

Inclusion Criteria

☐ Criterion #1: Financial	SOS-L Annual F	lousehold Income Criteria
Persons in Household:(a)	Number in Household	Allowable Annual Household Income
Annual Household Income: \$(b) (including social security, disability, etc.)	1	\$30,150.00
	2	\$40,600.00
Refer to table at right. If annual household income (b) is less than the SOS-L allowable annual household income that corresponds to the	3	\$51,050.00
appropriate number of persons in household (a), the patient meets this criterion.	4	\$61,500.00
	5	\$71,950.00
☐ Criterion #2: Insurance	6	\$82,400.00
	7	\$92,850.00
The patient must be uninsured OR have medical expenses (including the	8	\$103,300.00
desired procedure) that exceed 10% of his/her annual household income. Criterion #3: Medical For surgical procedures, the patient must meet ALL of the following:	Allowable annual household income is defined as ≤ 250% of the Federal Poverty Level of the current year. Data above is based on the 2017 Federal Poverty Level.	
The patient's BMI must be ≤ 35 kg/m².		
For colonoscopies, the patient must have one or more of the following: Positive fecal immunohistochemical test (FIT/iFOBT) Previous diagnosis of colorectal cancer AND due for routine scr Previous removal of precancerous polyps AND due for routine scr Primary or multiple secondary family history (age ≤ 50) of colon Family history of Familial Adenomatous Polyposis or Lynch Syn Inflammatory Bowel Disease AND due for screening Symptoms unexplained by alternate diagnosis (e.g.: blood in ste diarrhea or constipation for > 2 weeks, weight loss of > 10% of the screening	screening cancer or pred drome (HNPC	C)

ALL 3 CRITERIA MUST BE MET FOR ELIGIBILITY.