For more information: email **billinghelp@myriad.com** or call (844) 697-4239



Billing Support:

MyriadPromise.com billinghelp@myriad.com



To apply for Financial Support: (844) 697-4239



Patient Support: MySupport360.com



Hereditary Cancer Testing Provided by:

Myriad Genetic Laboratories, Inc. 320 Wakara Way, Salt Lake City, UT 84108

Myriad, the Myriad logo, Myriad Promise, and the Myriad Promise logo are either trademark or registered trademarks of Myriad Genetics, Inc. in the United States and other jurisdictions ©2017, Myriad Genetic Laboratories, Inc. MRPTAFFOR / 5-17

Español (Spanish)

Myriad Genetic Laboratories, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-801-584-3600.

繁體中文 (Chinese)

Myriad Genetic Laboratories, Inc. 遵守適用的聯邦民權法律規定,不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-801-584-3600.。

Myriad's Financial Assistance Program

Genetic Testing Affordability for All Patients





Myriad has a lifetime commitment to removing cost as a potential barrier to patients receiving valuable, accurate test results

Questions you may have...

Will genetic testing be covered by my insurance?



• 97% of private insurance companies have coverage for hereditary cancer testing



3 out of 4 patients pay \$0



• Average patient out-of-pocket cost is \$54



 Under the Affordable Care Act, BRCA testing is considered a preventive service with \$0 patient out-of-pocket costs for women not currently being treated for breast or ovarian cancer^



 If your insurance does not cover this genetic test, Myriad will contact you before proceeding

What if I have a high deductible plan or co-insurance?

If you have a high deductible or co-insurance, you may qualify for the Myriad Financial Assistance Program (MFAP) for a reduced out-of-pocket cost of no more than \$100.†

What is Myriad's Financial Assistance Program?

You may qualify if you meet insurance criteria[‡] and your household income is less than the income guidelines below:

Persons in Family or Household	48 Contiguous States & D.C.
1	\$36,180
2	\$48,720
3	\$61,260
4	\$73,800
5	\$86,340
6	\$98,880
For each additional person, add	\$12,540

Note: Financial Criteria above are based on the January 2017 U.S. Dept. of Health & Human Services Poverty Guidelines multiplied by three, which are subject to change and can be found at <u>www.MyriadPro.com/mfap</u> (including Alaska and Hawaii). Myriad reserves the right to terminate or modify its Financial Assistance Program at any time.

How do I apply for Myriad's Financial Assistance Program?*

- Include your income and number of family members in your household on the Test Request Form (TRF) your healthcare provider asks you to sign.
- Provide your correct email address and phone number on the TRF so Myriad can contact you with further details.
- **3.** Provide income verification (from your most recent tax return) and complete a 1-page application.

What is the difference between an Explanation of Benefits (EOB) and a bill?

Your insurance carrier will process our claim and then send you an Explanation of Benefits (EOB)—THIS IS NOT A BILL. Most patients do not receive a bill, and you will NOT be responsible for any balance unless you receive a bill directly from Myriad, even if you receive a denial letter from your insurance company. If you have concerns about your EOB please contact Myriad.

THIS IS NOT A BILL

THIS <u>IS</u> A BILL





What if I need help with my bill?

If you encounter <u>ANY</u> financial hardship associated with your genetic test, Myriad will work with you toward your complete satisfaction. Myriad provides payment plans without interest, where you can pay as little as \$15/month if you have a bill.



Myriad promises to partner with you toward your complete satisfaction

For more information: email billinghelp@myriad.com or call (844) 697-4239

* For uninsured patients please go to www.MyriadPro.com/mfap for application information

[^] For patients with a qualifying family history under all non-grandfathered insurance plans

[†] Patients who are recipients of U.S. government-funded programs such as Medicaid, Medicare, Medicare-Advantage and Tricare may not be eligible.

^{‡ &}lt;u>Uninsured patients meeting specific financial and medical criteria may qualify to receive testing at no charge.</u>