



## **PATIENT BILLING POLICY**

For insurance related questions please contact our Billing Department at **1-877-436-3894**

### Commercially Insured Patients (Including Medicare Advantage Plans)

The Armune testing services are typically reimbursed by insurance providers including, in some instances by Medicare. Armune offers the **Apify** and **Apify PRO** tests. The cost differs depending on the test ordered.

### Claim Process

Armune Bioscience will file insurance claims for its testing services on behalf of the patient, including appeals for denied claims.

### Patient Responsibility

Patients are financially responsible for any applicable deductible, co-insurance and co-payment amounts deemed to be the patient's responsibility under federal and state regulations and the individual's insurance plan. These amounts are reported to you by your insurer on an explanation of benefits ("EOB") or similar statement.

When Armune is not contracted with an insurance plan, we will typically bill patients for the amount designated by their plan as the patient's responsibility, including any balance remaining on the bill if the insurer pays less than the "reasonable," "usual and customary," or "allowable" charge (collectively the "Allowable Charge") for the services provided. The Allowable Charge will be determined by your insurer and explained on the EOB. If the full Allowable Charge is paid to Armune by the insurer, patients will not be billed by Armune.

### Traditional Medicare Patients

Our tests are currently NOT covered by Medicare. Until we secure a coverage decision from CMS, Armune will continue to advise patients of likely non-coverage of the Apify and Apify PRO tests and will notify patients using the Advance Beneficiary Notice of Non-coverage (ABN). The ABN notifications are included with the Apify and Apify PRO test requisitions.

### Uninsured Patients

If you are not insured and wish to self-pay for our testing, Armune may be able to offer assistance. Please contact our Billing Department for a confidential assessment of your individual circumstance.

### Payment Options and Financial Support Programs

Armune understands that paying for care may, in some situations, be burdensome for patients and result in some patients avoiding certain necessary services because they are concerned about the expense. Because we are committed to delivering the best patient care possible, we have established programs to ensure affordable access to our testing:

#### **Discounts for “Prompt Pay”:**

- *Armune may offer a prompt payment discount covering co-payments, co-insurance and deductibles. The discount rate is established by Armune BioScience Inc. at its sole discretion. The prompt pay discount will not apply to uninsured patients or to patients with insurance who opt to pay for Apifyny or Apifyny PRO out-of-pocket.*

#### **Payment Plan:**

- *Armune may offer a payment plan for outstanding balances covering co-payments, co-insurance and deductibles. The payment plan will not apply to uninsured patients or to patients with insurance who opt to pay for Apifyny or Apifyny PRO out-of-pocket.*

#### **Patient Financial Assistance Program (FAP):**

- *Patients with special financial needs may be eligible for additional support to help defray testing costs. Armune encourages patients who may not be able to pay fully for Apifyny or Apifyny PRO to contact us for an assessment of eligibility for financial assistance in accordance with federal guidelines.*

### Insurance Payments Made Directly to Patients

Please be aware that some insurers may send the insurance payment for Armune BioScience services directly to patients instead of reimbursing Armune directly. Patients who receive a check for services provided by Armune are responsible for forwarding this payment to Armune. Please write on the back of the check “Pay to Armune BioScience Inc.”, include a signature and mail to Armune at the address below:

Armune BioScience, Inc., 401 West Morgan Rd, Ann Arbor MI 48108

All patients are encouraged to call our Billing Department at **1-877-436-3894**, if they have questions or concerns about their patient statement.

All information subject to change without notice.