

Guardant Access

Guardant Health believes that many cancer patients may benefit from non-invasive genomic testing and personalized medicine, and is committed to providing easy and affordable access to its test and services. We understand that when you or a loved one are battling cancer, the last thing you want to worry about are large and unexpected bills, or confusing and time-consuming paperwork.

That's why we have created Guardant Access, a program that manages the billing process for you. Guardant Access is designed to reduce paperwork, manage claims appeals with insurance companies, handle most billing questions, and most importantly, help make sure that a financial challenge doesn't stand between you and our test.

As part of the Guardant Access program in 2016, prior to Guardant360 testing, Guardant Health will contact every patient whose out-of-pocket expense may exceed \$100.

Our Billing and Financial Assistance Process:

1. After your doctor orders Guardant360 and sends your samples to our laboratory, Guardant Health performs the test and provides results to your doctor, typically within 14 days.
2. Guardant Health works with your insurance carrier to obtain payment for the test. It can take 90 days or more for Guardant Health to receive an initial response about an insurance claim. During this period you will likely receive an Explanation of Benefits from your insurance carrier. It is important to understand that **the Explanation of Benefits is not a bill**, it is only your insurance carrier's communication to you regarding its initial response to Guardant Health's billing efforts.
3. It is possible that the insurance carrier will initially deny coverage or only pay a small portion of the cost of Guardant360. In this event, Guardant Health will make a significant effort on your behalf to obtain or improve the payment received from your insurance company through an appeals process. We may ask you or your doctor for support in this process. The appeal process may take several months to complete.
4. Only after we have completed multiple levels of appeals with your insurance company will we send you a bill for the remaining amount. Rest assured, unless we contacted you before we processed your test, your bill will likely be no more than a typical co-pay.

During the billing process, Guardant Health may communicate with you directly regarding your financial responsibility for co-pays, deductibles, and coinsurance under your insurance plan. At such time, Guardant Health will also help determine your eligibility for our Financial Assistance Plan.

For some insurance plans where Guardant Health is contracted with the insurance carrier, this process may be different and more efficient.

For questions, please contact Guardant Health client services at 1.855.698.8887