Caris Molecular Intelligence®
Patient Billing Practices

Caris Life Sciences® will file insurance claim(s) and appeals 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 all insurance plans and will perform the services ordered and deemed medically necessary by the ordering physician regardless of network provider status.

Note: Patients may receive an Explanation of Benefits (EOB), during the claim process. An EOB is not a bill – it is simply an initial estimate of financial responsibility that is sent by the insurance provider. Caris will appeal claims on behalf of the patient directly with the insurance provider and in most cases the patient will likely owe substantially less (if anything) than the stated amount on the EOB. In the event a claim results in patient responsibility, a Caris Patient Navigator will contact the patient to discuss the Financial Assistance Program.

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. Financial assistance programs are available (see below).

Direct Patient Reimbursement from Payors

If a patient receives a reimbursement check directly from their insurance provider, the patient should 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.
750 West John Carpenter Freeway,
Suite 800, Irving, TX 75039

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 $4,500 for MI Profile and $3,000 for MI Tumor Seek.

Financial Assistance

The financial burden of cancer care can be overwhelming at times, and Caris Life Sciences has created tumor profiling assistance programs that provide 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). Each patient will receive a patient packet that contains a Financial Assistance Form outlining options for the patient (discounted rates, payment plans, etc.).

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

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

Caris Molecular Intelligence®
Hospital Billing Practices

14 Day Rule Frequently Asked Questions

What is the 14 Day Rule?

The 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 a hospital or hospital-owned facility for certain clinical laboratory services and the technical component of pathology services provided to Medicare patients when services are ordered less than 14 days after an inpatient or outpatient discharge.

Who is affected by the 14 Day Rule?

Hospitals and hospital-owned facilities (place of service) that collected a specimen.

How does the 14 Day Rule impact the facility?

Laboratories are required by Medicare to bill the hospital or hospital-owned facility for testing ordered within 14 days of patient discharge. Effective January 1, 2018, however, laboratories may now bill certain tests directly to Medicare for patients in the outpatient setting.

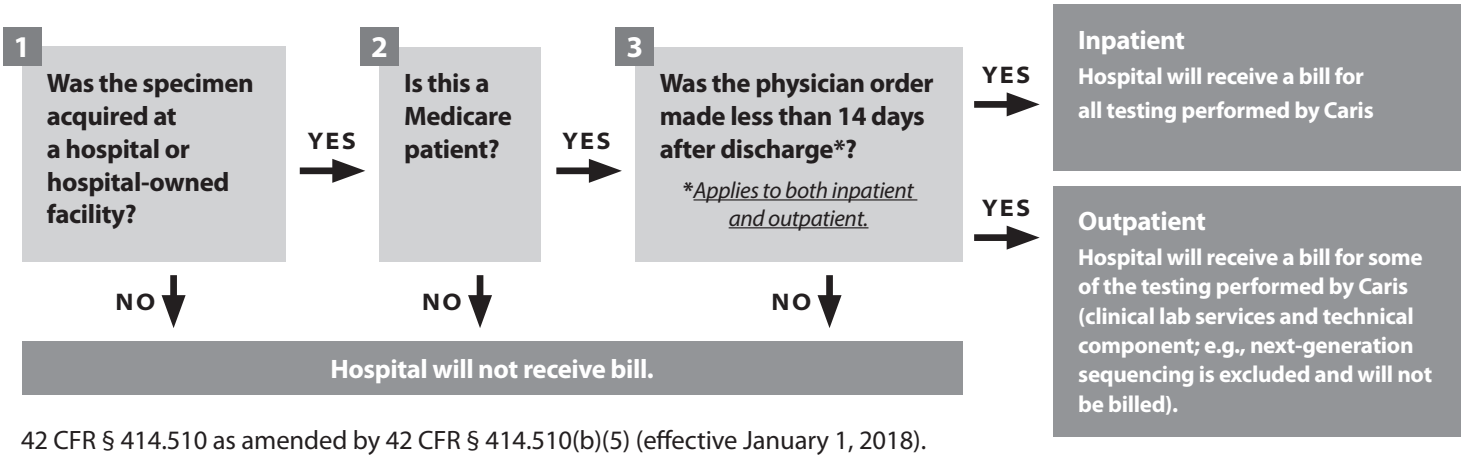
What if the specimen is collected during the hospital stay or outpatient procedure, but Caris Molecular Intelligence is ordered 14 days or more after discharge?

Caris will bill Medicare directly for any tumor profiling order placed 14 days or more after the patient is discharged. The hospital or hospital-owned facility will not receive a bill for Caris testing.

The decision to submit an order for testing should be guided by the clinical judgement of the ordering physician and should not be based on the application of any billing rules.

14 Day Rule Calculation

The below information is based on the Centers for Medicare and Medicaid Services (CMS) regulation, laboratory date of service for clinical laboratory and pathology specimens (42 C.F.R. §414.510).



42 CFR § 414.510 as amended by 42 CFR § 414.510(b)(5) (effective January 1, 2018).

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