

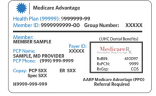


Phenomix Health Billing Guide

PredictScript™ POLY 28 Genes 150+ Medications

PATIENT'S INSURANCE TYPE	TYPICAL OUT OF POCKET COST
Traditional Medicare Part B 	\$0 out of pocket
Medicaid 	\$0 out of pocket
Medicare Advantage: Part C 	Typically \$0, varies by plan requirements and patient deductible
All Commercial/Private Employer Insurance Plans, including PPOs & HMOs	Varies by plan requirements and patient deductible

PredictView™ PGx 18 Genes 110+ Medications

PATIENT'S INSURANCE TYPE	OUT OF POCKET COST
NO INSURANCE REQUIRED	\$325

NEW! Now accepting Medi-Cal insurance (California residents)

How Billing Insurance Works

BILLING INSURANCE TAKES TIME

It will likely be several months before you receive a bill from us. We'll keep you informed along the way.

- 1 We Receive Your Sample**
With Insurance: When we receive your sample, we will immediately begin processing your test
- 2 We Bill Insurance**
We process your test and submit a claim to your insurance company

- 3 You may Receive an Explanation of Benefits (EOB)**
Your insurance company will process your claim. They may send you an EOB. This is not a bill
- 4 You Receive Your Bill**
Once your insurance claim is completed, we will send you a statement of what you owe. **This is a bill.** You can pay by phone or mail.

THIS IS NOT A BILL

Health Insurance Provider
1234 Main Street
Usa, 000000

EXPLANATION OF BENEFITS
Please retain future reference
Sara Smith MD / PIN: 1234567

Sara Smith, MD
Any Town Medical Center
9876 Main Street
USA, 00000

Date: 02/02/22
Tax ID#: 0101010101
Check #: 1010101010
Check Amount: \$\$\$#.00

Patient Name: Sam Smith
Patient Account Number: 123456789
Patient ID#: 987654
Member ID: 65432

TREATMENT DATE	AA	SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT	COPY AMOUNT	NOT	OLD
	II	0900101	II	###.##	###.##	###.##	###.##	###.##
	II	01010101010	II	###.##	###.##	###.##	###.##	###.##
	II	0101010100010	II	###.##	###.##	###.##	###.##	###.##
TOTALS				###.##	###.##	###.##	###.##	###.##

THIS IS A BILL

PHENOMICS HEALTH INC.
46701 COMMERCE CENTER DRIVE
PLYMOUTH, MI 48170-2475
Phone #: (855) 397-7700

Statement
Patient:

Statement Date	Payment Due	Chart #
Check #	Show Amount Paid Here	\$

Address: Please Remit To:

Jane Doe
1234 Street Dr.
Town, ST 12345-678

PHENOMICS HEALTH INC.
46701 COMMERCE CENTER DRIVE
PLYMOUTH, MI 48170-2475

Please detach and return top portion with your payment.

Messages
Prompt payments are always appreciated. Call our office with any questions.

Date	Procedure	Provider	Amount
01/01/2025	DRUG TEST DEF 22 CLASSES	HEALTH INC	
01/01/2025	ADJUSTMENT		
01/01/2025	PAYMENT		

Insurance Pending: \$0.00 Patient Balance:

	Current	30 Day	60 Day	90 Day	120 Day	Total Balance
Insurance:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
						Unapplied: \$0.00

Payment Due:

How Self Pay Works

OUR NEW BILLING PARTNER IS PAYGROUND!

To make payments seamless we have partnered with PayGround to assist with all patient self pay orders.



- 1 We Receive Your Order**
When we receive your order, we will send you a link to PayGround via email or text
- 2 You Choose How You Pay**
PayGround offers payments by credit card, debit card, bank account, or 0% interest 3-month payment plan (minimum \$150 down)
- 3 We Receive Your Sample**
Your sample will not be processed until payment or initial installment is made
- 4 We Process Your Sample**
Once payment or initial installment is confirmed, we will immediately begin processing your test. Your results will be ready within 5 business days

For more information, or to pay your bill, please email

Billing@phenomicshealth.com

