MiraDx

Financial Assistance Program for PROSTOX™ *ultra*

Frequently Asked Questions & How to Apply

You May Benefit From the MiraDx Financial Assistance Program

The MiraDx Financial Assistance Program offers patients the opportunity to reduce their out-of-pocket costs based on their unique financial need. Residents of the United States and Puerto Rico are eligible to apply.

- If your insurance approves test coverage, you are only responsible for your copay, coinsurance, and deductible.
- If you are eligible for financial assistance, your out of pocket cost may be as little as $0, with a maximum out-of-pocket cost of $395.
- **Call us at 1-866-445-6719 for your insurance or billing questions.** We are available Monday through Thursday, 9am- 7pm ET and Friday 9am-6pm ET.

The MiraDx Finanical Assistance Program does not constitute health insurance. You must meet certain income requirements. We may request documentation to verify your income, including recently filed tax returns and other supporting documentation. By requesting assistance, you certify, to the best of your knowledge, that you are eligible for assistance and that you have insufficient financial resources to pay for the test ordered. MiraDx may discontinue or change this program at any time for any reason without notice. PROSTOX *ultra* testing is performed by MiraDx.

Frequently Asked Questions

Who qualifies for financial assistance?

Financial assistance is determined based on financial need. Eligibility is evaluated using income criteria established by the U.S. Department of Health & Human Services (HHS) Poverty Guidelines, which are updated periodically. As a result, eligibility may change over time. Please note that not all applicants will qualify for assistance.

Who isn't eligible for financial assistance?

Patients are not eligible for financial assistance if: They reside outside the United States or Puerto Rico; or the PROSTOX *ultra* test was not ordered by a licensed U.S. healthcare provider. Additional restrictions may apply.

Eligibilty is based on household income*

HOUSEHOLD SIZE	COST TO PATIENT		
	$0	$150	$395
1	$46,950	$54,775	$62,600
2	$63,450	$74,025	$84,600
3	$79,950	$93,275	$106,600
4	$96,450	$112,525	$128,600
5	$112,950	$131,775	$150,600
2025 maximum household income*			

*Eligibility is based on total annual household income, and household size. Some eligibility restrictions apply.

Frequently Asked Questions

How do I know if I qualify?

Our MiraDx Billing team is here to help you see if you qualify for financial assistance once your PROSTOX *ultra* test has been ordered. Just give us a call at **1-866-445-6719**, and we'll walk you through the next steps.

Will I be contacted once the test has been ordered by my physician?

No, MiraDx does not automatically contact patients after a test is ordered. If you have any questions about the test, billing, or available Financial Assistance Programs, we encourage you to contact the MiraDx Billing team. We're here to help and happy to support you through the process. In many cases we can qualify you over the phone.

Do I have to apply for MiraDx financial assistance to receive the PROSTOX *ultra* test?

No, applying is not required—but it may help lower your out-of-pocket costs. We encourage you to apply if you think you might qualify.

How much will the cost to patient expense be if I qualify for financial assistance?

If you qualify, your out-of-pocket cost will be no more than $395, and it may be less depending on your situation.

Frequently Asked Questions

I received an Explanation of Benefits (EOB). What does this mean?

An Explanation of Benefits (EOB) is **not a bill**. It's a summary from your insurance company showing how they processed your claim. It may list what was paid or denied, but no payment is due unless you receive an actual bill from MiraDx. If you have questions about your EOB or charges listed, please reach out to your insurance provider or contact our billing team at **1-866-445-6719** or **billing@MiraDx.com**.

I received a bill even though I qualified for financial assistance — why?

All patients will receive a bill, even if they qualify for financial assistance. This is because the normal billing process requires that a bill be sent. If you have qualified for assistance and have received a bill that does not already reflect the assistance, please call us at 1-866-445-6719, so we can apply your financial assistance to your bill.

What if I don't qualify for financial assistance?

We are committed to ensuring patients who are eligible for PROSTOX *ultra* have access to the test. If you're not eligible for financial assistance, don't worry—we're still here to help. MiraDx offers flexible options like payment plans and self-pay pricing to make the PROSTOX *ultra* test more accessible.

Contact the MiraDx Billing team to explore what's available for your situation.
Call **1-866-445-6719** or email **billing@MiraDx.com.**

Finanical Assistance Program Application

Patient Full Name

Date of Birth

Physical Street Address

City

State

Zip code

Email Address

Phone Number

Ordering Physician's Name

Household Size

Gross Annual Household Income

Extenuating Circumstances:

- [ ] Alimony and/or child support expenses > $1,000 per month
- [ ] Currently enrolled in short or long term disability with your employer
- [ ] Credit card debt > $5,000
- [ ] Medical expense > $5,000
- [ ] Qualified for charity care with my physician
- [ ] Permanent loss of income due to diagnosis or treatment
- [ ] Other

I hereby acknowledge the above information is accurate and complete to the best of my knowledge. I authorize MiraDx to verify the above details, including by engaging a third-party entity or requesting supporting documentation, solely for the purpose of assessing financial need. I understand that by applying for this program, I am not guaranteed financial assistance. I understand and agree that MiraDx reserves the right at any time and without notice to modify the application form; to modify or terminate this program; and to audit the information I have provided on this application.

Patient Signature

Date

Please return the completed application to billing@MiraDx.com