

# 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.

**Traditional Medicare, Medicaid, or Managed Medicaid** - You will have a \$0 out of pocket cost.

**Medicare Advantage, Commercial, or Other Insurance** - You may be expected to cover a portion of the cost. Plans vary, but the typical cost to you will be \$330 or less. If it's more, we will contact you before processing the test. That's the GeneSight Promise.

## 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 \$12,761	\$12,761 - 25,520	\$25,521 - 38,280	\$38,281 - 51,040	More than \$51,040
2	Less than \$17,241	\$17,241 - 34,480	\$34,481 - 51,720	\$51,721 - 68,960	More than \$68,960
3	Less than \$21,721	\$21,721 - 43,440	\$43,441 - 65,160	\$65,161 - 86,880	More than \$86,880
4	Less than \$26,201	\$26,201 - 52,400	\$52,401 - 78,600	\$78,601 - 104,800	More than \$104,800
5	Less than \$30,681	\$30,681 - 61,360	\$61,361 - 92,040	\$92,041 - 122,720	More than \$122,720
Patient Cost	\$0	\$0	\$100	\$200	GeneSight Promise Applies

\*Based on U.S. Department of Health & Human Services 2020 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.**
- 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 online, by phone, or by mail.

For more information, please visit us online at [GeneSight.com/cost](http://GeneSight.com/cost) or call Customer Service at 866.757.9204.

## THIS IS NOT A BILL

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

**YOUR INSURANCE COMPANY**

**Explanation of Benefits Statement**  
This document shows how benefits were applied to claims during the time span 02/14/2016-02/27/2016. It also calculates member responsibility.

**THIS IS NOT A BILL.**

**Claims Summary**  
We processed 1 claim on your behalf. Contact the provider(s) to arrange payment, if not already paid. Total Member Responsibility To Provider: \$330.00. Total Payer Paid: \$0.00.

**Claims Detail - How your benefits were used to calculate these claims.**

Date of Service	Service Description	Amount Charged by Provider	Amount Not Covered	Regional Member Rate	Co-pay	Deductible	Remaining Amount	Member's Contribution	Amount Reimbursed	Member's Responsibility To Provider
02/20/16	Laboratory									

Totals for this claim: \$330.00

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

Customer Service: 1-800-545-9888, TTY 711, 800 a.m. - 6:00 p.m. MT  
Mailing Address: Regence, PO Box 6500, Denver, CO 80206-0650

## 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: JOHN Q. PATIENT, PATIENT ACCT NO.: 0000000, REFERRING PHYSICIAN: DR. SALLY DOCTOR, CLIENT NAME: CLINIC ABC, STATEMENT DATE: 07/17/2017, PAGE: 1

Date	Units	OPT Code	Description	Charges	Payment of Adjustment	Total Due
03/21/17			CYP2C19 GENE COM VARIANTS Insurance Provider			
06/13/17			CYP2D6 GENE COM VARIANTS Insurance Provider			
06/13/17			CYP2C3 GENE COM VARIANTS Insurance Provider			
06/13/17			MTHFR GENE Insurance Provider			
06/13/17			ZBV6 Insurance Provider			
06/13/17			PAYMENT Check# PATIENT PATIENT ADJUSTMENT			

Total Amount Due: \$330.00

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](http://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