For Patients

Billing Process
You may apply for financial assistance at any point during this process by contacting Client Services or visiting our Patient Financial Assistance Program website below.

1. Test ordered*
   - Your doctor orders a Test from Foundation Medicine.

2. Foundation Medicine confirms insurance information is complete

3. Test performed

4. Foundation Medicine submits claim
   - You may receive an Explanation of Benefits (EOB) - this is not a bill. In the event of non-coverage or limited coverage, Foundation Medicine will work on your behalf to obtain or improve coverage and will assist in pursuing appeals. If you have Medicare/Medicare Advantage, we will bill your insurance or hospital.

5. Billing
   - In case of any non-covered services, co-payments, co-insurance, or deductible, you may be financially responsible for those fees, however, Foundation Medicine will not charge the difference between the list price of the test and the allowed amount by your insurance.

* If you are a Medicare/Medicare Advantage customer, you may need to sign an Advance Beneficiary Notice (ABN) prior to the test order. Your physician will determine if an ABN is required. If you have private/commercial insurance, a Prior Authorization form may be required in some cases.

Patient Financial Assistance Program
Financial assistance may be available for you based on your financial situation. If you are uninsured or cannot afford the applicable out-of-pocket cost, contact our Client Services team with regard to eligibility. To apply for financial assistance or download a paper application, please visit:

https://access.foundationmedicine.com

CLIENT SERVICES
Call 888.988.3639
8:00 a.m. – 8:00 p.m. ET, Mon–Fri
client.services@foundationmedicine.com

BILLING DEPARTMENT
Fax 866.283.5838 or email billing@foundationmedicine.com
If you have an EOB or bill in hand and have questions, contact our billing affiliate at 877.246.9204 or by fax at 440.528.6010