

Patient billing guide & financial assistance

The cost of your test depends on your insurance plan and preferred billing method.

Please don't hesitate to reach out to us. Call or text 312.598.9961 or email help@tempus.com

	Bill type	Your Expected Cost	What is required from you	Financial Assistance
Medicaid	Standard Medicaid	\$0 [†]	Consent form	N/A
	Managed Medicaid	\$0 [†]	Consent form	N/A
Medicare	Medicare Part B <i>Government issued red, white, and blue card.</i>	\$0 [†]	Consent form	N/A
	Medicare Advantage <i>Medicare sponsored by a commercial insurance plan, such as Aetna, United, etc.</i>	\$0 [†]	Consent form	N/A
Tricare or VA plans	Tricare or Veteran's Affair's plan <i>TRICARE is the military health care program.</i>	\$0 [†]	Consent form	N/A
Self-Pay	Self-Pay	\$295 <i>Tempus accepts HSA/FSA. Flexible payment options are offered.</i> <ul style="list-style-type: none"> 1 upfront payment: \$295 total 2 monthly payments: \$295 total (\$147.50 per installment) 3 monthly payments: \$295 total (\$98.33 per installment) 4 monthly payments: \$295 total (\$73.75 per installment) 5 monthly payments: \$295 total (\$59 per installment) 6 monthly payments: \$295 total (\$49.17 per installment) 	Consent form <i>Consent form will collect credit card information and preferred payment selection.</i>	Available

[†] The expected amount is an estimate for patients who meet payer coverage criteria, not a guarantee. Actual out of pocket cost may vary depending on insurance eligibility, benefit limits, and deductible status at the time of service.

Billing for commercial insurance plans

For all commercial plans except Blue Shield of California: Please follow the self-pay option. After you pay for the test, you can submit a claim to your insurance provider for potential reimbursement. Tempus does not submit claims on your behalf.

For Blue Shield of California plans: Tempus accepts Blue Shield of California for the nP test. A \$295 deposit will be collected from you.

Tempus will submit the insurance claim to Blue Shield of CA on your behalf, and work with Blue Shield of CA to determine the final balance, which may be greater than \$295 (depending on deductibles, co-pays, co-insurance, etc.). If Blue Shield of CA covers the full cost of the test, we will refund your initial payment. We will contact you if there is a remaining balance. Tempus accepts HSA/FSA.

Billing for secondary or tertiary government insurance plans

Your expected out-of-pocket cost is \$0[†]. To process your bill correctly, please send documentation for your primary commercial insurance, and any secondary government plans, and tertiary if applicable, to Tempus in one of two ways:

- Email to help@tempus.com
- Paper copy can be submitted in your shipping envelope when sending your sample to Tempus.

Take the next step for billing and consent.

You can access and complete your billing and consent form online using one of the links below, which will take you through billing preferences, flexible payment options, and financial assistance. Help us promptly return your test results by providing all required information.

Access through the patient portal (must be 18 or older)

Look for an email/text from Tempus with instructions when accessing the portal for the first time. Please take action on the email/text within 5 days of receipt.



tempus.co/patient-portal

Access without the patient portal (for minors and others)



tempus.co/np-consent-form

Financial Assistance Program

Tempus offers a Financial Assistance Program to help provide access to our tests if you are in financial need. Approval of the financial assistance application is based on your household income, and takes into account relevant life circumstances. If you have a remaining balance after financial assistance is applied, we offer flexible payment options to help manage the cost.

Number of People in Household	Household Income*					
	<\$15,650	\$15,650 - 31,300	\$31,300 - 46,950	\$46,950 - 62,600	\$62,600 - 78,250	>\$78,250
1	<\$21,150	\$21,150 - 42,300	\$42,300 - 63,450	\$63,450 - 84,600	\$84,600 - 105,750	>\$105,750
2	<\$26,650	\$26,650 - 53,300	\$53,300 - 79,950	\$79,950 - 106,600	\$106,600 - 133,250	>\$133,250
3	<\$32,150	\$32,150 - 64,300	\$64,300 - 96,450	\$96,450 - 128,600	\$128,600 - 160,750	>\$160,750
4	<\$37,650	\$37,650 - 75,300	\$75,300 - 112,950	\$112,950 - 150,600	\$150,600 - 188,250	>\$188,250
5						
Your Cost	\$0 [†]	\$0 [†]	\$100	\$200	\$250	\$295

*Based on 2025 US Department of Health and Human Services Guidelines: aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines. If you are located in Alaska or Hawaii, you are subject to separate FPL guidelines.

Access Tempus' financial assistance application.



Clear instructions will guide you through the process.

[patients.securetempus.com/form/
neurology/financial-assistance](https://patients.securetempus.com/form/neurology/financial-assistance)