Your cancer is unique.

Your treatment should be, too.

Understanding your cancer

Over time, DNA in your cells can change, driving your cells to quickly grow and divide. This is typically how cancer develops and evolves. Alterations that may be driving your cancer can be determined by genomic sequencing of a sample from your tumor. This information can help your physician determine a course of treatment based on the unique genomic profile of your cancer.

Who is Tempus?

Tempus helps you better understand your cancer treatment options by testing your cancer DNA. Through our genomic sequencing, we provide your doctor with detailed information to help them choose potential medications and clinical trials. You and your doctor will decide which treatments are appropriate for you.

What to expect from Tempus testing

01 At your clinic visit, a doctor or nurse will fill out a request form to share your tumor tissue sample with Tempus for testing.

02 The doctor’s office will also collect a sample of your blood or saliva.

03 Once Tempus receives your order form, we will do all the work to obtain your tissue sample from the hospital.

04 Your doctor will contact you to review the genomic testing results once the report has been received.

Apply to our Financial Assistance Program

Tempus has a Financial Assistance Program to help provide access to our tests for all patients. Approval of the financial assistance application is based on your household income and takes into account all life circumstances. Once a financial assistance application is submitted via fax or mail, you will receive a decision within five business days of receipt. Please note, we are unable to accept an incomplete application.

Through our program, most applicants who qualify for financial assistance pay between $0—$100. In the event that you don’t qualify, please contact us at 800-739-4137 to discuss your options.

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Questions?

SUPPORT@TEMPUS.COM
About Tempus or submitting a sample

BILLING@TEMPUS.COM
About our billing process

800.739.4137
Our customer service team is available from 7:00am—7:00pm CT, Monday—Friday
Tempus wants to make the payment process as easy as possible for our patients, so we manage the entire process for billing insurance and reimbursement.

Billing step-by-step

1. When your physician orders Tempus testing, insurance information is submitted along with the request for testing.
2. You can apply for financial assistance online at access.tempus.com or call the Client Services team at 800-739-4137 for immediate review. If approved, you will know immediately about the maximum out of pocket cost of your testing. We recommend completing the application at the time of order, but you may apply for financial assistance at any point during the process.
3. Tempus will bill your insurance directly. We accept all insurance plans including Medicare and Medicaid.
4. You may receive an Explanation of Benefits (EOB) from your insurance company. This is not a bill; it shows the specific Tempus test that was billed and what insurance covered.
5. Tempus will not bill you for any amount not allowed by your insurance. You may receive a bill for out-of-pocket expenses resulting from the application of coinsurance percentage or deductibles in your insurance policy. The financial assistance program is designed to help patients in financial need afford the cost of testing.

Insurance

Tempus is committed to providing access for all patients, regardless of insurance coverage, and for those who choose to pay for services directly.

Insured Patients
Tempus accepts all insurance plans and at this time is in-network with Aetna and Priority Health.

Uninsured Patients
We encourage U.S.-based uninsured patients to apply for financial assistance to see if they are eligible. Payment must be made prior to testing. The test will be canceled if Tempus doesn’t receive payment within 30 days from time of order.

Frequently Asked Questions

Q: What happens if insurance denies coverage?
A: If coverage is denied, Tempus will file an appeal(s) with your insurance company to pursue coverage on your behalf. We may contact you or your physician for assistance during the appeal process, as needed. Tempus will not bill you for services not allowed by your insurance company.

Q: What happens if my insurance company sends a check to me for my Tempus test?
A: Tempus will send a bill to you for the amount owed once we are notified by your insurance company. You may pay the bill to Tempus, or endorse the check from your insurance company to Tempus by signing the back of the check on the top line of the endorsement area and writing “pay to the order of Tempus Labs” on the second line.

Q: What happens if my insurance doesn’t cover the whole test?
A: Tempus does not bill you for the difference between the billed amount and the amount allowed by your insurance provider. The only insurance costs you are responsible for are out-of-pocket expenses resulting from the application of coinsurance percentage or deductibles in your insurance policy. Tempus has a financial assistance program designed to help patients in financial need afford the cost of testing. Most applicants who qualify have their out-of-pocket expenses limited to between $0 and $100.