



DECIPHER ASSIST

APPLICATION FORM

Decipher
UROLOGIC CANCERS

DECIPHER ASSIST

DECIPHER BIOSCIENCES IS COMMITTED TO ENSURING ACCESS FOR ALL ELIGIBLE PATIENTS

Through Decipher Assist, we offer programs designed to ensure testing is affordable for patients, including:

- Financial assistance for patients with demonstrated financial need
- Tailored payment plans to accommodate certain specific financial circumstances

Financial Assistance

The Decipher Assist program is designed for qualifying patients who are uninsured, or are insured under commercial insurance plans.

Under the program, patients may be eligible for a reduction to their out-of-pocket amount. To be eligible for this program, patients must be appropriate candidates for the Decipher test (as determined by a physician in their professional judgment), complete a Decipher Assist application, meet specific financial criteria based on certain income guidelines, and be approved for participation by Decipher. An application form can be found at the end of this booklet.

Payment plans to accommodate specific financial circumstances

Separately, for certain eligible patients, Decipher Biosciences offers customized payment plans to help deal with specific financial circumstances.

For more information on the Decipher test and Decipher Assist, please contact the Decipher Assist team at 888.792.1601 or visit our website.

[DECIPHERBIO.COM](https://www.decipherbio.com)

FREQUENTLY ASKED QUESTIONS

Who qualifies for financial assistance?

Financial assistance is based on financial need. Eligibility is determined from financial criteria based on a multiple of the United States Department of Health & Human Services (HHS) Poverty Guidelines. These guidelines are subject to change and, with it, eligibility in the program. Not every patient who applies for assistance will be qualified.

Who isn't eligible for financial assistance?

Patients are not eligible for financial assistance if (1) they are eligible to enroll in federally funded assistance (e.g., Medicare or Medicaid) or have secondary insurance that covers out-of-pocket expenses; (2) they are located outside of the 50 United States and the District of Columbia; or (3) a duly licensed U.S. health care professional has not ordered the Decipher test for them. Other restrictions may apply.

How do I know if I qualify?

The Decipher Assist team is available to qualify patients at any point once the test has been ordered. To find out if you will qualify, contact Decipher Biosciences at 888.792.1601. If it is determined that you should qualify, you will be sent an application form. You may also fill out the Decipher Assist application form at any time and send it to Decipher Assist:

FAX: 855.766.6575

MAIL: 6925 LUSK BOULEVARD, SUITE 200
SAN DIEGO, CA 92121

Decipher Biosciences will determine, based on the application and its program rules, whether a patient qualifies, and will notify the patient directly.

Will I be contacted by Decipher Biosciences once the test has been ordered by my physician?

You are encouraged to contact the Decipher Assist team at any time to find out more about the testing and billing process and whether any programs may be an option for you. Our team is here to answer your questions and provide guidance on what you can expect with regard to the testing, billing, and reporting process.

FREQUENTLY ASKED QUESTIONS

Do I have to apply for Decipher Assist to receive the Decipher test?

No, but doing so may enable Decipher Biosciences to reduce your cost-sharing amounts.

How much will my out-of-pocket expense be if I qualify for financial assistance?

Your out-of-pocket expense will depend on your income, but, if you qualify, your commitment may be reduced.

I received a bill even though I qualified for financial assistance — why?

All patients will receive a bill, even if they qualify for financial assistance. This is because the normal billing process requires that a bill is sent. If you have qualified for assistance and have received a bill, please call Decipher Biosciences at 888.792.1601 to have your eligibility applied to your bill.

I received an Explanation of Benefits (EOB). What does this mean?

When your insurance company processes a claim, you will be sent an EOB notice. An EOB is not a bill, but it may show pending payments or even a claim denial by your insurance company.

Sometimes your insurance may deny a claim and request more information, such as medical records, which may be information only your doctor's office can provide. If there are any questions about the procedures or the charges on the EOB, you should contact your insurance company and/or the Decipher Biosciences billing department at 888.792.1601 or billing@decipherbio.com.

Is the Decipher Assist program insurance?

No.

What if I don't qualify for financial assistance?

Decipher Biosciences is committed to helping patients who qualify for testing have access to the Decipher test. If you don't qualify for financial assistance, payment plans may be available to you. Contact the Decipher Assist team to discuss alternatives.

FREQUENTLY ASKED QUESTIONS

What else should I know if I want to apply for Decipher Assist?

As a condition to participating in Decipher Assist, you must report the amount of cost-sharing waived under the program to your insurance company, if required under your insurance contract. Decipher Biosciences may verify the accuracy of the information you have provided, and may request additional financial and insurance information.

Decipher Biosciences reserves the right to change or cancel the Decipher Assist program at any time. Any support provided under Decipher Assist is not contingent on any future purchase. Patients should not seek reimbursement or credit for the amount of cost-share waived under Decipher Assist from their insurance provider or payor. Patients should not submit any portion of the amount of cost-share waived under Decipher Assist to any third party for purposes of counting toward out-of-pocket expenses or accumulators. Patients should have a signed copy of a current and completed HIPAA authorization form on record with their prescriber.



QUESTIONS?

Contact us at 888.792.1601 or
cs@decipherbio.com

DECIPHER ASSIST APPLICATION

Decipher Assist is designed for qualifying patients who are either uninsured or are insured under commercial insurance plans.

Under the program, you may be eligible for a reduction in your out-of-pocket expense. To be eligible for financial assistance, you must be an appropriate candidate for the Decipher test and complete and return the information below.

A member of the Decipher Assist team will contact you shortly after your application has been received.

PLEASE PRINT YOUR INFORMATION BELOW:

Name: _____ Date of Birth: ____/____/____
MM / DD / YYYY

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Physician Name: _____

Number of Persons in the Family Household: _____

Total Gross Annual Household Income: \$ _____

Preferred method of contact:

- Home Phone Cell Phone Email

I hereby certify that the information provided above by myself or my legal representative is true and accurate. I understand and agree that Decipher Biosciences reserves the right at any time and without notice to modify or terminate the Decipher Assist program and to audit the information I have provided on this form.

_____ ____/____/____
PATIENT SIGNATURE DATE (MM/DD/YYYY)

PLEASE FAX OR MAIL THE COMPLETED FORM TO DECIPHER ASSIST:
FAX: 1.858.766.6575 MAIL: 6925 LUSK BOULEVARD, SUITE 200
SAN DIEGO, CA 92121

Testing is performed by Veracyte Labs SD.



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