

Financial Information for the GeneSight® Test

THE GENESIGHT PROMISE

Insurance can be complicated, and we want you to feel comfortable knowing what you'll owe. We promise if your cost could be more than \$330, we'll call you before we process the test.

What to Know About the Cost of a GeneSight Test

We Bill Your Insurance for the cost of the GeneSight test.

Medicare (Part B) Covered Tests - You will have a \$0 out of pocket cost.

Medicare Advantage Covered Tests - You may be expected to cover a portion of the cost (typically \$330 or less) and the GeneSight Promise applies.

Medicaid - Typically, you will have a \$0 out of pocket cost.

Commercial or Other Insurance - Plans vary, but you may be expected to cover a portion of the cost (typically \$330 or less) and the GeneSight Promise applies.

Learn more about covered tests at [GeneSight.com/cost/insurance](https://genesight.com/cost/insurance)

Get Financial Assistance

We offer financial assistance for patients with commercial insurance to help further reduce cost. Find out if you qualify using our financial assistance calculator on our website: [GeneSight.com/cost](https://genesight.com/cost). Our program is based on household income, number of people in your household, and other federal guidelines.

Total Annual Household Income*					
Number of People in Household**	1x Poverty Level	2x Poverty Level	3x Poverty Level	4x Poverty Level	Above 4x Poverty Level
1	Less than \$12,880	\$12,880 - 25,760	\$25,761 - 38,640	\$38,641 - 51,520	More than \$51,520
2	Less than \$17,420	\$17,420 - 34,840	\$34,841 - 52,260	\$52,261 - 69,680	More than \$69,680
3	Less than \$21,960	\$21,960 - 43,920	\$43,921 - 65,880	\$65,881 - 87,840	More than \$87,840
4	Less than \$26,500	\$26,500 - 53,000	\$53,001 - 79,500	\$79,501 - 106,000	More than \$106,000
5	Less than \$31,040	\$31,040 - 62,080	\$62,081 - 93,120	\$93,121 - 124,160	More than \$124,160
Patient Cost	\$0	\$0	\$100	\$200	GeneSight Promise Applies

*Based on U.S. Department of Health & Human Services 2021 Poverty Guidelines: <https://aspe.hhs.gov/poverty-guidelines>

**For households with more than five people, please refer to [GeneSight.com/cost](https://genesight.com/cost) to see if you qualify

Ask About Our Interest-Free Payment Plan

If your cost is \$100 or more, we offer an interest-free payment plan that allows you to spread out your cost over multiple months.

How the Billing Process Works

BILLING INSURANCE TAKES TIME

It will likely be several months before you receive a bill from us. We'll keep you informed along the way.

- 1 We Receive Your Sample**
When we receive your sample, we will confirm your cost. If it's more than \$330, we will call you before processing your test.
- 2 We Bill Insurance**
We process your test and submit a claim to your insurance company.
- 3 You May Apply for Our Financial Assistance Program**
You may choose to submit an application to pre-qualify for financial assistance.
- 4 You May Receive an Explanation of Benefits (EOB)**
Your insurance company will process your claim. They may send you an EOB. **This is not a bill.**

THIS IS NOT A BILL

The EOB is from your insurance company. This does not necessarily represent the amount you will owe.

Explanation of Benefits Statement
This document shows how benefits were applied to claims during the time span 02/14/2016-02/07/2016. It also calculates member responsibility.

THIS IS NOT A BILL
We processed 1 claim on your behalf. Contact the provider(s) to arrange payment, if not already paid. Total Member Responsibility To Provider(s): \$0.00

Claim ID	Date of Service	Service Description	Amount Charged By Provider	Amount Not Covered	Revised Member Rate	Co-pay	Deductible	Remaining Patient	Member's Coinsurance	Amount Reimbursed	Member's Responsibility To Provider
	02/20/16	Laboratory									
Totals for this claim:											

Have questions? Contact your provider if you need to arrange payment. To learn more about your benefits, contact Regence:

Customer Service: 1-800-368-6888
TTY: 711
800 A.R. - 822 p.m. MT
Help keep health care costs down. If you suspect fraud related to your claim, please call 1-800-368-6888.

- 5 You Receive Your Bill**
Once your insurance claim is completed, we will send you a statement of what you owe. **This is a bill.** You can pay on-line, by phone, or by mail.

THIS IS A BILL

The bill is from GeneSight. This is the amount you will owe.

genesight®
PO BOX 645685
Cincinnati, OH 45264-5685

BILLING QUESTIONS: 888.496.2391
FAX: 888.605.6294

PATIENT NAME:	PATIENT ACCT NO.:	REFERRING PHYSICIAN:	CLIENT NAME:	STATEMENT DATE:	PAGE:
JOHN G. PATIENT	000000	DR. SALLY DOCTOR	CLINIC ABC	07/17/2017	1

Date	Units	CPT Code	Description	Charges	Payment Adjustment	Total Due
03/21/17			CYP2C19 GENE COM VARIANTS Insurance Provider			
06/13/17			CYP2C8 GENE COM VARIANTS Insurance Provider			
06/13/17			CYP2C9 GENE COM VARIANTS Insurance Provider			
06/13/17			MTNFR GENE Insurance Provider			
06/13/17			ZBZV6 Insurance Provider			
06/13/17			PAYMENT Check#			
06/30/17			PATIENT PATIENT ADJUSTMENT			
04/04/17						
Total Amount Due :						

Message:
Thank you for your payment. Your statement reflects your remaining balance due. Our Customer Service Team is here to serve you Monday through Friday from 8 a.m. to 8 p.m. (ET) by calling 888.496.2391.

genesight® Patient No: 0000000 **Patient Statement**

PAYMENT OPTIONS
 • To pay online, please visit GeneSight.com/payments
 • To pay by phone, please call 888.496.2391
 • If your statement is \$150 or more, you can set up a 12-month, interest-free payment plan by calling 888.496.2391
 • To pay by check, please make check payable to Assurex Health and mail with bottom half of this statement to:

MYRIAD NEUROSCIENCE
PO BOX 645685
CINCINNATI, OH 45264-5685

For more information,
please visit us on-line at
GeneSight.com/cost
or call Customer Service
at 866.757.9204.

This document is for your records and does not need to be returned.