

Patient Agreement of Financial Responsibility and Credit Card Authorization

Fax to (866) 728-3945

FINANCIAL POLICY AND AGREEMENT

The GPS Cancer[®] test service (offered by NantHealth, Inc.) and the Liquid GPS[™] test service (provided by NantHealth Labs, Inc., a subsidiary of NantHealth, Inc.) are new molecular profiling lab tests that may not be covered by your insurance. In many cases, due to the novel nature of our testing, coverage and reimbursement will not be available from your insurer, and you will be responsible for the full cost of the testing services. In a small number of cases, coverage may be granted, and NantHealth will follow your insurer's determination for your responsibility, which can vary from zero to the full cost of the test. For these reasons, NantHealth's policy is to collect a portion of your estimated financial responsibility in advance of testing and, if full or partial payment is received from your insurance, any overpayment of your responsible amount will be refunded to you.

By signing this form, I acknowledge that coverage may not be available and that my doctor and I have agreed to proceed with testing regardless of coverage status. A NantHealth billing representative will be contacting me to obtain payment information. **Furthermore, I understand that the estimated portion of my responsibility for these services should they be noncovered or nonauthorized is provided below and that I may be required to make full payment of this estimate in advance of testing as payment toward the total charges:**

GPS CANCER [®]	LIQUID GPS [™]	GPS COMPLETE (GPS CANCER + LIQUID GPS)
\$5,000 if I apply and qualify for NantHealth's patient assistance program.	\$2,000	\$7,000 if I apply and qualify for NantHealth's patient assistance program.
\$11,500 if I do not apply or qualify for NantHealth's patient assistance program.		\$13,500 if I do not apply or qualify for NantHealth's patient assistance program.

If I am a Medicare patient, I also acknowledge and agree that:

- **GPS Cancer[®]:** NantHealth, Inc. is not a Medicare provider and the GPS Cancer[®] test will **not be billed to or reimbursed by Medicare**. I will be fully responsible for the cost of testing, which may be billed in advance of testing.
- **Liquid GPS[™]:** NantHealth Labs, Inc. does not anticipate full or partial payment from Medicare for the Liquid GPS[™] test (ordered alone or as part of GPS Complete) and I will be required to sign an Advance Beneficiary Notice of Noncoverage (ABN) form in advance of testing, which permits NantHealth to bill me for the cost of the test should coverage and reimbursement not be obtained.

PATIENT NAME (PLEASE WRITE CLEARLY)

BEST PHONE NUMBER TO CALL

SIGNATURE OF PATIENT / LEGAL REPRESENTATIVE

DATE

If signed by legal representative, describe relationship to the patient and authority to act for the patient