



# Lyme Test Access Program (Lyme-TAP)

P.O. Box 2238, McKinleyville, CA 95519

Submission Fax Line: 707-924-3013

Website: <http://lymetap.com> | E-mail: [lymetap@gmail.com](mailto:lymetap@gmail.com)

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

The *Lyme Test Access Program (Lyme-TAP)* is a nationwide (USA) patient assistance program offered by Rotary Club of Southwest Eureka Foundation to provide financial assistance for 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 # above. If approved, you may be reimbursed up to 75% of the published list price for testing from a qualified CLIA/Medicare approved laboratory of your choice. 3rd-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 patients not truly in financial need or insurance deductibles. **Please allow several weeks for processing your application. We are not responsible for delays.**

### Eligibility requirements

- Applicant must demonstrate true financial need, based on income, dependents and other circumstances.
- Submit pages 1 & 2 and Schedule 1 of your most recent 1040 Federal tax return. Please see [Lyme-TAP Tips](#) at LymeTAP.com if you do not file a tax return.
- Patient must submit laboratory testing receipt(s), not test results. Receipts older than 12 months are not eligible.
- Patients who cannot afford to pay for testing may submit a lab requisition form with pricing, completed & signed by their physician. Prepayments may not be possible with all laboratories. It is recommended that you do your blood draw AFTER receiving your grant from Lyme-TAP. Prepayment checks will be made payable to the laboratory.
- **Please Note:** Prepayments are not available for labs that do not have readily available published price lists. For labs that offer financial assistance programs, please submit the lab’s response to your request for assistance.

### Eligible Lab tests must be:

- Initial diagnostic testing for Lyme Disease, other tick-borne diseases, or CD57 from any CLIA/Medicare-approved laboratory. Other tick-borne diseases are listed at [Columbia-Lyme.org](#). Viruses and other lab tests are not eligible.
- Medically necessary and not duplicative of other tests.
- Not covered by insurance. If coverage is denied by insurance, submit a copy of the EOB showing the denial

### Patient’s physician must certify:

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

**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. The amounts below represent your Total Income per your tax return, plus any nontaxable Social Security benefits shown.

Family size	1	2	3	4	5	6	7	8
<b>75% Grant</b>	\$30,350	\$41,150	\$51,950	\$62,750	\$73,550	\$84,350	\$95,150	\$105,950 +\$10,800 each add'l person
<b>50% Grant</b>	\$37,950	\$51,450	\$64,950	\$78,450	\$91,950	\$105,450	\$118,950	\$132,450 +\$13,500 each add'l person
<b>25% Grant</b>	\$45,525	\$61,725	\$77,925	\$94,125	\$110,325	\$126,525	\$142,725	\$158,925 +\$16,200 each add'l person

**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 the applicant’s initial Lyme-related lab tests performed by any CLIA/Medicare approved lab that are 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, the Rotary Club of Southwest Eureka Foundation and other sources. Any CLIA/Medicare licensed laboratory may be selected for testing.



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The *Lyme Test Access Program (Lyme-TAP)* is a nationwide (USA) 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, by mail, or by email (pdf file only, not smartphone photos):**

1. Your completed application form, with one applicant per application. *Please print clearly & complete the entire application.*
2. Pages 1 & 2 and Schedule 1 of your most recent 1040 Federal tax return (see Lyme-TAP Tips online if you don't file a tax return). Please do not send tax return summaries or state tax returns.
3. 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 (it is recommended that you do your blood draw AFTER receiving your grant).

**Payments of grant funds may take several weeks – we are not responsible for delays.**

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.

**Our staff communicates primarily via email. Failure to provide an email address may delay processing of your application.**

<b>Your Information</b> Name: _____ Street Address: _____ Mailing Address: _____ City, State, and Zip code: _____ Phone Number: (    ) _____ E-mail Address: _____	<b>Healthcare Provider Information</b> (the physician, NP, PA, etc. who ordered your testing and signed your application) Name: _____ Street Address: _____ City, State, and Zip code: _____ Phone Number: (    ) _____ E-mail Address: _____
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**Child Information, if applicable:** Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Diagnostic Test Information</b> Test(s) performed: _____ _____ Cost of test(s): _____	<b>Laboratory Information</b> Name: _____ Street Address: _____ City, State, and Zip code: _____ Phone Number: (    ) _____
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## 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 pages 1 & 2 and Schedule 1 of my most recent 1040 Federal tax return. (See [Lyme-TAP Tips](#) if you don't file a 1040.)

I have attached my receipts for laboratory testing (for reimbursement) OR  I have attached a copy of my lab requisition with pricing, tests requested, & my healthcare provider's signature (for prepayment). Prepayment grants will be made payable to the lab.

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

I have read the application instruction form, including the disclaimer.

I have NOT been tested previously OR  I HAVE been tested previously. Specify: \_\_\_\_\_

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

Executed at (City/State)	Date	Signature of Applicant
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## C. HEALTHCARE PROVIDER'S CERTIFICATION:

I am a  Physician (MD)  Chiropractor (DC)  Physician's Assistant (PA)  Nurse Practitioner (NP)  Naturopathic Doctor (ND)

**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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