



BILLING INFORMATION SHEET FOR PATIENTS

We want you to be able to focus on your health and loved ones, and to leave the insurance process to us. We are committed to doing all we can to help you manage any expenses related to our tests.

Biotheranostics believes every clinically eligible patient should have access to our tests, independent of their insurance or financial status. We accept all insurance plans and offer a Patient Assistance Program for patients in need.

OUR PROCESS

1. This process starts with your complete insurance information provided on the Biotheranostics test requisition sent to us by your doctor's office.
2. We then contact the pathology department to have your specimen sent for testing. After the test is performed by us, the results are delivered to your doctor.
3. We bill your insurance company. Biotheranostics Patient Advocates are available to discuss the billing process and options that may be available to you to manage your out of pocket expenses.
4. The billing process will take several months and during this time **you will receive communication from your insurance company called an Explanation of Benefits (EOB). This is NOT A BILL.**
5. In addition to the EOB from your insurance company, you will receive a welcome letter from Biotheranostics that outlines our billing and appeals process and contains an important document that you will need to sign and return to us. This Authorization of Representation form allows us to appeal to your insurance company on your behalf.
6. Your insurance company will send payment to us for the test. You may be responsible for a deductible, co-payment, and/or co-insurance as indicated by your insurance plan and required by federal/state regulations. Our Patient Assistance Program is designed to help you manage these out of pocket expenses and is based on an evaluation of financial hardship.

IMPORTANT INFORMATION

IF YOU ARE A MEDICARE BENEFICIARY

Medicare covers Breast Cancer IndexSM and CancerTYPE ID[®] at a predetermined rate with no fees charged to you. Subject to specific coverage criteria.*

IF YOU ARE INSURED BY COMMERCIAL INSURANCE

We accept all insurance plans, and are currently in network with a growing number of plans. In the event your insurance company sends payment to you, please forward the check to us. If you have a question about your EOB or your policy's terms of coverage, please contact your insurance company.

IF YOU DO NOT HAVE INSURANCE

Biotheranostics will bill patients directly for services ordered. Money order, check, or credit card is an acceptable form of payment. Please apply for assistance through our Patient Assistance Program or Payment Plan.

PATIENT ASSISTANCE PROGRAM

Our Patient Assistance Program can help lower out-of-pocket expenses for eligible patients. This requires you to provide a pay stub, W-2 or other documentation of income.

PAYMENT PLANS

We offer a discounted "direct pay" price for patients who are uninsured and wish to pay cash for our testing. We offer a 6 month interest free payment plan option for patients who need to make payments in installments. **Please remit payment to:**

Biotheranostics, Inc.
P.O. Box 749249
Los Angeles, CA 90074-9249

To discuss our Patient Assistance Program and eligibility requirements, contact our Patient Advocate Team at 1(877) 886-6739, select prompt 2.

*Medicare accepts Breast Cancer Index and CancerTYPE ID as medically necessary when coverage criteria under the current LCDs (Local Coverage Determinations), are met. Please visit AnswersBeyond5.com or CancerTYPEID.com, respectively for more information.