Caris Molecular Intelligence®
Patient Billing Practices

CARIS® LIFE SCIENCES

Caris Life Sciences® will file insurance claim(s) on behalf of the patient. All necessary health insurance information is required for each patient before the case can be activated. Caris may request additional information, such as progress notes, statement of medical necessity, and/or other pertinent information if it is required by the patient's insurance company to process the claim.

Insured Patients – Third Party Payors

Caris Life Sciences accepts insurance plans and will perform the services ordered and deemed medically necessary by the ordering physician regardless of network provider status.

Note: Your patients may receive an Explanation of Benefits (EOB), during the claim process. An EOB is not a bill. The EOB is simply an initial estimate of financial responsibility sent by the insurance provider. Caris will send an invoice once it has completed adjudication of the claim.

Patient Responsibility for Third-Party Payors

- **In-Network:** A patient's financial responsibly is determined by the terms of that patient's individual insurance plan and applicable federal and state regulations. Patient responsibility is typically limited to the patient's in-network deductible, co-payments and co-insurance.
- **Out-of-Network:** Patients are financially responsible for deductibles, co-payments, and/or co-insurance according to the patient's individual insurance plan and applicable federal and state regulations. Charges for out-of-network insurance providers may be limited to an out-of-pocket maximum, which will vary based on the assays ordered and the patient's insurance plan.
- **Colorado, Florida, New York and Rhode Island patients:** Pursuant to applicable federal laws and state regulations, patients in these states will receive an invoice for services not covered by the patient's insurance plan (also known as balance billing). New York patients are provided with an Out-of-Network Assignment of Benefits Form.

Direct Patient Reimbursement from Payors

If a patient receives a reimbursement check directly from their insurance provider, the patient is expected to forward those funds directly to Caris Life Sciences for the services performed. Caris Life Sciences will contact and invoice patients to obtain the payment.

Caris MPI, Inc.
P.O. Box 841943
Dallas, TX 75284

Medicare Patients

Caris Life Sciences is a covered provider with Medicare and will bill the appropriate third-party administrator. Patients are financially responsible for the required co-insurance, co-pay or deductible amounts as required by federal and state laws and regulations. The amounts will be billed to supplemental insurance prior to the patient being invoiced. Caris complies with CMS billing guidelines including the 14-day rule.

Medicaid Patients

Caris Life Sciences accepts Medicaid and commercial Medicaid plans.

Uninsured or Self Pay Patients

For patients that do not have health insurance or would like to pay directly for tumor profiling services, the cash pay/self-pay price is $6,500 for MI Profile and $3,500 for the Next-Generation Sequencing.

Financial Assistance

The financial burden of cancer care can be overwhelming at times, and Caris Life Sciences has a Tumor Profiling Assistance Program that provides added financial flexibility for patients. Caris Life Sciences also has a Compassionate Care Program that may assist uninsured patients or those who may not be able afford any associated out-of-pocket costs. Restrictions and conditions apply.

For more information, please contact your local Caris Life Sciences representative or the Caris patient navigator at PatientNavigator@carisls.com.

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Caris Molecular Intelligence®
Hospital Billing Practices

CARIS LIFE SCIENCES®

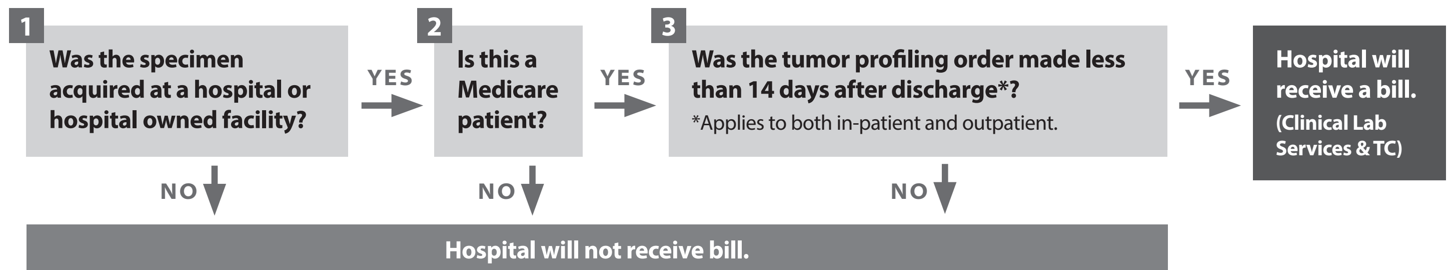
14 Day Rule *(applies to hospitals/hospital-owned facilities that collected the specimen submitted to an independent lab for testing)*

In some situations, Caris Life Sciences® is obligated by Medicare Guidelines (Date of Service 14-Day Rule) to invoice the hospital directly.

The hospital will receive a bill from Caris Life Sciences if a physician submits a requisition for Caris Molecular Intelligence less than 14 days after the date of discharge for a patient with traditional Medicare coverage. *42 C.F.R. 414.510 (2)(A)*

Medicare Date of Service Regulation 42 C.F.R. §414.510, also called "14 Day Rule," is a regulation set by the Centers for Medicare & Medicaid Services (CMS) that requires laboratories, including Caris Life Sciences®, to bill the hospital for clinical laboratory services and the technical component of pathology services provided to Medicare patients when services are ordered less than 14 days after the patient was discharged. In certain instances, the hospital may be able to submit certain laboratories fees charged to their institution for out-patient services to CMS for repayment/reimbursement. Please check with your local billing/administrative personnel for more information.

14 Day Rule Calculation



Full regulation details can be found online:
www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol3/pdf/CFR-2015-title42-vol3-sec414-510.pdf.

For more information, please contact your local Caris Life Sciences representative or Client Services at (888) 979-8669.

4610 South 44th Place, Suite 100 / Phoenix, Arizona 85040 / (888) 979-8669 / Fax: (866) 479-4925 / CLIA 03D1019490 / ISO 15189:2012 – 3531.01

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