

As a Public Health Partner, Scipher Medicine is committed to ensuring that all patients have access to our testing services, regardless of their financial circumstances and ability to pay. Therefore, we have adopted this Patient Assistance Program as outlined below, which describes the eligibility and enrollment process.

I. SCOPE

This Patient Assistance Program applies to all commercial testing provided by Scipher Medicine (which excludes all patients enrolled in Scipher clinical trials or research programs). The terms of this Patient Assistance Program are subject to change. This program may not be available in all states. Other restrictions may apply.

Please contact our Billing Specialists with any additional questions about our Patient Assistance Program or payment options at (855) 724-7437 option #1.

II. POLICY

1. Payment Plans

- a. Patients are eligible for payment plans regardless of insurance status. Payment arrangements are considered and approved on a case-by-case basis by the billing department at Scipher.
- b. All payment plans require a monthly minimum to be met and maintained and cannot extend beyond 6 months in duration.
- c. Income verification documentation can include: the patient's most recent tax return, most recent W-2, two most recent pay stubs, a letter from their employer verifying income, employment benefit documentation, or disability documentation.

2. Financial Hardship Reduction

- a. Patient Eligibility - A patient is eligible for the Patient Assistance Program if the household income of that patient is less than 200% of the Federal Poverty Level per year. (See page 2 for 2026 Poverty Guidelines).

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- b. Scipher offers a self-pay rate of \$1995 to patients with health plans not covering testing services. Scipher will reduce the self-pay rate, co-insurance, co-pays, deductibles, and amounts in excess of what is covered by a third-party payer for eligible patients as follows:

Poverty Level Tier	Amount Owed
0% – 200%	\$990.00
> 200%	Not Qualified

Patient assistance is not guaranteed.

III. PROOF OF ELIGIBILITY

Eligibility is subject to verification of the patient’s income verification documentation and submitting the completed application. Results of this income verification will be saved and will serve as proof of income.

2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

For families/households with more than 8 persons, add \$11,360 for each additional person.

Persons in family/household	Maximum family/household income
	200% poverty guidelines*
1	\$31,920
2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080
8	\$111,440

*For patients residing in Alaska or Hawaii, please refer to this website for the most recent guidelines:
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

This information is presented for informational and reference purposes only and is not intended to provide coding, reimbursement, treatment, or legal advice. All medical decisions should be made at the discretion of the provider. Scipher Medicine, complies with the Section 1557 Nondiscrimination Notice and does not discriminate on the basis of race, color, religion, sex, marital status, sexual orientation, gender identity or expression, English language proficiency, national origin, age, disability, veteran status or any other status protected by law. ATTENTION: If the primary language you speak is other than English, language assistance services, free of charge, are available to you. Call 1-855-724-7437.