Patient Signature Card

Ambry Genetics
A TEMPUS COMPANY

Please print neatly, complete all fields, sign and date.

Patient's Full Name

Date of Birth (MM/DD/YYYY)

Email

Mobile phone (10 digits including area code)

– –

Sex assigned at birth:

☐ Female ☐ Male

I agree to the patient acknowledgment on the reverse side.

Patient or legal guardian signature:

Today's date*
(MM/DD/YYYY):

Accessioning Sticker Here

*The date listed here represents the specimen collection date.

By providing the information on this card and signing the back, I agree to the following:

Text Messaging Consent

Ambry Genetics (Ambry) may contact me by text message. I understand that I do not have to agree to receive texts in order to get testing. Message and data rates may apply. I can reply STOP to unsubscribe. Message frequency may vary. See Ambry's Privacy Policy (ambrygen.com/legal/privacy-policy) and Terms & Conditions (ambrygen.com/legal/terms-and-conditions).

Insurance and Billing Authorization

Ambry may bill my insurance and receive payment for my testing. Ambry may share medical information related to my testing with my health plan, act as my representative to appeal any denial of benefits, and request additional medical records to support that appeal. I understand that I am responsible for any costs not covered by my insurance. If I receive payment from my health plan for this testing, I agree to send that payment to Ambry.

Financial assistance is available. To apply, scan the QR code and complete the digital form.

1 Enterprise, Aliso Viejo, CA 92656 USA Toll Free +1.866.262.7943 Fax +1.949.900.5501 **ambrygen.com**

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