

Ordering Physician Name: _____

Patient Name: _____ Patient Date of Birth: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for a **Guardant Health Test** below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for one or more of the **Guardant Health Test(s)** below.

D. Laboratory Tests	E. Reason Medicare May Not Pay:	F. Estimated Cost
<ul style="list-style-type: none"> • Guardant360[®] CDx Test • Guardant360[®] Test • Guardant360 TissueNext[™] Test • Guardant360[®] Response Test • Guardant Reveal 	Medicare does not pay for this test for your condition.	No more than: <ul style="list-style-type: none"> • \$5,000 • \$3,500 • \$3,500 • \$3,500 • \$5,000

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
 - Ask us any questions that you may have after you finish reading.
 - Choose an option below about whether to receive the **Guardant Health Test** listed above.
- Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **Guardant Health Test** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the **Guardant Health Test** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the **Guardant Health Test** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

If you have picked Option 1, Guardant Health will attempt to contact you to assess your eligibility for financial assistance and will provide you the opportunity to cancel the order for the Laboratory Test. If you have questions regarding your out-of-pocket cost, please contact us at 855-698-8887.

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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