



Coverage, Billing, and Financial Assistance



CareDx is dedicated to ensuring accessible testing for as many patients as possible. We offer a patient financial assistance program, for those that qualify, and reimbursement support to help patients at every step. Additionally, we strive to simplify the billing process, making it straightforward for both patients and care teams.



Insurance coverage

CareDx tests are covered by Medicare and Medicare Advantage plans if medical criteria are met. Coverage varies for commercial and Medicaid plans.

Cost of testing

Most AlloMap and AlloSure patients have no out-of-pocket expenses. In the event that you do, CareDx's Financial Assistance Program may be able to help. Patients with income up to 400% of the federal poverty level may be eligible for support.

Patients can apply to the program

✉ financialassistance@caredx.com | ☎ 888-255-6627 | 🕒 Mon-Fri 8am-7pm ET / 5am-4pm PT



Step 1

Your doctor orders a CareDx test.



Step 2

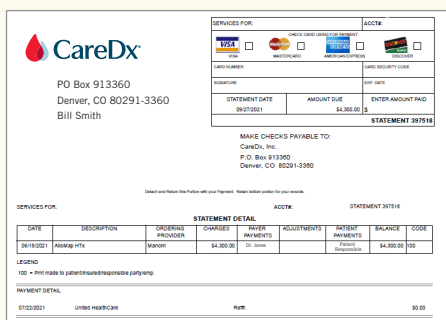
Once testing is complete, CareDx bills your insurance, and we confirm insurance coverage.



Step 3

Your insurance will process a claim for your test. The notice you receive from your insurance is called an Explanation of Benefits, or EOB. This is a statement that explains what was submitted to them and what they covered.

This is not a bill, and you don't have to make a payment.



CareDx
PO Box 913360
Denver, CO 80291-3360
Bill Smith

SERVICES FOR: ASTHMA

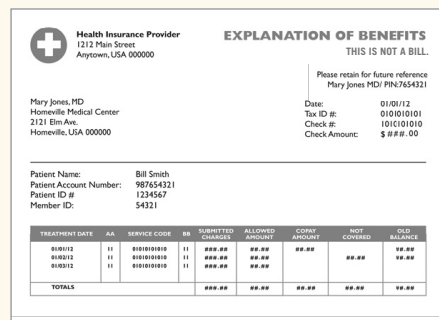
STATEMENT DETAIL:

DATE	DESCRIPTION	ORDERING PROVIDER	STATEMENT	PAID	ADJUSTMENTS	PATIENT PAYMENTS	BALANCE	CODE
09/10/2021	Asthma visit	Smith	\$4,300.00	00.00			\$4,300.00	700
TOTAL:							\$4,300.00	

PAYMENT DETAIL:

DATE	DESCRIPTION	AMOUNT
09/10/2021	United Healthcare	\$0.00
TOTAL:		\$0.00

CareDx Sample Bill



Health Insurance Provider
1212 Main Street
Anytown, USA 00000

EXPLANATION OF BENEFITS
THIS IS NOT A BILL.

Please retain for future reference
Mary Jones MD PIN: 7654321

Date: 01/01/21
Tax ID #: 0101010101
Check #: 1010101010
Check Amount: \$ 0.00

Patient Name: Bill Smith
Patient Account Number: 987654321
Patient ID #: 1234567
Member ID: 54321

TREATMENT DATE	PK	SERVICE CODES	RE	SUBMITTED CHARGES	ALLOWED AMOUNT	COPAY AMOUNT	NOT COVERED	OLD BALANCE
01/01/21	01	9101010101	11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/01/21	01	9101010101	11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/01/21	01	9101010101	11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Explanation of Benefits - **THIS IS NOT A BILL**



Step 4

If your insurance denies the claim, they will notify you and CareDx. We will reach out for your permission to help appeal with your insurance provider on your behalf. Appeals may take several months, and you may be notified of each appeal with another EOB or letter from your insurer. This is standard practice when appealing a claim.



Step 5

In the event the appeals are unsuccessful and you have a financial responsibility, you may contact us to apply for our financial assistance program. If you still have a balance, CareDx will send you an invoice—like the one shown above—for your remaining responsibility. Do not make payment until you receive this invoice.

CareDx is available to help

Our support team can help answer any of your insurance, billing, or cost questions related to our tests. Financial assistance is available for patients who meet our program eligibility criteria. For more information or to apply, contact us at the below email or phone number.

✉ customercare@caredx.com | ☎ 888-255-6627 | 🕒 Mon-Fri 8am-7pm ET / 5am-4pm PT