This is NOT a Bill

**Explanation of Benefits Statement**

This document shows how benefits were applied to claims during the prior open enrollment period. THIS IS NOT A BILL.

**Claims Summary**

We processed claims on your behalf. Contact the provider(s) to arrange payment, Total Member Responsibility To Provider.

<table>
<thead>
<tr>
<th>Claims Detal</th>
<th>How your benefits were used to calculate claims.</th>
</tr>
</thead>
</table>

- **Patient:** [Name]
- **Patient ID:** [ID]
- **Provider:** [Name]

**Dates of Service:**
- 02/01/16 Laboratory
- 02/10/16 Lab

**Total for the client:**

- **Total Paid:** [Amount]

If you have questions regarding your Myriad bill or insurance Explanation of Benefits, please contact:

**Myriad Promise**

844-MYRIAD9 (844-697-4239)

or billinghelp@myriad.com

If you encounter ANY financial hardship associated with your bill, Myriad will work directly with you toward your complete satisfaction, guaranteed.
Myriad Promise

97% of private insurance have coverage for testing

3 out of 4 patients pay $0

$54 the average out of pocket cost

For Billing questions, please call Myriad at 844-Myriad9 (844-697-4239)

If you receive a denial letter or have any questions about genetic testing costs, please contact us.

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MGEOBPROMISE/04-16