Application for the Cypress Patient Assistance Program

Cypress Bioscience, Inc. requires the following information in order to determine your eligibility for its Patient Assistance Program. Cypress respects your right to privacy of your personal information and will not share your information with outside companies, marketers or governmental agencies. Cypress may use non-identifiable information, such as gender, region or age, to help determine ways to improve its services. Cypress will hold your information in the strictest confidence.

Patient Name: _____

Address: _____

Telephone Number: _____

Gender: M ☐ F ☐ Date of Birth: _____ (month/day/year)

Social Security Number: _____

If you have insurance, have you received an explanation of benefits from your insurance carrier for the Cypress diagnostic test? YES ☐ NO ☐

If yes, what was the result? _____

If you need any help with your claim, or if you have any questions, please call the Cypress Billing Department (888-452-1522).

Yearly income for the household (include your income and your spouse's income): _____

Number of dependants (include yourself, your spouse, children and others who live with you and depend on your income): _____

By signing below and requesting enrollment in Cypress's Patient Assistance Program, you certify that the above information is true and accurate.

_____

Patient Signature (or guardian if patient is a minor) Print Name Date

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Please provide the following information to Cypress Bioscience, Inc., Attention: Billing Manager, 9393 Towne Centre Drive, Suite 140, San Diego, CA 92121:

1. Your completed application (above), and
2. Proof of income (copies of your federal tax return, Form 1040 or 1040EZ for last year and recent documents that show income paid to you, such as copy of pay stub from a pay check, a W-2 Form, any statements of interest or dividends).

Please note, if you are covered by insurance, Cypress is not able to waive any deductible or co-payment requirements that you have under your policy. Therefore, any assistance you may receive under this program will be subject to your making those required payments. This program is not insurance and is not intended to substitute in any way for insurance.