



**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

heliosDX is dedicated to quality service at affordable pricing. Patients may be responsible for deductibles, co-insurance, or co-pays after insurance processing. We do make three (3) attempts to collect per date of service, through a monthly statement send-out. After three billing cycles, if no payment is received, heliosDX will stop attempting to collect. At this time, heliosDX does not utilize a collection agency or report to any credit bureaus. The balance is written off as bad debt, and the account is noted.

## Self Pay Patient Accounts

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 for fees listed below.

Self Pay Pricing List:

Test	Fee
Infectious Disease PCR	\$250
COVID-19	\$125
Allergy	\$265
Urine Toxicology Preliminary	\$25
<b>Urine Toxicology Confirmation</b>	
Level 4 – confirmation	\$100
Level 3 – confirmation	\$90
Level 2 – confirmation	\$80
Level 1 – confirmation	\$70
Oral Toxicology	\$125

## Financial Hardship Program

For patients that have co-pays, co-insurance, deductibles, etc. due after insurance processing, it is expected that patients pay these amounts in full in accordance with their contract agreement with their health plan. heliosDX does offer a Financial Hardship program. The patient must call Grandeza Healthcare to speak with the heliosDX Client Account Manager, Leslie Cameron, to obtain the program application. Grandeza Healthcare will determine patient program eligibility along with heliosDX. Patients will be eligible for a reduction of their bill based on their Total Adjusted Gross Household Income.

HeliosDX reserves the right to request proof of income (W2, 3 months pay stubs, Tax Return) for approval of hardship status and to apply the discount.

If the Financial Hardship Application is approved, the terms of the applied bill reduction are valid for one year or until the patient has an improved financial situation, whichever is sooner. At the end of the one-year term, the patient must resubmit an application for review.