



# **The Veracyte Access Program for Decipher Testing Application & FAQ**



A photograph of an elderly couple sitting at a table, looking at a laptop. The woman is on the left, wearing a white and blue striped shirt. The man is on the right, wearing a light blue button-down shirt. They are both looking at the laptop screen. The background is blurred, showing a home interior with a plant and a window.

## **You may benefit from the Veracyte Access Program**

If your insurance approves test coverage, you are only responsible for your copay, coinsurance, and deductible.

The cost to the patient may be reduced if you are eligible for financial assistance through the Veracyte Access program.

Call us at 1.888.792.1601 Option #3 for your insurance or billing questions. We are available Monday through Friday from 5:00 AM - 5:00 PM (PT).

The Veracyte Access Program offers certain Decipher tests at a reduced cost to eligible applicants except where otherwise restricted. Residents of the United States, District of Columbia, and Puerto Rico are eligible to apply. The Veracyte Access program does not constitute health insurance. You must meet certain income requirements set forth on the previous page. We may request documentation to verify your income, including recently filed tax returns and other supporting documentation. By requesting assistance, you certify, to the best of your knowledge, that you are eligible for assistance and that you have insufficient financial resources to pay for the ordered test. We may discontinue or change this program at any time for any reason without notice. Decipher testing is performed by Veracyte Labs SD.



## Frequently Asked Questions

### Who qualifies for financial assistance?

Financial assistance is based on financial need. Eligibility is determined from financial criteria based on 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 additional expenses; (2) they are located outside of the 50 United States and the District of Columbia; or (3) a licensed U.S. health care professional has not ordered the Decipher test for them. Other restrictions may apply.

### Eligibility is Based on Household Income\*

Household Size	Cost to Patient		
	\$0	\$100	\$295
1	\$45,180	\$52,710	\$60,240
2	\$61,320	\$71,540	\$81,760
3	\$77,460	\$90,370	\$103,280
4	\$93,600	\$109,200	\$124,800
5	\$109,740	\$128,030	\$146,320
2024 maximum household income*			

\*Eligibility is based on total annual household income, insurance status, and household size. Some eligibility restrictions apply.



## Frequently Asked Questions

### How do I know if I qualify?

The Veracyte Access team is available to qualifying patients at any point once the test has been ordered. To find out if you will qualify, contact our team at 1.888.792.1601 Option #3. If it is determined that you should qualify, you will be sent a Veracyte Access application form for Decipher testing. You may also fill out the Veracyte Access application form at the end of this booklet at any time and mail, e-mail, or fax it to the Veracyte Access team:

**MAIL:**

PO BOX 511406

LOS ANGELES, CA 90051-7961

**E-MAIL:** BILLING-UROLOGY@VERACYTE.COM

**FAX:** 1.866.524.5768

The Veracyte Access team will determine, based on the application and its program rules, whether a patient qualifies, and will notify the patient directly.

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

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

### Do I have to apply for Veracyte Access to receive the Decipher test?

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



## Frequently Asked Questions

### **How much will the cost to patient expense be if I qualify for financial assistance?**

The cost to patient expense will depend on your household 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 be sent. If you have qualified for assistance and have received a bill, please call us at **1.888.792.1601 Option #3** to have your eligibility applied to your bill.

### **What if I don't qualify for financial assistance?**

We are committed to ensuring patients who qualify for Decipher testing have access to the test. If you don't qualify for financial assistance, Veracyte offers other financial solutions designed to meet our patient's needs, such as payment plans and self pay pricing.

Contact the Veracyte Access team to discuss alternatives and eligibility.

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

You will receive an Explanation of Benefits (EOB) from your insurance. An EOB is not a bill, but it may show pending payments or even a claim denial by your insurance company. No payments are due until you receive a bill directly from Veracyte. If there are any questions about the procedures or the charges on the EOB, you should contact your insurance company and/or our billing department at **1.888.792.1601 Option #3** or **billing-urology@veracyte.com**.



## Frequently Asked Questions

### **What else should I know if I want to apply for Veracyte Access?**

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

We reserve the right to change or cancel the Veracyte Access Program at any time. Any support provided under Veracyte Access is not contingent on any future purchase. Patients should not seek reimbursement or credit for the amount of cost-share waived under the Veracyte Access Program from their insurance provider or payer. Patients should not submit any portion of the amount of cost-share waived under the Veracyte Access Program to any third party for purposes of counting toward the cost of patient 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 **1.888.792.1601** Option #3 or  
[billing-urology@veracyte.com](mailto:billing-urology@veracyte.com)



## Veracyte Access Program Application

Veracyte Access is designed for qualifying patients who are either uninsured or are insured under commercial insurance plans. Under the program, the cost to the patient may be further reduced. 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 Veracyte Access 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

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

### PLEASE SEND THE COMPLETED FORM TO:

#### MAIL:


PO BOX 511406

LOS ANGELES, CA 90051-7961

FAX: 1.866.524.5768

E-MAIL: BILLING-UROLOGY@VERACYTE.COM



6925 Lusk Boulevard, Suite 200, San Diego, CA 92121  
 [www.linkedin.com/company/veracyte-decipher](https://www.linkedin.com/company/veracyte-decipher)

[www.veracyte.com/Decipher](https://www.veracyte.com/Decipher)  
 [@Decipher\\_VCYT](https://twitter.com/Decipher_VCYT)

Decipher testing is available in the United States as part of Veracyte's CLIA-validated laboratory developed test (LDT) service, and FDA clearance is not required. MRKT-FRM-10005 © 2024 Veracyte, Inc. and affiliates. All rights reserved. Veracyte and Decipher are trademarks of Veracyte, Inc. and its affiliates.