Fax

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| --- | --- | --- | --- |
| **TO:** | {{TableStart:Case}}{{Contact Name: Salutation 1}} {{Contact Name: First Name 1}} {{Contact Name: Last Name 1}}{{TableEnd:Case}} | **FROM:** | Genomic Health - Customer Service |
| **FAX:** | {{TableStart:Case}}{{Contact Name: Fax 1}}{{TableEnd:Case}} | **FAX:** | 866-444-0640 |
| **PHONE:** | {{TableStart:Case}}{{Contact Name: Main Phone 1}}{{TableEnd:Case}} | **PHONE:** | 866-662-6897 |
| **SUBJECT:** | Onco*type* DX® | **DATE:** | {{Today}} |

Dear {{TableStart:Case}}{{Contact Name: Salutation 1}} {{Contact Name: Last Name 1}}{{TableEnd:Case}},

Thank you for your order for the Onco*type* DX® assay for your patient **{{TableStart:Case}}{{Patient\_Initials}} (DOB: {{DOB\@ MM/dd/yyyy}}{{TableEnd:Case}})**. We understand that your patient did not have medical insurance at the time the report was released. We would like to enroll your patient in our uninsured patient program.

**Please review the attached Economic Hardship application, if you agree with the content, please sign and fax it back to customer service at 866-444-0640.**

**Genomic Health will approve the Economic Hardship application if signed by a physician and will cover the cost of test for this patient.**

Should you require a copy of the approved Economic Hardship form for your files, please let us know. Otherwise, we will not be sending any further confirmation.

Fax: 1-866-444-0640

Please contact our Customer Service group by phone at **866-662-6897** or via email at **customerservice@genomichealth.com** if you have any further questions or concerns.

Kind Regards,

Customer Service

Genomic Health, Inc.®

Telephone: 866-662-6897

Facsimile: 866-444-0640  
customerservice@genomichealth.com

www.genomichealth.com