

The Pathwork Tissue of Origin Test is advanced technology, and most insurance companies have not yet established a formal coverage policy. Pathwork Diagnostics wants to ensure that all patients will have access to the Tissue of Origin Test if their doctors believe it is medically necessary. To that end, Pathwork offers several programs addressing the needs of both insured and uninsured patients.

Through the toll free number (**1.877.808.0006, prompt 5**), Pathwork Reimbursement Assistance Program counselors can provide assistance to patients at any time in the billing process. The Pathwork counselor can also assist with billing questions, prior authorizations, appeals, financial assistance, and payment planning.

Policy Highlights

Medicare Patients

Once Pathwork has obtained the insurance information as part of the Requisition Form, Pathwork takes assignment for the claim and will bill Medicare for the test on behalf of the patient.

If Medicare denies a claim, Pathwork will not bill the patient for any balance.

Based on Medicare regulations, if the Tissue of Origin Test is ordered within 14 days of discharge, Pathwork must bill the hospital. It is the hospital's responsibility to submit the claim to their local Medicare contractor.

Commercially Insured and Medicaid Patients

Once Pathwork has obtained the insurance information as part of the Requisition Form, Pathwork takes assignment for the claim and will bill the insurance company for the test on behalf of the patient.

If a commercial payer denies a claim, Pathwork will represent the patient in all internal levels of appeal, including an independent medical review if available. This process may require support from the ordering physician and patient. If Medicaid denies a claim, Pathwork will not bill the patient for any balance.

If the appeal process is exhausted, patients will remain responsible for their share of non-covered cost, i.e., insurance co-pay, deductibles and amounts in excess of coverage limits.

Pathwork offers generous financial assistance programs for those patients who qualify and whose insurance does not cover all or part of the cost of this test. Pathwork's reimbursement assistance programs are described below and are available not only to patients of limited means, but to any patient for whom their physician believes the test is medically necessary.

Reimbursement Assistance Programs

Program Type	Program Highlights
▪ Financial Assistance Program	The Financial Assistance Program waives 100% of the patient's share of the test cost for those with a household income less than 500% of the Federal Poverty Level (FPL). (e.g. \$110,000 for a family of four) This program also assists patients who have insurance, and need help with the patients' share of the costs, i.e., co-pay or deductibles.
▪ Compassionate Use Program	The Compassionate Use program waives 100% of the cost for the test. Physicians qualify their patients by completing the Compassionate Use form which certifies that: The patient has no insurance, an income less than 500% of the current Federal Poverty Level, and the physician is also providing comparable discounted and/or waived fee arrangements.

Reimbursement Assistance Programs (continued)

Program Type	Program Highlights
<ul style="list-style-type: none"> Self-pay Program 	<p>Patients without insurance or who have not been enrolled in one of Pathwork's Financial Assistance program must pay for the test before their specimen can be processed. Pathwork accepts the following forms of payment:</p> <p>Credit Cards: VISA, MasterCard and American Express</p> <p>Checks can be sent to: Pathwork Diagnostics PO Box 5347 Redwood City, CA 94063-5347</p> <p>Wire Transfer available for International customers—please inquire</p>
<ul style="list-style-type: none"> Patient Payment Plan 	<p>Enables patients to pay their share of cost (e.g. deductible or co-insurance) for the test over time.</p> <p>Any patient with a balance due may qualify for the payment plan. The Patient Payment Plan has no income threshold.</p>

2011 Federal Poverty Guidelines

Persons in family or household	FPL for 48 contiguous states and DC	Pathwork Diagnostics Assistance at 500% FPL
1	\$10,890	\$ 54,450
2	14,710	73,550
3	18,530	92,650
4	22,350	111,750
5	26,170	130,850
6	29,990	149,950
7	33,810	169,050
8	37,630	188,150
For each additional person, add	3,820	19,110

Patient Payment Plan

The Financial Assistance Program may eliminate the financial burden for some patients. Even after a reduction in cost, if the patient cannot pay in a lump sum, the Patient Payment Plan allows patients to pay their share of cost over time as described below. After the payment plan is established, Pathwork's reimbursement assistance counselors send monthly statements to the patient. If a patient skips a payment, then the full balance is due.

Patient's Balance	Monthly Payment
\$300 to \$900	3 monthly payments
\$1,501 to \$2,500	9 monthly payments
\$901 to \$1,500	6 monthly payments
Greater than \$2,501	12 monthly payments