



siParadigm Billing Policy

Dear siParadigm Patron,

Welcome to the bewildering world of healthcare billing. No doubt you are overwhelmed trying to get your arms around the logic of the bills you are receiving. The main reason for this complexity is that healthcare is a highly regulated business; and for a good reason to protect the consumer. Whereas discounts are common and welcomed in a free market, they are prohibited in a healthcare setting to ensure that service is based on good practice and not for any financial gains or “kickbacks”.

Therefore, siParadigm is committed to the highest level of compliance with not only the letter, but also the spirit of the regulations. In the meantime, we understand the difficulties of the billing process and are committed to making it “hassle-free”.

Our solution is the Financial Assistance Program. If our invoice presents ANY financial hardship to you, we will work directly with you to remove your hardship to your satisfaction.

To that end, if you have any questions regarding our bill or the Explanation of Benefits (EOB) that you received from your insurance, please contact us rather than your physician at 1 888 599 LABS (5227), Ext. 4003 or fap.billing@siparadigm.com. We are here to help you.

Below are the details of our Financial Assistance Program:

Financial Assistance for Underinsured Patients

siParadigm offers financial assistance to reduce out-of-pocket costs for qualified underinsured patients in the U.S., depending on their household income level. Examples of patients who are considered underinsured include:

- Those with a high deductible or out-of-pocket expenses
- Those with a restrictive medical policy

To be eligible, patients must have insurance and meet the low income requirements (household incomes up to 400 percent of the Federal poverty level).

Financial Assistance for Uninsured Patients

siParadigm offers financial assistance to reduce out-of-pocket costs for qualified patients in the U.S. who do not have medical health insurance, depending on their household income level. To be eligible, patients must meet the low income requirements (household incomes up to 400 percent of the Federal poverty level).

A separate Application Form is required. The financial criteria below are for informational purposes only. This document need not be included with your application submission.



PATIENT RESPONSIBILITY AMOUNT

Patients with a household income up to the amounts shown below who meet all other eligibility requirements will have a maximum out-of-pocket responsibility of the AMOUNT SHOWN AT THE TOP OF THE COLUMN.

	1X Poverty: \$0	2X Poverty: \$0	3X Poverty: \$100	4X Poverty: \$295
FAMILY SIZE = 1				
48 Contiguous States and DC.	\$12,490	\$24,980	\$37,470	\$49,960
Alaska	\$15,600	\$31,200	\$46,800	\$62,400
Hawaii	\$14,380	\$28,760	\$43,140	\$57,520
FAMILY SIZE = 2				
48 Contiguous States and DC.	\$16,910	\$33,820	\$50,730	\$67,640
Alaska	\$21,130	\$42,260	\$63,390	\$84,520
Hawaii	\$19,460	\$38,920	\$58,380	\$77,840
FAMILY SIZE = 3				
48 Contiguous States and DC.	\$21,330	\$42,660	\$63,990	\$85,320
Alaska	\$26,660	\$53,520	\$79,980	\$106,640
Hawaii	\$24,540	\$49,080	\$73,620	\$98,160
FAMILY SIZE = 4				
48 Contiguous States and DC.	\$25,750	\$51,440	\$75,300	\$102,880
Alaska	\$32,190	\$64,380	\$96,520	\$128,760
Hawaii	\$29,620	\$59,240	\$88,860	\$118,480
FAMILY SIZE = 5				
48 Contiguous States and DC.	\$30,170	\$60,340	\$90,510	\$120,680
Alaska	\$37,720	\$75,440	\$113,160	\$150,880
Hawaii	\$34,700	\$69,400	\$104,100	\$138,800
FAMILY SIZE = 6				
48 Contiguous States and DC.	\$34,590	\$69,180	\$103,770	\$138,360
Alaska	\$43,250	\$86,520	\$129,750	\$173,000
Hawaii	\$39,780	\$79,560	\$119,340	\$159,120
FAMILY SIZE = 7				
48 Contiguous States and DC.	\$39,010	\$78,020	\$117,030	\$156,040
Alaska	\$48,780	\$97,560	\$146,340	\$195,120
Hawaii	\$44,860	\$89,720	\$134,580	\$179,440
FAMILY SIZE = 8				
48 Contiguous States and DC.	\$43,410	\$86,820	\$130,230	\$173,640
Alaska	\$54,310	\$108,620	\$162,930	\$217,240
Hawaii	\$49,940	\$99,880	\$149,820	\$199,760
For each additional person add:				
48 Contiguous States and DC.	\$4,420	\$8,840	\$13,260	\$17,680
Alaska	\$5,530	\$11,060	\$16,590	\$22,120
Hawaii	\$5,080	\$10,160	\$14,910	\$20,320

NOTE: The Financial Criteria above are based upon the United States Department of Health & Human Services (HHS) Poverty Guidelines, which are subject to change. siParadigm reserves the right to terminate or modify its Financial Assistance Program at any time.