

# FoundationACCESS Program

## Billing & Financial Assistance Program To Help Patients Get Access To Comprehensive Genomic Profiling

At Foundation Medicine, we understand that when you or a loved one is battling cancer, confusing documents and financial burden are the last things you want to worry about. That's why we created the FoundationACCESS Program, which offers direct support and guidance during each step of the billing process for our tests. When your doctor recommends one of our tests, you may have questions about cost and what your out-of-pocket expenses may be. Foundation Medicine is an out-of-network provider for many insurers, which means your test may not be automatically covered by your insurance. The FoundationACCESS Program is here to help with these issues and more.



DR. ORDERS



TEST RESULTS



RECEIVE EOB



RECEIVE BILL

## Billing & Financial Assistance Process For FoundationOne® and FoundationOne® Heme

### STEP 1



#### Physician orders FoundationOne or FoundationOne Heme

If you would like to apply for financial assistance, complete and fax the simple, 1-page ACCESS application. This form is available on [www.mycancerisunique.com](http://www.mycancerisunique.com).

Your application will be reviewed and financial assistance eligibility will be determined within 2 business days. Keep in mind that you can request financial assistance at any time before or after your test is complete.

### STEP 2



#### Foundation Medicine starts the billing process after the testing is completed

- You will receive an initial billing notification letter from Foundation Medicine. Please note that **NO ACTION IS REQUIRED** by this letter.
- You may also receive an explanation of benefits (EOB) from your insurance company. This letter is **NOT A BILL** nor is it a final decision about your coverage. You will receive an EOB after each appeal. Please note that **NO ACTION IS REQUIRED**.

### STEP 3



Your insurance company makes a decision about coverage of the test. There are three potential outcomes:

- a) All of the test is covered
- b) Part of the test is covered
- c) Coverage denied – cost of the test is not covered

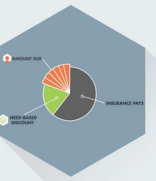
### STEP 4



If your coverage is denied or only part of the test is covered, Foundation Medicine will appeal a coverage decision on your behalf

- In some cases, we may send you a form that requests your consent to appeal on your behalf

### STEP 5



After appealing, your insurance company may cover part of the test or deny coverage of the test

### STEP 6



Foundation Medicine sends your final bill

The final bill reflects the amount due based on your insurance co-payment or deductible (which would be required for any provider - such as your hospital or physician - to charge for any procedure) plus any discounts applied based on your FoundationACCESS financial assistance application.

In this trying time, we want to make the billing process as simple as possible, all while ensuring our test is affordable to you. Have questions or concerns? Don't hesitate to contact us.

We're here to help every step of the way. (888) 988-3639 between 8:00 am ET and 8:00 pm ET, Monday through Friday, or email us: [Billing@foundationmedicine.com](mailto:Billing@foundationmedicine.com)

Learn more at [www.mycancerisunique.com](http://www.mycancerisunique.com)

For more educational resources, watch videos on our YouTube channel <https://www.youtube.com/FoundationMedicine/videos>