Myriad Genetic Laboratories, Inc. • 320 Wakara Way • Salt Lake City, UT • 84108 •

800-469-7423 •Fax 801-584-3615

Patient Name: **Insurance Member #:**

Date of Birth: **Myriad Case #:**

NON-COVERED SERVICES CONSENT FORM

Based on information given to us by your insurance plan, your plan is not expected to pay for the laboratory test(s) marked below ordered by your physician/healthcare provider.

Laboratory Tests
☐ BRACAnalysis® *BRCA1/BRCA2*, Estimated Cost: $2,436
☐ Multisite 3 BRACAnalysis®, Estimated Cost: $177
☐ Reflex BRACAnalysis®, Estimated Cost: $2,436
☐ COLARIS®, *MSH2/MLH1/MSH6/EPCAM/PMS2*, Estimated Cost: $2,589
☐ COLARIS AP® *APC*, Estimated Cost: $1,845
☐ Single Site Analysis, Estimated Cost: $195
☐ MELARIS® *p16*, Estimated Cost: $810
☐ BART-BRACAnalysis® Rearrangement testing, Estimated Cost: $570
☐ myRisk Update, Estimated Cost: $1,800
☐ myRisk, Estimated Cost: $4,410
☐ Other, _____Estimated Cost: $_____

WHAT YOU NEED TO DO NOW:

- Read this notice and decide if you agree to be financially responsible for the cost of the test(s) marked above. Please note that your total financial responsibility will be less than indicated above if you meet the medical and financial requirements of our Myriad Financial Assistance Program (MFAP). Application for MFAP is completed separately.
- Ask us any questions that you may have by calling 800-469-7423, including questions about our interest-free payment plans.
- If you decide to proceed, please sign below and return this form to us via fax or mail as outlined in the accompanying cover letter. We can't begin to process your test(s) until we receive this consent form.

CONSENT	
I want the laboratory test(s) marked above that my insurance plan is not expected to pay. I understand that if my insurance plan doesn't pay, I agree to be personally and fully responsible for payment. I understand that I may apply for the Myriad Financial Assistance Program and if eligible my total financial responsibility will be less than indicated above.	
Signature:	**Date:**
Please Print Name:	