



CENTOGENE Assistance Program

CENTOGENE is committed to providing actionable clinical information for the diagnosis of rare genetic disorders. The CENTOGENE Assistance Program provides financial assistance to patients, based upon a demonstrated financial need, who have some level of commercial insurance, but are unable to pay for a portion of their out-of-pocket expenses not covered by their insurance company.

CENTOGENE provides tiered financial assistance to patients based on income as defined by the Federal Poverty Level (FPL) guidelines (<https://aspe.hhs.gov/poverty-guidelines> as of 7/15/2016). CENTOGENE is able to offer financial assistance to patient’s families with incomes up to 600% of the FPL. Use the guide below to determine your eligibility for the CENTOGENE Assistance Program.

Step 1 - CALCULATE FINAL ELIGIBILITY NUMBER

Use the following items from your most recent Federal Tax Return to calculate your Final Eligibility Number.

ITEM	DEFINITION	
1) Household Income	Adjusted Gross Income (AGI) from the most recent Federal Tax Return – this can be found on line 4 of IRS Form 1040EZ, line 21 of IRS Form 1040A, or line 37 of IRS Form 1040	\$ _____
2) Medical Expenses	Medical expenses, incurred in the previous calendar year, not including insurance premium payments that have been itemized on Schedule A, Line 1 of IRS Form 1040 (“Allowed Medical Expenses”)	\$ _____
3) Final Eligibility	Subtract Medical Expenses from Household Income to determine Final Eligibility Number	\$ _____



Step 2 - DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY

Use your Final Eligibility Number to determine your qualifying income bracket and corresponding financial responsibility in the following table.

NUMBER OF FAMILY MEMBERS	INCOME LEVEL (% OF FPL)		
	UP TO 100%	UP TO 400%	UP TO 600%
1	\$12,140	\$48,560	\$72,840
2	\$16,460	\$65,840	\$98,760
3	\$20,780	\$83,120	\$124,680
4	\$25,100	\$100,400	\$150,600
5	\$29,420	\$117,680	\$176,520
6	\$33,470	\$133,880	\$202,440
7	\$38,070	\$152,280	\$228,360
8	\$42,380	\$169,520	\$254,280
Each Additional Family Member	\$4,320	\$17,280	\$25,920
Patient's Financial Responsibility	\$25	\$50	\$100

Step 3 - DETERMINE YOUR ELIGIBILITY ONLINE

<https://www.centogene.com/downloads>

WHAT TO EXPECT

The patient (or patient's guarantor) must apply through the online application process (<http://www.centogene.com/cap>). A form is available to fill out and fax in. In accordance with state law, patients residing in Colorado or Florida may not submit their Financial Assistance Application until their testing is complete and their claim has been submitted to their insurance company. Please contact our patient advocate group with any questions. If requested by CENTOGENE, patient (or patient's guarantor) must submit documentation to support the Family Income and Allowed Medical Expenses provided on the CENTOGENE Assistance Program Application. CENTOGENE will perform an assessment of financial need based on the patient's online Financial Assistance Application. CENTOGENE will notify the patient (or the patient's guarantor) by email within seven (7) days if the Financial Assistance Application has been approved or denied.

PATIENT SUPPORT

CENTOGENE is dedicated to providing the highest level of customer service. CENTOGENE's US Customer Support Department assists patients throughout the genetic testing process. A customer support member will be available to provide information and guidance to patients and help answer questions raised by both the patient and/or their physician. CENTOGENE's Billing Department will directly handle all of the billing and insurance claim submissions, file appeals as necessary, and stay connected with the patient and their physician during the process to ensure that the Patient's claim is processed correctly. If a Letter of Medical Necessity is needed, we will work cooperatively with the patient's physician to facilitate the submission on the patient's behalf. If a patient is denied assistance and feels there are extenuating circumstances that CENTOGENE did not consider, the patient may appeal in writing within 10 calendar days of receiving the notice of denial. CENTOGENE does not accept Medicaid, Medicare, or Tricare/Campus and patients covered by these plans are not eligible for the CENTOGENE Assistance Program. If the patient's insurance provider pays the patient directly for services performed by CENTOGENE, the patient must forward that payment to CENTOGENE immediately.

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