

Financial Information for the GeneSight® Test

THE GENESIGHT PROMISE

Insurance can be complicated, and we want you to feel comfortable knowing what you'll owe. We promise if your cost could be more than \$330, we'll contact you before we process the test.

What to Know About the Cost of a GeneSight Test

We bill your insurance for the cost of the GeneSight Test.

Insurance Type	Typical Cost*
Medicare (Part B) and Medicare Advantage Covered Tests	\$0 out of pocket cost
Medicaid	
Commercial or Other	\$330 or less
Uninsured/Self-Pay	

*Out of pocket costs listed above are based on a review of 12 months of past claim data for major insurance carriers across the U.S. Last updated in 2026.

Learn more about cost at genesight.com/cost.

Get Financial Assistance

We offer a financial assistance program to help further reduce costs for patients in need. Our program is based on household income, number of people in your household, and other federal guidelines. To find out if you may qualify, use the cost estimator on our website: genesight.com/cost, or scan the QR code.



Due to regulatory limitations, people who carry federally funded health insurance such as Medicare, Medicare Advantage, Medicaid, TRICARE®, and VA are not eligible for financial assistance.

Total Annual Household Income**

Number of People in Household***	1x Poverty Level	2x Poverty Level	3x Poverty Level	4x Poverty Level	Above 4x Poverty Level
1	Less than \$15,960	\$15,960–31,920	\$31,921–47,880	\$47,881–63,840	More than \$63,840
2	Less than \$21,640	\$21,640–43,280	\$43,281–64,920	\$64,921–86,560	More than \$86,560
3	Less than \$27,320	\$27,320–54,640	\$54,641–81,960	\$81,961–109,280	More than \$109,280
4	Less than \$33,000	\$33,000–66,000	\$66,001–99,000	\$99,001–132,000	More than \$132,000
5	Less than \$38,680	\$38,680–77,360	\$77,361–116,040	\$116,041–154,720	More than \$154,720
Patient Cost	\$0	\$0	\$100	\$200	GeneSight Promise Applies

**Based on U.S. Department of Health & Human Services 2026 Poverty Guidelines: <https://aspe.hhs.gov/poverty-guidelines>

***For households with more than five people, please refer to genesight.com/cost to see if you may qualify.

Ask About Our Interest-Free Payment Plan

If your cost is \$100 or more, we offer an interest-free payment plan that allows you to spread out your cost over multiple months.

Reduced Self-Pay

All patients are eligible for the reduced self-pay option of \$330. Self-pay may be the most affordable option for patients whose out-of-pocket cost is estimated to be higher than \$330, for those whose insurance does not cover the GeneSight Test, or for those without insurance.

How the Billing Process Works

BILLING INSURANCE TAKES TIME

It will likely be several months before you receive a bill from us. We'll keep you informed along the way.

1 We Receive Your Sample
When we receive your sample, we will confirm your cost. If it's more than \$330, we will contact you before processing your test.

2 We Bill Insurance
We process your test and submit a claim to your insurance company.

3 You May Qualify for Our Financial Assistance Program
For more information, and to apply, visit myriad.com/fap.

4 You May Receive an Explanation of Benefits (EOB) From Your Insurance Company
Your insurance company will process your claim, and they may send you an EOB.

This is not a bill.

5 You Receive Your Bill From GeneSight
Once your insurance claim is completed, we will send you a statement of what you owe. You can pay online, by phone, or by mail.

This is a bill.

This is not a bill

The EOB is from your insurance company.

Explanation of Benefits
This document shows how benefits were applied to recent claims. It also calculates subscriber responsibility.
THIS IS NOT A BILL

Benefits Detail: View your benefits used to calculate these claims.

Claim ID	Service	Amount	Amount Paid	Amount Due	Co-pay	Co-insurance	Out-of-Pocket	Out-of-Pocket Maximum
123456789	Genesight Test	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00

This does not necessarily represent the amount you will owe.

This is a bill

The bill is from GeneSight.

genesight®
PO BOX 645685
CINCINNATI, OH 45246-5685

Live Chat Now Available
myriad.com/billingchat

Call Customer Service at: 844-697-4239
Pay Online at: myriad.com/billing

MAKE CHECKS PAYABLE TO:
ASSUREX HEALTH, INC.
PO BOX 645685
CINCINNATI, OH 45246-5685

ACCOUNT NUMBER	SERVICES FOR	STATEMENT DATE	DUE DATE
123456789	Genesight Test	12/31/2023	01/31/2024

DATE	ACCESSION	CPT	ORDERING PROVIDER	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	CODE
12/31/2023	123456789	86000	Dr. Smith	\$100.00	\$0.00	\$0.00	\$100.00	

This is the amount you will owe.

For more information, please visit us online at genesight.com/cost or call Customer Service at 866.757.9204.

This document is for your records and does not need to be returned.