

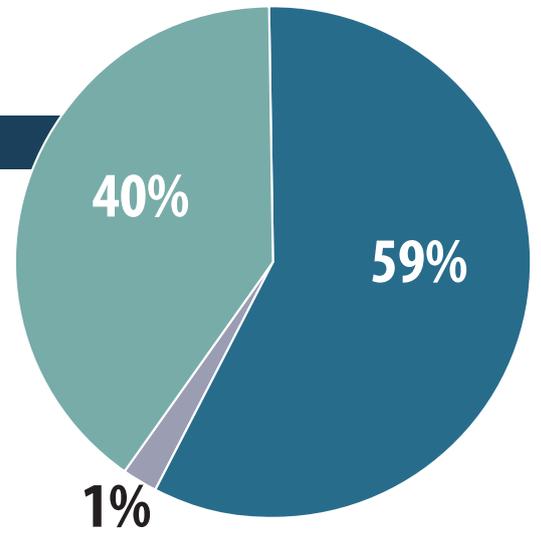
Insurance Experience

with Prompt Pay Discount

Not available in Florida and New York

PATIENT PAYMENT EXPERIENCE*

- 40% will pay no more than the Initial Insurance Payment
- 59% will pay in between the Initial Insurance Payment and the Maximum Total Out-Of-Pocket
- 1% will pay the Maximum Total Out-Of-Pocket



	Average Total Out-Of-Pocket*			
	Initial Insurance Payment	Avg. After Initial Payment & Insurance		Maximum Total Out-Of-Pocket

	Initial Insurance Payment	Avg. After Initial Payment & Insurance		Maximum Total Out-Of-Pocket	
Gastrointestinal Profiles					
GI Effects® Comprehensive Profile #2200	\$171	+	\$58 =	\$229	\$400
SIBO 2-Hour #2306	\$109	+	\$6 =	\$115	\$244
SIBO 3-Hour #2337	\$109	+	\$6 =	\$115	\$244
CDSA 2.0™ w/ Parasitology #2003	\$175	+	\$10 =	\$185	\$362
CDSA/P™ (Comprehensive Digestive Stool Analysis/Parasitology) #2001	\$175	+	\$10 =	\$185	\$356
CDSA™ (Comprehensive Digestive Stool Analysis) #2000	\$125	+	\$44 =	\$169	\$339
Nutritional Profiles					
NutrEval® (FMV urine AA) #3000	\$179	+	\$46 =	\$225	\$380
NutrEval® Plasma #3001	\$179	+	\$40 =	\$219	\$380
Organix® Comprehensive Profile #3301	\$150	+	\$39 =	\$189	\$362
ONE® Optimal Nutritional Evaluation #3200	\$150	+	\$39 =	\$189	\$360
ION® Profile #3100	\$200	+	\$25 =	\$225	\$439
Toxic Elements Clearance Profile #3529	\$95	+	\$4 =	\$99	\$172
Comprehensive Urine Elements Profile #3527	\$75	+	\$20 =	\$95	\$294
Immunology Profiles					
Allergy Combinations including IgG Food Antibody Assessment with IgE Foods and IgE Inhalants #1013	\$150-225	+	\$129-\$136 =	\$229-\$289	\$358-\$425
IgG Food Antibody Assessment #1010	\$90	+	\$55 =	\$145	\$350
Endocrinology Profiles					
Adrenocortex Stress Profile #4300	\$75	+	\$20 =	\$95	\$273
One Day Hormone Check™ #4106	\$150	+	\$19 =	\$169	\$350
Complete Hormones™ (24hr) #4200	\$160	+	\$59 =	\$219	\$375
Complete Hormones™ (FMV) #4200	\$160	+	\$39 =	\$199	\$375
Rhythm Plus™ #4102	\$200	+	\$9 =	\$209	\$409
Hormonal Health™ #4000	\$150	+	\$15 =	\$165	\$389
Menopause Plus™ #4100	\$150	+	\$49 =	\$199	\$358

* The above information are estimates based on historical data and not a guarantee of individual patient responsibility. All patients will be held responsible for the full amount of their cost-sharing obligation according to their benefits policy.

Important Notes:

- As an out of network provider, Genova Diagnostics is unable to determine the actual patient responsibility until a claim is processed. The estimated out of pocket costs listed above are based on historical data analysis of claims eligible for the Prompt Pay Discount when patients follow the program guidelines. As such, this information is not intended to be a guarantee of individual patient experience and actual patient responsibility will vary based on their insurance coverage and how benefits are applied.
- This information is provided for clinician use only and should not be printed and distributed to patients. Discussions with patients regarding cost estimates should occur after the decision to order a medically necessary test has been made by the treating physician or practitioner.
- This information addresses only adjudicated claims and does not address fully denied claims by the commercial insurance carriers. When a claim is fully denied, the patient will be billed for the Cash Price of each test less any Initial insurance Payment received.