price of their lab tests on their websites. Third-party charges for lab tests may vary from the actual list price charged by the labs. Funds are limited & are available on a first-come, first-served basis. Children under 18 years of age are given priority. The intention of this program is to help as many patients in need as possible. It is not intended to cover insurance deductibles or to cover patients not truly in financial need.

• **Eligibility requirements**

- Applicant must demonstrate true financial need, based on income, dependents and other circumstances.
- Patients must submit the first page of their 1040 Federal tax return.
- Patient must submit laboratory testing receipt(s), (not test results). (receipts older than 18 months are not eligible).

• **Eligible Lab tests must be:**

- Initial diagnostic Lyme disease testing, other tick-borne disease testing or CD 57 status
- Medically necessary
- Not covered by insurance
 - If coverage for laboratory testing is denied by insurance company, submit a copy of the Explanation of Benefits (EOB) from the insurance company showing the denial.
- Not duplicative of other tests
- From any CLIA/Medicare-approved laboratory

• **Patient’s physician must certify:**

- Medical necessity of test(s)
- Lack of insurance coverage for test
- Patient’s financial need

Reimbursements to patients for lab tests will be made only after receipt of proof of payment for eligible testing. Payments of approved grants could take several weeks. Patients who cannot afford to pay for testing may submit a lab requisition form with pricing, signed by their physician to Lyme-TAP. If possible, Lyme-TAP will pay the laboratory directly for up to 75% of the reasonable laboratory costs of covered testing. Other limitations may apply. Prepayments to the lab may take longer to process than reimbursements and may not be possible with all laboratories. We are not responsible for delays.

Income guidelines are based on the following levels. If you exceed the income guidelines but are in true financial hardship due to extenuating circumstances, please explain.

Family size	1	2	3	4	5	6	7	8
Gross Annual Income	\$27,075	\$36,425	\$45,775	\$55,125	\$64,475	\$73,825	\$83,175	\$92,525

Disclaimer. The Lyme Test Access Program is a grant program offered by Rotary Club of Southwest Eureka Foundation to assist applicants who have financial hardship by reimbursing a percentage of Lyme-related lab tests (performed by any CLIA/Medicare approved lab) that is deemed necessary by their healthcare provider. The program is not intended and should not be construed as giving medical advice or as endorsement of the necessity of or the reliability of any lab test ordered by your physician or of any treatment recommendations by your healthcare provider. Rotary Club of Southwest Eureka Foundation does not warrant or endorse and specifically disclaim any liability for loss or costs incurred by patients related to the validity or results of any lab test, delays, or medical treatments. Any determination of eligibility for grants by Rotary Club of Southwest Eureka Foundation shall be final and subject to their sole and absolute discretion.

This nationwide reimbursement assistance program was made possible by a very generous donation from IGeneX Inc., a CLIA/Medicare licensed laboratory. Any CLIA/Medicare licensed laboratory may be selected for testing: you do not have to use IGeneX for this program.

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The *Lyme Test Access Program (Lyme-TAP)* is a nationwide assistance program for initial Lyme-related lab tests to eligible patients facing true financial hardship based on household income and insurance status.

Submit the following to the submission fax line:

1. Your completed application form –*Please print clearly & complete the entire application.* (One applicant per application form)
2. The *first page* of your 1040 Federal tax return.
3. The laboratory test receipt(s). If opting for a prepayment to the lab, submit a copy of your lab requisition form with pricing, signed by your healthcare provider. (Payments of grant funds may take several weeks – we are not responsible for delays).

**Prepayments may take longer to process than reimbursements and may not be possible with all laboratories.*

Applications may also be submitted by mail to the above address or by email to info@lymetap.com.

If approved, you may be reimbursed for up to 75% of eligible out-of-pocket testing costs from a qualified, CLIA/Medicare-approved lab of your choice. Funds are limited & are available on a first-come, first-served basis. Children under 18 years of age are given priority.

Your Information

Name: _____

Street Address: _____

Mailing Address: _____

City, State, and Zip code: _____

Phone Number: () _____

E-mail Address: _____

Healthcare Provider Information (the physician, NP, PA, etc. who ordered your testing & signed your application)

Name: _____

Street Address: _____

City, State, and Zip code: _____

Phone Number: () _____

Child Information, if applicable: Name: _____ Age: _____

Diagnostic Test Information

Test(s) performed: _____

Cost of test(s): _____

Have you been tested for this previously? _____

Laboratory Information

Name: _____

Street Address: _____

City, State, and Zip code: _____

Phone Number: () _____

B. STATEMENT OF FINANCIAL NEED

I am applying for financial need based on: Low Income–**Gross Annual Income** \$_____, Other circumstances (Specify. Attach additional page if necessary) _____

I have attached the first page of my 1040 Federal tax return

I have attached my receipt(s) for laboratory testing (for reimbursement) *OR* I have attached a copy of my lab requisition with pricing and my healthcare provider's signature (for prepayment)

I do not have insurance that will cover the cost of this testing

I have read the application instruction form including the disclaimer

I certify under penalty of perjury that all of the foregoing is true and correct.

Executed at (City/State)

Date

Signature of Applicant

C. HEALTHCARE PROVIDER'S CERTIFICATION:

I am a Physician Chiropractor Physician's Assistant Nurse Practitioner

I certify to the best of my knowledge that a) This testing is medically necessary. b) That the patient does not have insurance that will cover the cost of this testing. c) That the patient has a genuine financial hardship.

Executed at (City/State)

Date

Signature of Healthcare Provider

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