



## Coverage, Billing, and Financial Assistance



CareDx is dedicated to ensuring accessible testing for as many patients as possible. We offer comprehensive assistance programs 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 (or more in certain circumstances) may be eligible for support.



### Patients can apply to the program

by calling: [1-\(888\) 255-6627](tel:1-888-255-6627) or emailing: [financialassistance@caredx.com](mailto:financialassistance@caredx.com)

# CareDx Billing Process



1

Your doctor orders a CareDx test.



2

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



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<sup>®</sup>  
PO Box 913360  
Denver, CO 80291-3360  
Bill Smith

MADE CHECKS PAYABLE TO:  
CareDx, Inc.  
P.O. Box 913360  
Denver, CO 80291-3360

Detach and Return this portion with your Payment. Retain bottom portion for your records.

SERVICES FOR:		ACCT#:	
<input checked="" type="checkbox"/> VISA		<input type="checkbox"/> CHECK/CASH/USING FOR PAYMENT	
<input checked="" type="checkbox"/> MASTERCARD		<input type="checkbox"/> AMERICAN EXPRESS	
<input type="checkbox"/> DISCOVER		<input type="checkbox"/> Diners Club	
CARD NUMBER:		CARD SECURITY CODE:	
SIGNATURE:		EXP. DATE:	
STATEMENT DATE:	AMOUNT DUE:	ENTER AMOUNT PAID:	
06/27/2021	\$4,300.00	\$	
STATEMENT 397518			

MADE CHECKS PAYABLE TO:  
CareDx, Inc.  
P.O. Box 913360  
Denver, CO 80291-3360

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. RETAIN BOTTOM PORTION FOR YOUR RECORDS.

SERVICES FOR: STATEMENT DETAIL: STATEMENT 397518

DATE	DESCRIPTION	ORDERING PROVIDER	CHARGES	PAYER	ADJUSTMENTS	PATIENT PAYMENTS	BALANCE	CODE
06/18/2021	AutoMap HTx	Manohi	\$4,300.00	Dr. Jones		Patient Responsible	\$4,300.00	100

LEGEND:  
100 = Pmt made to patient/insured/responsible party/emp.

PAYMENT DETAIL:  
07/22/2021 United Healthcare \$0.00

MESSAGES:

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

Mary Jones, MD  
Homerville Medical Center  
2121 Elm Ave.  
Homerville, USA 00000

Date: 01/01/12  
Tax ID #: 0101010101  
Check #: 10101010  
Check Amount: \$ ####.00

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

TREATMENT DATE	AA	SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT	COPAY AMOUNT	NOT COVERED	OLD BALANCE
01/01/12	II	01010101010	II	####.##	####.##	####.##	####.##	####.##
01/02/12	II	01010101010	II	####.##	####.##	####.##	####.##	####.##
01/03/12	II	01010101010	II	####.##	####.##	####.##	####.##	####.##

**TOTALS** **####.##** **####.##** **####.##** **####.##**

Explanation of Benefits -THIS IS NOT A BILL



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.



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.

Monday–Friday, 8am–7pm ET / 5am–4pm PT [financialassistance@caredx.com](mailto:financialassistance@caredx.com) 1-(888) 255-6627