Mindera Assist

Mindera Health™ is committed to helping patients and caregivers understand and navigate the insurance and billing process. Our team is standing by to assist with billing insurance, appealing denied claims and providing flexible payment options when necessary.

What To Expect?

1. **Your doctor orders Mind.Px™.**
2. **Once the report is issued, Mindera Health will file a claim and appeal on your behalf.**

   The appeals process can sometimes take several months, and you may receive multiple communications from your insurance company. THESE ARE NOT BILLS.

3. **A welcome letter is mailed to you, which outlines the billing process and provides information regarding our patient assistance program, Mindera Assist.**
4. **Once all actions with your insurance are complete, if you have any remaining balance, you will receive an invoice from Mindera Health.**

Mindera Assist-Patient Assistance Program

Patients Who Qualify Pay No More Than $250

To Qualify You Must:

1. Be Resident of the US or its territories
2. Be commercially insured
3. Meet qualifying criteria related to the annual medical expenses or household income (see enrollment form)

To Enroll:

Complete the application on the backside of this form and submit via one of the options below:

- Fax: 858-788-9075
- Mail: PO BOX 120417 DEPT 0417 Dallas, TX 75312-0417
- QR code for the digital application

If you have any questions about your application status, insurance coverage, financial assistance, and more
Please Call Us
858-810-6070 Option 2
Hours: 7AM - 4PM PST, Monday – Friday

Enrollment Form

Patient Verification

First Name | Last Name | Date of Birth

Email | Phone | Zip

Question A

Did your medical expenses exceed 7.5% of your gross household income or $5,647.50 for the last calendar year?

Yes ☐ No ☐

An eligible expense is defined as those expenses paid for care as described in Section 213 (d) of the Internal Revenue Code. Below may help determine whether an expense is eligible.

- Acupuncture
- Alcoholism treatment
- Ambulance services
- Annual physical examination Birth control pills (by prescription)
- Chiropractor
- Childbirth/delivery Doctor's fees
- Dental treatments *(including X-rays, dentures, fillings, oral surgery)*
- Dermatologist Diagnostic services
- Disabled dependent care
- Drug addiction therapy
- Acid controllers
- Acne medicines
- Aids for indigestion
- Allergy and sinus medicines
- Antidiarrheal medicines
- Baby rash ointments
- Fertility enhancement
- Gynecologist
- Hearing aids and batteries
- Hospital bills
- Laboratory fees
- Lodging (away from home for outpatient care)
- Laxatives or stool softeners
- Lice treatments
- Nursing home
- Nursing services
- Obstetrician
- Osteopath
- Oxygen
- Pregnancy test kits
- Prescribed medications and drug cold and flu medicines
- Eye drops
- Feminine antifungal or anti-itch products
- Hemorrhoid treatments
- Medical transportation expenses
- Motion sickness medicines
- Nasal sprays or drops ointments for cuts, burns, or rashes
- Pain relievers, such as aspirin or ibuprofen
- Podiatrist Psychiatrist
- Psychologist
- Smoking cessation programs
- Surgery
- Sleep aids
- Stomach remedies
- Therapy or counseling
- Transplants
- Vaccines
- Vision care
- Weight loss programs (for a specific disease diagnosed by a doctor)
- Wheelchairs
- X-rays

Question B

Based on the table chart below, is your household annual gross income less than the amount corresponding with the number of persons in your household?

Yes ☐ No ☐

Number of Members in Household	1	2	3	4	5	6	7	8
Total Household Income	$78,250.00	$105,750.00	$133,250.00	$160,750.00	$188,250.00	$215,750.00	$243,250.00	$270,750.00

**For each additional family member add $27,500*

PATIENT ATTESTATION

By signing below, I confirm that I cannot afford the test and that my answers to the qualification questions above are complete, true and accurate. I also acknowledge that Mindera Health reserves the right to modify or cancel the program at anytime.

Patient Name or Representative | Relationship to Patient

Signature (Required) X_____ | Date