



Patient Support Program Enrollment Form

With this form you can:

- Provide preferred contact information.
- Request an out-of-pocket estimate for your clonoSEQ test.
- Enroll in our Appeals Program. We will contact you if we need anything further from you during the appeals process.
- Apply for financial assistance with out-of-pocket costs for the tests.

1 Patient Information

First Name:	Initial:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
Primary Phone:		
Alternate Phone:		
Email Address:		
Preferred Contact Method: <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Email Address		
I would like notification of enrollment eligibility decision: <input type="checkbox"/> Yes <input type="checkbox"/> No	Send notification of enrollment eligibility decision to: <input type="checkbox"/> The mailing address above <input type="checkbox"/> Securely to the email address above <input type="checkbox"/> Other:	
Date of Birth (mm/dd/yyyy): / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer	

2 Insurance Information

Insurance Plan:	Subscriber ID:
Group ID:	Subscriber Name:
Relationship to Subscriber:	Insurance Phone Number:
<input type="checkbox"/> I would like an out-of-pocket estimate* for the test.	
For the out-of-pocket estimate, please contact me via: <input type="checkbox"/> Primary <input type="checkbox"/> Phone <input type="checkbox"/> Email	

*This request should be made prior to the ordering of the test. Adaptive cannot stop any test where we have accepted your specimen for testing.

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Qualification for Financial Assistance

Total Gross Household Yearly Income**:	Number of Persons in Household:
Total medical expenses for the prior 12 month period:	Any other financial factors we should take into consideration:

To be eligible for enrollment in financial assistance through Adaptive Assist, a patient must meet all the following criteria:

- Be a US citizen or legal resident age 18 years or older. Patients under the age of 18 are eligible, but require the application form to be signed by a parent or legal guardian.
- Be uninsured or have insurance that does not cover the full cost of clonoSEQ testing.
- Meet financial need based on the patient’s income and household size, or sum of medical expenses as a percentage of household income.

**Total Gross Household Income is the amount of money all persons in a household earn from all sources (e.g., salary, wages, tips, capital gains, interest, pensions) before taxes. Total Gross Household Income and Number of Persons in household are required fields and will be used to help determine eligibility for financial assistance.

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Patient Certification

By signing below you certify:

1. That the information contained in this application is complete and correct to the best of my knowledge.
2. If requested by Adaptive, I will provide documentation of income such as a tax return, W-2, recent pay stub, or comparable document demonstrating financial need within 45 days of the request.
3. I will return any consent to appeal that I am requested to sign.
4. By signing below I authorize the release of medical records to my insurance carrier to support claims appeals.
5. I am aware that once a test is in process, Adaptive is unable to stop testing based on an out-of-pocket estimate.
6. I will not seek reimbursement from my HSA, FSA or other health reimbursement source for services which are covered by this application for financial assistance.

Name (if Different from Patient): _____

Patient/Responsible Party Signature: _____ Date: _____

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Submit Application

Please submit your completed and signed application form via email, fax, or mail.

Email: AdaptiveBiotech@mylabbill.com **-OR-** **Fax:** 1-440-788-2137 **-OR-** **Mailing Address:** Adaptive Biotechnologies
Dept LA 24084
Pasadena, CA 91185-4084

In most cases, Adaptive Biotechnologies will send a notification letter indicating your final program eligibility determination within 10 working days following receipt of your fully completed and signed application.

An incomplete form may result in delays to processing and/or enrollment.

clonoSEQ® is an FDA-cleared test used to detect minimal residual disease (MRD) in bone marrow from patients with multiple myeloma or B-cell acute lymphoblastic leukemia (B-ALL) and blood or bone marrow from patients with chronic lymphocytic leukemia (CLL). clonoSEQ is also available for use in other lymphoid cancers and specimen types as a CLIA-validated laboratory developed test (LDT). For important information about the FDA-cleared uses of clonoSEQ including test limitations, please visit clonoSEQ.com/technical-summary.