

miR Access™

MiRNA Scientific is proud to offer needs-based financial assistance to help qualified patients with out-of-pocket costs for miR Sentinel. Our goal is to provide the broadest possible patient access to testing services regardless of insurance status. Patients who qualify will pay no more than \$250.

miR Access Eligibility

While the amount and type of financial assistance provided is based upon financial need, every patient who meets the criteria below is eligible:

- Patient resides in the United States or Puerto Rico
- Patient is commercially insured, but coverage is insufficient to pay for miR Sentinel ¹
- Patient completes the Patient Application Form (reverse side of this document)

miR Access Income Guidelines ²

Number of People in Household	Household Income Up To		
1	\$15,650	\$46,950	\$78,250
2	\$21,150	\$63,450	\$105,750
3	\$26,650	\$79,950	\$133,250
4	\$32,150	\$96,450	\$160,750
5	\$37,650	\$112,950	\$188,250
Maximum Out of Pocket	\$50	\$150	\$250

Please call MiRNA Scientific's Customer Service at **1 (940) MIR-SENTINEL or 1 (940) 647-7368** to discuss your options if any of the following are true:



- You live in Alaska or Hawaii
- Your household size is greater than 5
- You do not qualify for the miR Access plan tiers above but would like to inquire about an income-proportional payment reduction plan
- You would like to request an interest-free payment plan for your bill

1. Beneficiaries of government insurance programs are not eligible.

2. 2025 Income Guidelines are based upon a multiple of the United States Department of Health and Human Services Poverty Guidelines, which can be found at aspe.hhs.gov/poverty-guidelines. These guidelines are subject to change at any time.

miR Access™ Patient Application Form

Patient Information

*Indicates required information

Patient's First Name*	MI	Patient's Last Name*	Date of Birth (mm-dd-yyyy)*	Sex*
Patient's Street Address*			Suite, Apt #	
City/Town*	State/Province*	Zipcode*	Country*	
Patient's Phone*		Patient's Email		

Ordering Provider's Information

Provider's First Name*	MI	Provider's Last Name*	Clinic/Hospital Name*
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Patient Sample Information

Urine Collection Date: (mm-dd-yyyy)*

Patient Income Information

Annual Household Income*	Number of persons in household (including applicant)*
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Patient Verification

By signing below, I certify that my answers are complete, true and accurate to the best of my knowledge. I understand that completing the application does not guarantee that I will qualify for assistance through miR Access and that MiRNA Scientific may verify the accuracy of the information I have provided and may ask for more income or insurance information. I also acknowledge that MiRNA Scientific reserves the right to modify or cancel the miR Access program at any time.

Patient name or representative*	Relationship to Patient
Signature (Required)*	Date (mm-dd-yyyy)*

Return completed application to:

Fax: (844) 333-0681 | Email: testorder@mirnascientific.com

Mail: MiRNA Scientific, Inc., 685 Route 1 South, Ste 110, North Brunswick, NJ 08902

The miR Sentinel™ Prostate Cancer Test was evaluated and its performance characteristics determined by MiRNA Scientific, Inc. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. MiRNA Scientific is certified under the Clinical Laboratory Improvement Amendments (CLIA) Act of 1988 as qualified to perform high complexity clinical testing.

CLIA Number: 31d2256870

