

# Patient Billing Guide & Financial Assistance

## Billing Guide

	Billing Type	Expected Cost	Requirements from Patient	Financial Assistance
Medicaid	Standard Medicaid	\$0	Provide Medicaid information (e.g., Medicaid card or policy ID)	N/A
	Managed Medicaid			
Medicare	Medicare Part B <i>Government issued red, white and blue card</i>	\$0	Provide Medicare information (e.g., Medicare card or policy ID)	N/A
	Medicare Advantage <i>Medicare sponsored by a commercial insurance plan, such as Aetna, United, etc.</i>	Tempus Transparency Policy	Provide Medicare Advantage information (e.g., insurance card or policy ID).	Application available on Patient Consent form within sample collection kit.
Tricare	Tricare <i>TRICARE is the military health care program.</i>	\$0	Provide benefits number (on back of military ID)	N/A
Commercial	Commercial Insurance <i>Standard insurance plans provided by Aetna, United, BCBS, etc.</i>	Tempus Transparency Policy	Provide Commercial insurance information (e.g., insurance card or policy ID)	Application available on Patient Consent form within sample collection kit.
Self Pay	Self Pay	\$295	Payment can be provided online at <a href="https://payment.securetempus.com">payment.securetempus.com</a> . Tempus is HSA/FSA eligible. Payment plans are available, if needed.	Application available on Patient Consent form within sample collection kit.

### Questions?

Please don't hesitate to reach out to us. Call or text Customer Success at [312-598-9961](tel:312-598-9961) or email [help.tempus.com](mailto:help.tempus.com).

### Tempus Transparency Policy

Your DNA is complicated. Paying for DNA testing doesn't have to be. To ensure transparency, Tempus performs a benefits check and contacts you if we expect your cost to be more than \$295.

# Patient Billing Guide & Financial Assistance

## Financial Assistance Policy

Tempus offers a financial assistance program for the nP test. For approved patients, Tempus will bill the patient's insurance and the patient's remaining out-of-pocket cost is outlined below. Approval for assistance is based on household income, number of people in the patient's household, and other extenuating circumstances. Tempus may need to verify your income, so we may reach out to ask for documents like a 1040 form, recent pay stub, government assistance letter (e.g. social security benefit verification letter or unemployment letter).

Number of People in Household	Household Income*					
	Less than \$15,060	\$15,060 - 30,120	\$30,121 - 45,180	\$45,181 - 60,240	\$60,241-75,300	More than \$75,300
1	Less than \$20,440	\$20,440 - 40,880	\$40,881 - 61,320	\$61,321- 81,760	\$81,761- 102,200	More than \$102,200
2	Less than \$25,820	\$25,820 - 51,640	\$51,641- 77,460	\$77,461- 103,280	\$103,281-129,100	More than \$129,100
3	Less than \$31,200	\$31,200 - 62,400	\$62,401 - 93,600	\$93,601 - 124,800	\$124,801-156,000	More than \$156,000
4	Less than \$36,580	\$36,580 - 73,160	\$73,161 - 109,740	\$109,741 -146,320	\$146,321-182,900	More than \$182,900
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Patient Cost	\$0	\$0	\$100	\$200	\$250	Tempus Transparency Policy

\*Based on 2024 US Department of Health and Human Services Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. Patients located in Alaska and Hawaii are subject to separate FPL guidelines.

## Find out if you qualify

Complete the simplified financial assistance section included in the Tempus Patient Consent form. The Tempus Patient Consent form may be found inside the sample collection kit.