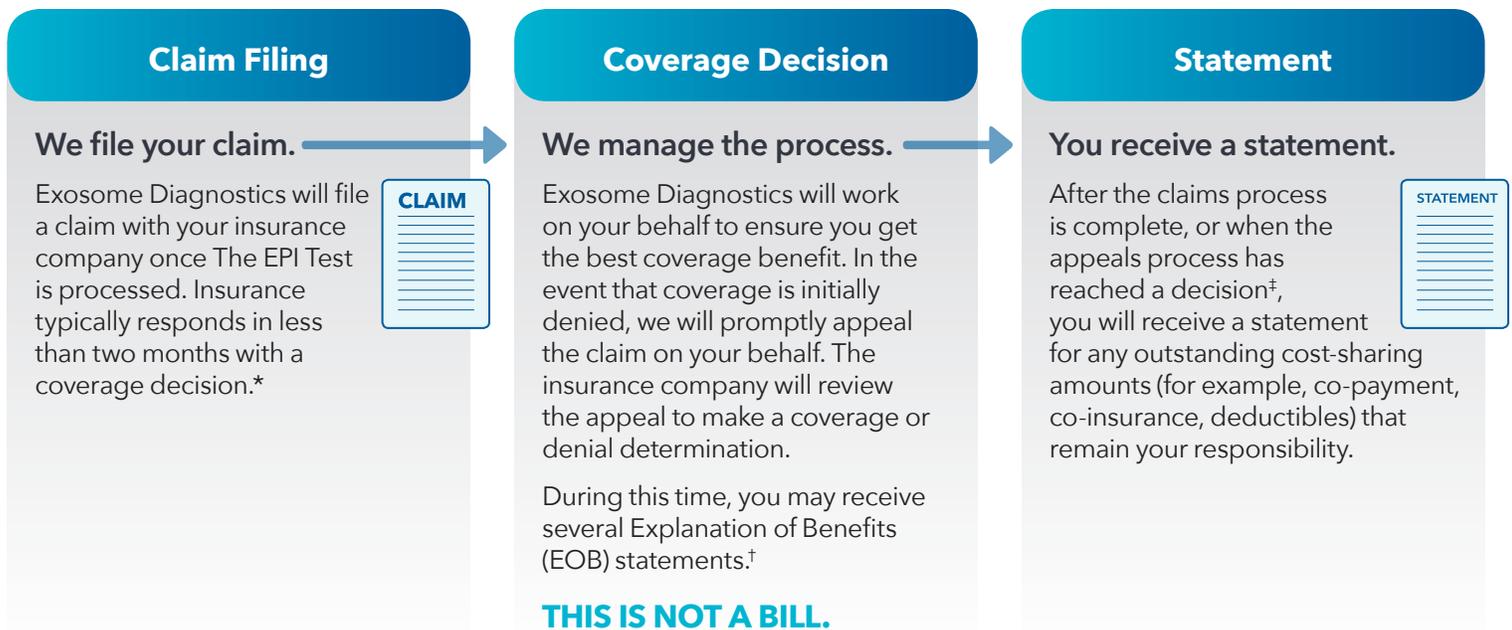
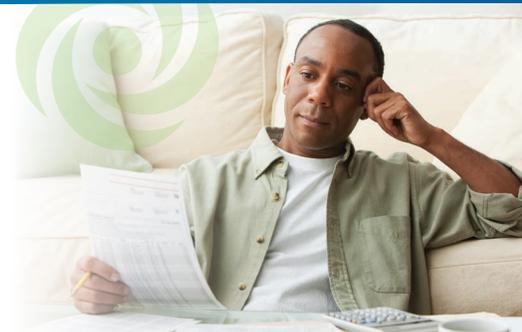


The EPI Test | ExoDx[™] Prostate (IntelliScore)

For Patients

BILLING INFORMATION

Thank you for choosing Exosome Diagnostics to perform your prostate cancer risk-screening. Through our laboratory services, we seek to empower patients with information to help make informed decisions about their care. Similarly, we want to empower patients with information related to the costs of the test and our billing policy so that you can minimize concerns regarding payment. We are here for you at every stage of the billing process.



THE EPI TEST IS CUTTING-EDGE TECHNOLOGY

This test will help you gain greater confidence and peace of mind to make a decision with your urologist or other healthcare providers about whether to proceed with a biopsy or not.



PATIENT ASSISTANCE PROGRAM

The cost of the test may be reduced for patients who qualify for our **Patient Assistance Program (PAP)**, which evaluates eligibility for discounted out-of-pocket rates based on household income levels.

The PAP is only available to patients in the United States and US territories. To qualify, patients must complete and submit a PAP application form with proof of household income directly to our billing department.

* If the claim is processed by insurance, most patient statements will be sent within 60 days from the date of service. If the claim has undergone the appeal process, it may take 6 months or longer to receive a patient statement outlining the patient responsibility. This statement will be followed by a bill for any amounts owed to Exosome Diagnostics, which must be paid within 30 days.

† An EOB is provided to you as a summary of your medical expenses and how claims were processed by your insurance company. An EOB will outline any cost-sharing amounts (co-insurance, deductible, or patient balance) that are the patient's responsibility. **THIS IS NOT A BILL.**

‡ Even after a coverage decision has been made by a patient's insurance company, the patient may be eligible to pay a reduced cost if they qualify for our Patient Assistance Program (PAP). For more information on the PAP, please see reverse side.

The EPI Test | ExoDx™ Prostate (IntelliScore)

For Patients

FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
Is The EPI Test covered by health insurance?	Most claims are covered by insurance companies and we continue to add coverage from additional insurance plans. However, only your insurance company can determine if the cost of the test is a covered benefit. The code to use is CPT PLA 0005U.
If I have health insurance, will I have any out-of-pocket expense?	Given the differences among health insurance programs that determine covered services, coinsurance, co-pay and deductibles, it is difficult for Exosome Diagnostics to determine what any one individual's out-of-pocket cost for the test might be at any given time in the year.
If I have gone through the appeals process, but am still unable to pay, what are my options?	Please review the information on our Patient Assistance Program (PAP) to determine whether you qualify for a reduced out-of-pocket cost for The EPI Test. In addition, several payment plan options are available. Please contact our billing department at 844-EXOSOME (844-396-7663), Option 3, for more information.
What is the cost of the test?	The cost of the test depends on your individual health insurance coverage (for example, in-network, out-of-network, co-insurance, deductible and co-pay).
Do you have a flexible payment plan?	Yes, we offer an interest-free payment plan over a period of up to 6 months.
Do you provide financial assistance to cover the cost of the test?	Yes, we do. Please contact our Patient Assistance Program team at info.exosomedx@bio-techne.com to learn more.
How do I make a payment?	Please call our billing department at 844-EXOSOME, Option 3, to arrange for payments. Screening tests are eligible for reimbursement with a flexible spending account (FSA), a health savings account (HSA), a health reimbursement arrangement (HRA), or a limited care flexible spending account (LCFSA). We accept all major credit cards, checks and money orders.
What if my insurance plan sends me a check directly for the cost of The EPI Test?	<ol style="list-style-type: none"> 1. Endorse the check by signing the back and writing the following under your signature: "Payable to Exosome Diagnostics, Inc." 2. Please mail the check along with any cost-sharing, deductible or co-pay amounts and a copy of the Explanation of Benefits (EOB) to the following address: Exosome Diagnostics Billing PO Box 83405 Woburn, MA 01813-3405



CONTACT US: To learn more about The EPI Test, please call or email us.

Mon-Fri: 9:00AM-5:00PM EST

844-EXOSOME (844-396-7663)

info.exosomedx@bio-techne.com

exosomedx.com