

**PATIENT INSURANCE AND BILLING QUESTIONNAIRE**

- 1) Do you currently have health insurance that is sponsored in whole or in part (either as a primary or secondary plan) by the Federal or State Government (such as Medicare, Medicaid or TriCare)?

If yes, we cannot test you at this time.  
If no, proceed to question 2.

- 2) Do you current have a Health Savings Account (HSA), Health Reimbursement Account (HRA), or Flexible Spending Account (FSA)?

If yes, proceed to question 3.  
If no, process to the final statement.

- 3) Is your HSA/HRA/FSA set-up to automatically draft patient responsibility when a claim is filed?

If yes, patient financial responsibility (such as the deductible and coinsurance amount) for the Genecept Assay may be automatically drafted from the patient's account.

If no, proceed to final statement.

If unsure, patient should contact his/her insurance company to understand how their HSA/HRA/FSA is set-up before having the Genecept Assay administered.

**Final Statement:**

Please be aware that a claim will be filed to your commercial insurance plan for the Genecept Assay. Genomind accepts what your insurance plan pays, but please be aware of the following:

- Some out of network plans send payments for this type of testing directly to the patient. If you receive payment directly from your insurance company, you will be asked by Clinical Reference Lab ("CRL" who is Genomind's partner laboratory that processes the test) to send the payment to them along with your Explanation of Benefits (EOB) summary statement so that CRL can understand how the claim was adjudicated;
- Genomind/CRL may file appeals in the claims process – please be aware that medical records may be requested in this process. We ask that you cooperate when information is requested. Genomind can also provide sample Letters of Medical Necessity as needed.
- You may receive an Explanation of Benefits (EOB) from your insurance company – please be aware that this is not a bill for the Genecept Assay.