



**Executive Offices**

8465 Merchants Way.  
Suite 206  
Jacksonville, FL 32222

**Laboratory**

1122 Cambridge Square.  
Suite E  
Alpharetta, GA 30009

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**BILLING POLICIES**

**Purpose**

heliosDX (“we”, “our”, “us”) is dedicated to providing quality services at affordable prices, which leads to increased patient access. The purpose of these policies is to implement transparent guidelines for billing and account collections. We are committed to promoting compliance, patient satisfaction, and efficiency. Our intention is to make diligent, reasonable, and fair efforts to inform patients of their financial obligation and available assistance options, as well as to adequately follow up with patients on outstanding accounts. Further, we make a commitment to each patient to make sensible efforts to determine a patient’s eligibility for financial assistance under our Financial Hardship Program prior to engaging in collection efforts.

**Policy**

Following the provision of services, it shall be our policy to bill applicable third-party payors, pursuant to our contractual and/or legal obligations, or to submit a bill to patients directly, whenever appropriate, in a timely manner. Patients may be responsible for deductibles, co-insurance, or co-pays after insurance processing. For any delinquent or unpaid accounts, or for patient obligations still outstanding, we shall make three (3) additional attempts to collect per date of service, through a monthly statement send-out. After three billing cycles, if no payment is received, we will stop attempting to collect. At this time, we do not anticipate using a collection agency, but reserve the right to do so in the future, and we do not report to an outstanding balance to credit bureaus. Any unpaid balance shall be written off as bad debt, and the account is noted accordingly.

**Billing Practices**

*A. Insurance Billing*

For all insured patients, heliosDX will bill applicable third-party payers in accordance with our contractual and/or legal obligations and based upon the information provided by or verified by the patient. We will process claims in accordance with each specific third-party payor’s policies and procedures and will only submit a claim to the patient if directed to do so or if otherwise permitted or required under current regulations and industry standards.

### B. Self-Pay Patient Accounts

Self-pay patient accounts are those without insurance coverage, patients covered by third-party payors in which we do not participate, or patients who designate themselves as self-pay. All self-pay patient samples will be run once received by heliosDX or the referral laboratory. Self-pay patients will be billed according to the same policy listed above pursuant to the heliosDX chargemaster. Self-pay accounts may take advantage of a prompt-pay discount (if paid within ninety (90) days from the bill date), in accordance with the fees listed below.

#### Self-Pay Pricing List

PCR - \$250	Urine Tox Confirmation Level 1 - \$70
COVID - \$125	Urine Tox Confirmation Level 2 - \$80
Allergy - \$265	Urine Tox Confirmation Level 3 - \$90
Urine Tox Prelim - \$25	Urine Tox Confirmation Level 4 - \$100
Oral Tox - \$125	

### C. Financial Hardship Program

For patients that have co-pays, co-insurance, deductibles, or other financial obligations due and owing, both prior to or after insurance processing, it is required that patients pay these amounts in full in a timely and efficient manner. However, we understand and appreciate patient financial obligations, which leads to us offering a Financial Hardship Program (the “Program”), as detailed herein. This Program is available free of charge.

In order to participate in the Financial Hardship Program, a patient must follow one of the following options:

1. Access the application found online at <https://heliosdx.com/financial-hardship-form/>
2. Call 423-206-2299 to speak with the heliosDX Client Account Manager from Grandeza Healthcare
3. Email [billing@grandezahc.com](mailto:billing@grandezahc.com) to request a financial hardship application form that can be filled out by the patient and returned to the same email.

If there are any questions regarding the application, the patient can connect with Grandeza Healthcare to speak with the heliosDX Client Account Manager by calling 423-206-2299 and following the appropriate prompts. Grandeza Healthcare will determine patient program eligibility, along with heliosDX, in the parties’ sole discretion. Patients will be eligible for up to a seventy-five percent (75%) reduction of their bill based on their Total Adjusted Gross Household Income based on the sliding scale below.

We reserve the right to request proof of income, which may include, but is not limited to: a copy of the patient's W2, three (3) months of pay stubs, or the patient's most recent tax return, for approval of hardship status and eligibility to apply the discount based on the sliding scale set forth below. The sliding scale is subject to change in our sole discretion.

## **Payments**

heliosDX offers several methods of payment:

### **Mailing Cash or check to:**

heliosDX  
1122 Cambridge Square  
Suite E  
Alpharetta, GA 30009

Checks are to be made out to **heliosDX**

### **Credit Card online by visiting the online Patient Pay site at:**

<https://www.patientnotebook.com/ChattahoocheeLabs/Enhanced/StatementLookup/Home>

**Or pay by card over the phone** by speaking with a heliosDX Account Rep at Grandeza Healthcare by calling:  
423-206-2299