

PATIENT GUIDE TO TESTING AND REIMBURSEMENT

CIRCULOGENE is dedicated to making our Somatic and Hereditary blood-based tests available to all patients. We created the CIRCULOGENE Access Program (CAP) to help patients with financial hardships. If you are interested in applying for the CAP, please request an application either prior to or after testing.

Explanation of Benefits:

After testing, your insurance company may provide you with an Explanation of Benefits (EOB).

This is not a bill. If you receive an EOB and have questions about your benefits, please call our Patient Advocacy Team at 855-380-1555.

For Patients with Medicare:

- There is no out-of-pocket expense for patients who have Medicare coverage.
- For patients who do not meet the Medicare coverage criteria, CIRCULOGENE will communicate with your physician to discuss options, including the possible need for an Advance Beneficiary Notice of Noncoverage.

For Patients with Medicaid:

- There is no out-of-pocket expense for patients who have Medicaid coverage.

For Patients with Private Insurance:

- Most major insurance providers cover CIRCULOGENE testing and the genes in our Somatic and Hereditary panels. CIRCULOGENE will file your claims directly with your insurance provider and process any necessary appeals to ensure you receive the coverage allowed under your plan.
- Patients who have a financial responsibility above \$100 or have concerns about their financial responsibility should call our Patient Advocacy Team at 855-380-1555. Patients may qualify for reduced or waived financial responsibility.

For Patients Without Insurance:

- We are proud to offer the CIRCULOGENE Access Program (CAP) for those who qualify.

How To Apply for the CIRCULOGENE Access Program (CAP):

Either before or after testing, patients may request an application from their physician or by contacting our Patient Advocacy Team at 855-380-1555.

Please be sure to include proof of income in the form of two recent pay stubs or your most recent W-2 and complete the application.

You may submit your completed application by fax or by mail:

Fax: 855-614-7084

Mail: CIRCULOGENE

SF51/PO Box 830525

Birmingham, AL 35283-0525

Questions?

Call our Patient Advocacy Team at 855-380-1555 between the hours of 9 a.m. and 5 p.m. Eastern

CIRCULOGENE ACCESS PROGRAM (CAP)

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NUMBER IN HOUSEHOLD	POVERTY GUIDELINE	HOUSEHOLD INCOME TO QUALIFY FOR 100% REDUCTION	HOUSEHOLD INCOME TO QUALIFY FOR 75% REDUCTION
1	\$12,760	\$38,280	\$51,040
2	\$17,240	\$51,720	\$68,960
3	\$21,720	\$65,160	\$86,880
4	\$26,200	\$78,600	\$104,800
5	\$30,680	\$92,040	\$122,720
6	\$35,160	\$105,480	\$140,800
7	\$39,640	\$118,920	\$158,560
8	\$44,120	\$132,360	\$176,480

PATIENT INFORMATION

LAST NAME FIRST NAME

STREET ADDRESS

CITY STATE ZIP CODE

PHONE DATE OF BIRTH

ORDERING PHYSICIAN: _____

PATIENT HOUSEHOLD

NUMBER IN HOUSEHOLD (INCLUDE DEPENDENTS): _____

GROSS ANNUAL HOUSEHOLD INCOME: _____

DOCUMENTATION OF INCOME (CHOOSE ONE): ☐ 2 RECENT PAY STUBS ☐ W-2

WITH MY SIGNATURE I AM CONFIRMING THAT THIS INFORMATION IS TRUE AND ACCURATE. I HAVE READ THE QUALIFICATION REQUIREMENTS AND CONFIRM THAT I AM NOT ELIGIBLE FOR MEDICARE OR MEDICAID.

SIGNATURE DATE

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Mail:
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