

Dear Patient,

Thank you for choosing Genemarkers testing services. The purpose of this letter is to inform you about our billing procedures. Once we release your test results to your physician, we will submit a claim to your insurance company. After the claim has been processed by your insurance company, you will receive an explanation of benefits (EOB) describing the coverage that was applied to the claim (**See Example Below**).

Please remember the following:

- If you have any questions regarding your bill or your payment responsibility, call us directly at **502-554-7577** and we will gladly assist you. **Please do not call your doctor.**
- An explanation of benefits (EOB) statement is **NOT A BILL. DO NOT** make any payments when you receive an EOB. (**See Example Below**)
- If you do not have insurance, please call us at **502-554-7577** to receive any patient discounts that may be allowed.

Listed below is a summary of our billing policies:

- Private insurance coverage is determined by the terms on your individual policy.
- If you do not currently have insurance or if your plan denies coverage for this test, we can consider payment plans.
- We manage all patient statements and do not refer to a credit reporting agency.

You will receive a summary of payment from your Health Insurance that looks similar to the one below. **The Summary may be called an Explanation of Benefits (EOB), Provider Claim Summary, Remittance Advice, or Provider Explanation of Medical Payment.**

**THIS IS A SUMMARY OF PAYMENT OF YOUR INSURANCE CLAIM.
THIS IS NOT A BILL FROM GENEMARKERS LABS**

Explanation of Benefits Benefits Summary: THIS IS NOT A BILL JANE A PATIENT 1441 YELLOW BRICK ROAD MAINTOWN, CA 12345	Insurance Provider 12345 Acme Way Big City, CA 12345
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Important: If the insurance provider sends a check directly to you, it is important you promptly:

1. Sign the back of the check
2. Write "Pay to the Order of Genemarkers"
3. Forward the check with a copy of the EOB to:

126 E. South Street
Kalamazoo, MI 49007

PATIENT/RELAT CLAIM NUMBER	PROVIDER/SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPAY/ DEDUCTIBLE	PLAN COVERS	BENEFIT AVAILABLE	REMARK CODE
	MEDICAL SERVICES	03/19/10	379.00	297.83	81.17		80%	64.94*	4C
		TOTAL	379.00	297.83	81.17			64.94	
								MEDICARE PAID 44.64 PLAN PAYS 20.30	

Billing and Insurance Terms

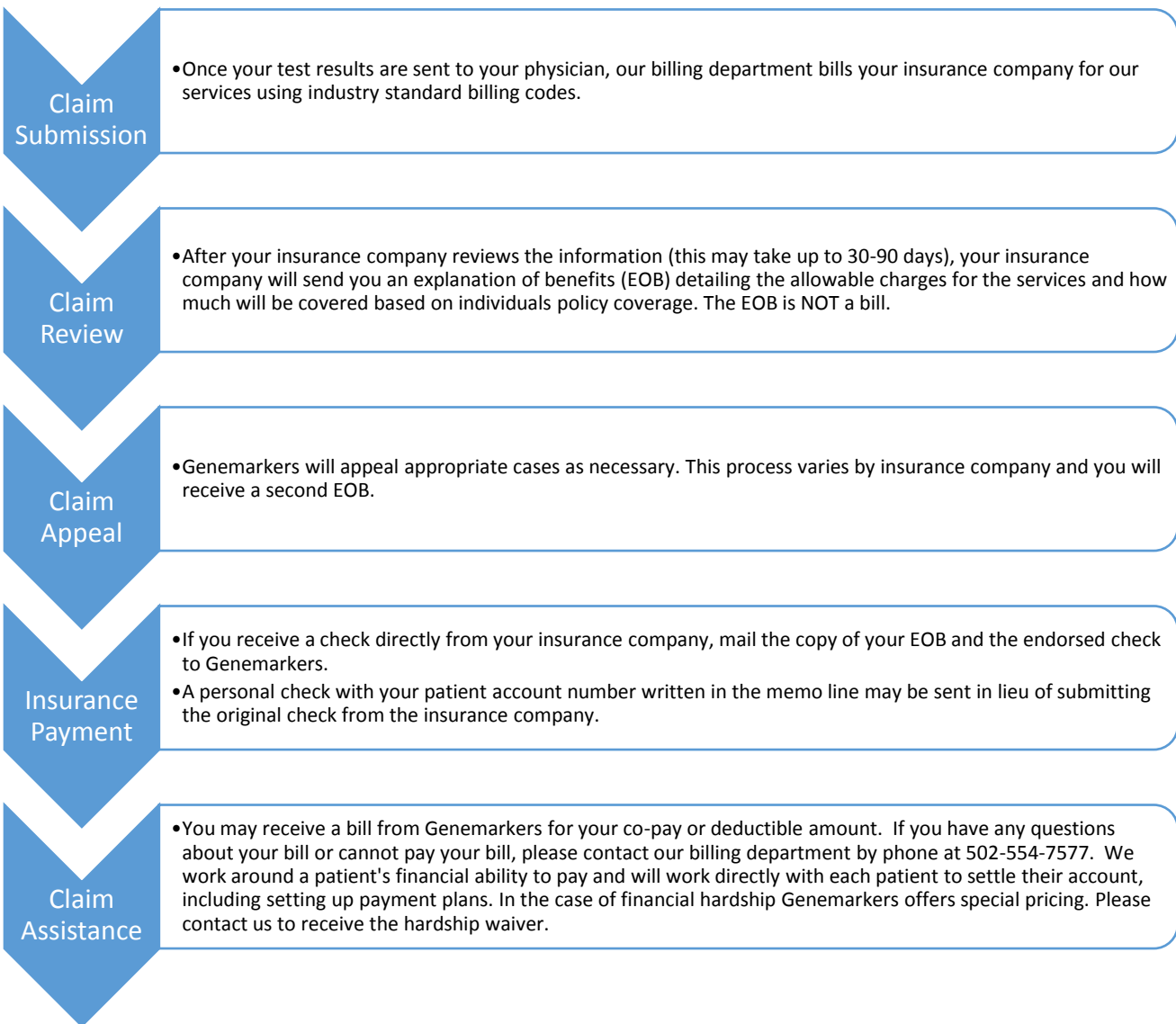
Explanation of Benefits (EOB): This is an informational document that details what an insurance company paid for a procedure and what the patient's responsibility is. It is NOT a bill.

Plan Allowable: The amount an insurance company will pay for a procedure. This varies by insurance company.

Co-Pay: A flat charge for a health insurance plan may require that a patient pay for a specific medical service.

Deductible: This is a percentage or fixed amount a patient has to pay out of pocket before an insurance plan will begin to cover medical services.

Insurance Billing Process



If you are a patient with Medicare: A completed ABN is required. The ABN explains the test and possible patient responsibility.

If you are a patient with PPO or POS Insurance: Genemarkers will accept the amount allowed by your insurance company as payment, unless your insurance policy or law requires you to pay a portion such as co-pay, co-insurance or deductible.

Will you receive a bill from Genemarkers? If you received the payment directly from your insurance provider and Genemarkers learns that payment for services was sent directly to you and not forwarded as requested, a bill will be sent to you for the services rendered.

**Our Account Support Service Specialists are available by phone
Monday-Friday, 9:00AM-6:00PM (Eastern Standard Time) by calling 502-554-7577**