

Patient Payment Form

Dear patient,

Thank you for requesting a SelectMDx[®] test. By completing and signing this form, you give permission that the submitted urine sample will be used for the SelectMDx test in our laboratory. You also agree to bear the costs for the test, including the transport of the urine specimen collection kit to our laboratory in Nijmegen, The Netherlands, when this transport is arranged by MDxHealth[®].

Please complete the information below:

(For your privacy, this information will only be used for invoicing purposes by MDxHealth and will not be stored longer than is required, nor will it be stored together with your medical information or test result)

Name & Initials:

Address:

Postal code: City: Country:

Email address: Telephone:

Hospital/clinic: SelectMDx[®] Order Nr:

Please tick what is applicable:

I would like to receive the invoice for the SelectMDx test: by mail by e-mail no invoice required

The urine collection kit has been shipped to the laboratory by myself or my physician, not using the provided express courier bag. I am aware that the specimen must reach the laboratory of MDxHealth in Nijmegen, The Netherlands, no later than 5 days after the specimen was taken. **The costs for the SelectMDx test are € 332,75 including taxes.**

The urine collection kit is picked up by DHL[®]/FedEx[®] and shipped to the laboratory of MDxHealth in Nijmegen, The Netherlands, using the return service provided by MDxHealth. I am aware that MDxHealth cannot be held responsible for the specimen to reach the laboratory no later later than 5 days after the specimen was taken, as the shipment is outsourced to a third party. **The costs for the SelectMDx test, including express courier shipment of the specimen to the laboratory, are € 356,95 including taxes.**

I herewith declare to agree with the costs mentioned above and that I will pay these costs by wire transfer to the bank account of MDxHealth Servicelab B.V. in Nijmegen. I understand that the results of the SelectMDx test will become available to the requesting physician, once the sample and the payment both have been received. The result of the SelectMDx test will not be communicated directly by MDxHealth to the patient, as the result needs to be carefully interpreted in conjunction with the patient medical history.

The costs of the test can be remitted to IBAN bank account NL 88 KRED 0633 0256 31 of the KBC Bank (BIC: KREDNL2X) in the name of MDxHealth Servicelab B.V., with reference of the patient name and order number

Please sign and scan this form and email it to finance_nijmegen@mdxhealth.com or send it by fax to +31 88 327 2728. If this is not possible, please include this signed form in the urine collection kit when shipping the specimen to MDxHealth, or send the form by mail to the address below.

Signature for approval:

.....
patient signature

Name:

Date: - -
 day month year