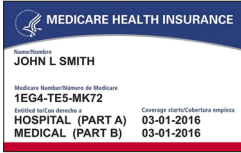
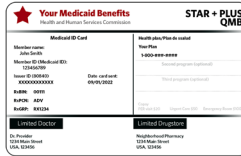
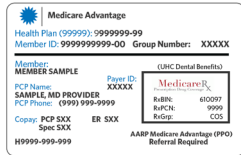


PATIENT'S INSURANCE TYPE	TYPICAL OUT OF POCKET COST
<p>Traditional Medicare Part B</p> 	<p>\$0 out of pocket</p>
<p>Medicaid</p> 	<p>\$0 out of pocket</p>
<p>Medicare Advantage: Part C</p> 	<p>Typically \$0 - \$325, varies by plan</p> <ul style="list-style-type: none"> • Please see Phenomics Health Price Guarantee • Patient may qualify for financial assistance
<p>All Commercial/Private Employer Insurance Plans, including PPOs & HMOs</p>	<p>Typically \$0 - \$325, varies by plan</p> <ul style="list-style-type: none"> • Please see Phenomics Health Price Guarantee • Patient may qualify for financial assistance
<h2>Phenomics Health Price Guarantee</h2>	
<p>We promise that if your out of pocket cost will be greater than \$325, we will contact you prior to processing your test.</p>	

Patient Discussion Guide

Do you have secondary insurance?

For example, if you have a commercial plan as your primary but a Medicaid plan as your secondary, you may be able to receive the test at no cost.

Do you qualify for the Phenomics Health Financial Assistance Program?

We offer financial assistance for patients with commercial insurance to help further reduce the cost. Our program is based on household income, number of people in household and other federal guidelines.

Email Billing @phenomicshealth.com



# of People in Household	Total Annual Household Income*				
1	Less than \$14,580	\$14,581-\$29,160	\$29,161-\$43,740	\$43,741-\$58,320	More than \$58,321
2	Less than \$19,720	\$19,721-\$39,440	\$39,441-\$59,160	\$59,160-\$78,880	More than \$78,881
3	Less than \$24,860	\$24,861-\$49,720	\$49,721-\$74,580	\$74,581-\$99,440	More than \$99,441
4	Less than \$30,000	\$30,001-\$60,000	\$60,001-\$90,000	\$90,001-\$120,000	More than \$120,001
5	Less than \$35,140	\$35,141-\$70,280	\$70,281-\$105,420	\$105,421-\$140,560	More than \$140,561
Cost	\$0	\$0	\$100	\$200	Pricing Guarantee Applies

* Based on U.S. Department of Health & Human Services 2023 Federal Poverty Guidelines: <http://ase.hhs.gov/poverty-guidelines>

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 \$325, 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 Receive an Explanation of Benefits (EOB)
Your insurance company will process your claim. They may send you an EOB. This is not a bill

4 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 by phone or mail.

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
Please retain future reference
Sara Smith MD / PIN: 1234567

Sara Smith, MD
Any Town Medical Center
9876 Main Street
USA, 00000

Date: 02/02/22
Tax ID#: 0101010101
Check #: 1010101010
Check Amount: \$\$\$#.00

Patient Name: Sam Smith
Patient Account Number: 123456789
Patient ID#: 987654
Member ID: 65432

TREATMENT DATE	AA	SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT	COPY AMOUNT	NOT	OLD
	II	01010001	II	###.##	###.##	###.##	###.##	###.##
	II	0101010101	II	###.##	###.##	###.##	###.##	###.##
	II	0101010101010	II	###.##	###.##	###.##	###.##	###.##
TOTALS				###.##	###.##	###.##	###.##	###.##

THIS IS A BILL

The bill is from Phenomics Health. This is the amount you will owe.

Phenomics HEALTH
46701 Commerce Center Dr
Plymouth, MI 48170
(734) 233-3070

ACCOUNT NUMBER	PATIENT NAME	CLINIC NAME
000000	JANE DOE	Medical Center

Date	Description	Charges/Payments
#####	Labratory general Tests	\$\$\$#.00
#####		\$\$\$#.00

Message:
Thank you for your payment. Your statement reflects your remaining balance due. Our Customer Service Team is here to serve you Monday - Friday, 8:30 a.m to 5 p.m (ET) by calling 734-233-3070.

Phenomics HEALTH
46701 Commerce Center Dr
Plymouth, MI 48170
(734) 233-3070

Patient Statement

Please complete payment information.

Account No.	Statement Date	Acct. Balance	Payment Due
APX1	12/15/20xx	x.00	x.00

Credit Card **Send Card**
 Visa Mastercard

Card No. _____ Exp. Date _____
Signature _____ 3-4 Digit Security Code _____

Check Check No. _____ Amount Paid _____

For more information,
or to pay your bill,
please email
Billing@phenomicshealth.com

