Madison Core Laboratories

Results for Better Living!

FINANCIAL ASSISTANCE PROGRAM

Madison Core Laboratories, LLC (MCL) is compliant with all regulations required by all payers and will accept and file claims with all insurance plans. Network status and plan coverage should be determined by the patient prior to services rendered. The patient will be billed for any portion of the services provided that the payer determines to be patient responsibility. MCL will bill all uninsured (self-pay) patients. MCL understands that medical bills can create a financial burden for families. Because of this, MCL has developed a financial assistance program.

PAID IN FULL REDUCTIONS

Some balances may be eligible for a reduction in total cost if the balance is paid in full. Patients should contact MCL via phone or email to learn more and determine if their account is eligible for a reduction. To take advantage of this offer, the reduced payment must be paid in full in one lump sum. Reductions to a balance will not be made until after the reduced payment amount is received by MCL.

PAYMENT PLAN OPTIONS

Patients should contact MCL via phone or email to establish a payment plan and prevent a balance from reaching collections. Accounts automatically roll over to a collection status after three statements if full payment is not received or a payment plan is not established. Payment plans begin at a minimum of $10.00/month until the balance is paid in full. Plans that default may be subject to collections.

INDIGENT ASSISTANCE PROGRAM

For patients unable to pay in full or set up a payment plan, an assistance program has been established for those who qualify.

ACCEPTABLE DOCUMENTATION	POTENTIAL REDUCTION
Verification of non-filing IRS letter	100%
Food stamp eligibility letter	100%
Disability letter	100%
Prior year tax return/tax transcript	40%-100% (based on family size and annual income)

Complete the attached application and return to MCL via email billing@madisoncorelabs.com or fax (256) 850-3186. You will be notified within 7-10 business days with a final determination.

Household/ Family Size	100% Reduction	90% Reduction	80% Reduction	70% Reduction	60% Reduction	50% Reduction	40% Reduction
1	$15,060.00	$22,590.00	$30,120.00	$37,650.00	$45,180.00	$52,710.00	$60,240.00
2	$20,440.00	$30,660.00	$40,880.00	$51,100.00	$61,320.00	$71,540.00	$81,760.00
3	$25,820.00	$38,730.00	$51,640.00	$64,550.00	$77,460.00	$90,370.00	$103,280.00
4	$31,200.00	$46,800.00	$62,400.00	$78,000.00	$93,600.00	$109,200.00	$124,800.00
5	$36,580.00	$54,870.00	$73,160.00	$91,450.00	$109,740.00	$128,030.00	$146,320.00
6	$41,960.00	$62,940.00	$83,920.00	$104,900.00	$125,880.00	$146,860.00	$167,840.00
7	$47,340.00	$71,010.00	$94,680.00	$118,350.00	$142,020.00	$165,690.00	$189,360.00
8	$52,720.00	$79,080.00	$105,440.00	$131,800.00	$158,160.00	$184,520.00	$210,880.00

Income values are pre-tax and based on 2024 poverty guidelines.
For families/households with more than 8 persons, add $5,380 for each additional person.
https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

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FINANCIAL ASSISTANCE APPLICATION

Complete the following application and submit at least one qualifying document to be considered for financial assistance. Please note, all insurance must be filed prior to being considered for financial assistance.

PATIENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH

ADDRESS

CITY	STATE	ZIP CODE

PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER

EMAIL ADDRESS

GUARANTOR INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH

ACCOUNT INFORMATION

ACCOUNT NUMBER	AMOUNT
	$
	$
	$
TOTAL OF ALL ACCOUNTS DUE TO MADISON CORE LABORATORIES, LLC	$

PROVIDE AT LEAST ONE DOCUMENT LISTED BELOW:

- ☐ VERIFICATION OF NON-FILING IRS LETTER
- ☐ FOOD STAMP ELIGIBILITY LETTER
- ☐ DISABILITY LETTER
- ☐ PRIOR YEAR TAX RETURN/TAX TRANSCRIPT

IMPORTANT

This application must be completed in full including signature with at least one of the required documents attached. If the application is not complete, including required documentation, the application will be denied, and the balance will remain your responsibility.

SUBMISSION CHECKLIST:

- ☐ COMPLETE ALL SECTIONS ABOVE THIS LINE
- ☐ ATTACH AT LEAST ONE OF THE REQUIRED DOCUMENTS
- ☐ SIGN AND DATE BELOW
- ☐ SUBMIT via FAX: (256) 850-3186 or EMAIL: billing@madisoncorelabs.com

APPLICANT'S SIGNATURE	DATE OF REQUEST

IN OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

FAMILY SIZE	INCOME	QUALIFIES FOR	(CIRCLE ONE)	ORIGINAL BALANCE	ADJUSTMENT	NEW BALANCE
	$		APPROVED DENIED	$	$	$

REVIEWED BY:	DATE:
APPROVED BY:	DATE:
APPLICANT NOTIFIED VIA:	DATE:

ADDITIONAL REMARKS: