

THE DERMTECH PATIENT SERVICES TEAM IS HERE TO HELP

After your DermTech Melanoma Test is billed to your insurance, you may receive an explanation of benefits (EOB) from your insurance company. This is not a bill—it is for your information only.

Have additional billing questions? DermTech is always available to provide benefits verification, financial assistance options, EOB clarification, and more. Call us at **858-291-7500** or email us at patientservices@dermtech.com.

EXAMPLE EOB—THIS IS NOT A BILL

Blue Shield of California
PO Box 59000
Oakland, CA 94627-5900

Blue Shield of California
100 Main Street
Anytown, CA 91810

90 FBI B I 1 A 1960 10664 **DOT

EXPLANATION OF BENEFITS

This is **NOT** a Bill
Retain for your records along with any provider bills.

This Explanation of Benefits (EOB) is to notify you that we have processed your claim. It clarifies your payment responsibility or reimbursement.

Your claim information is also available in the My Health Plan section of www.myblfepath.com. If you have any questions about this document or your benefits, please call us at (800) -3242.

CLAIM SUMMARY AT A GLANCE

Patient Name:	JOHN SMITH	Subscriber ID:	J23456789-0000	Claim Number:	12345678900000
Patient responsibility: (Amount you paid or owe to provider)	\$XXX.XX	Your claim was received 05/27/22 and processed in 8 days.			
Amount we paid:	\$XXX.XX	Deductible Status As of 06/06/22, JOHN SMITH has met \$XXX.XX of the \$XXX.XX annual deductible for 2022.			
Network savings: (Amount saved by using a network provider)	\$XXX.XX				
Amount billed by Provider:	\$XXX.XX				

DETAIL

Provider: DERMTECH OPERATIONS INC
Preferred Provider: YES

Service Date	Type of Service and Procedure Number	Amount Billed (Payor billed for services)	Amount Allowed (Patient payment)	Amount We Paid	Non-Covered	Patient Responsibility		Notes
						Reimbursable (You are provided payment)	Copayment/Coinsurance	
05/30/22	DERMTECH	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	
05/30/22	OFFICE MEDICAL	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	1
05/30/22	DERMTECH	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	
Chain Totals:		\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	

Notes
1 The provider of service has agreed to accept the allowed amount as payment in full. The subscriber is responsible only for deductibles, copayment amounts and non-covered items.

Messages
If your plan requires hospital pre-admission review, you or your physician must contact our pre-admission review department or the designated third party review organization prior to your next planned stay to avoid additional out-of-pocket costs. For Shield Select, preferred savings, and preferred plans call 1-800-123-4567. For HMO plans call 1-800-644-4444. For third party review organizations, refer to your Evidence of Coverage booklet, certificate of insurance or ID card for the telephone number.

Thank you for choosing Blue Shield.
To see the extra services and support available to you, go to www.myblfepath.com.

Issue Date: 06/06/22
EOB Number: 24720250
Page: 1 of 3

Please see reverse side for more information.
Group ID: 8819001-0000
Group Name: PUBLIC EMPLOYEES RETIREMENT

DERMTECH BILL

DermTech
PO Box 74672
CHICAGO, IL 60675-4672

Date: 12/01/2021
Patient: JOHN SMITH
Account #: 10000
Service Date: 10/18/21

SUMMARY OF SERVICES

Service Charges	\$XX
Insurance Payments/Adjustments	\$XX
Patient Payments/Adjustments	\$0.00

PAYMENT OPTIONS

For QUESTIONS or to arrange financial assistance, please call 858-291-7500.

AMOUNT DUE UPON RECEIPT

\$xx

WAYS TO PAY...
Please visit <https://dermtech.com/patient-resources> and click Make a Payment. Call 858-291-7500. By mail, return stub below with payment.

Thank you for selecting DermTech for your healthcare needs. DermTech offers a variety of financial assistance programs for patients who are unable to pay for all or part of the services. If you need assistance with your bill, please contact the DermTech Concierge team by phone at 858-291-7500 or by email at patient-services@dermtech.com. Please scan the QR code below to be directed to the DermTech payment portal.

THIS BILL IS FOR THE DERMTECH MELANOMA TEST. CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY OFFICE OR DOCTOR'S VISIT STATEMENT.

DATE	ACCESSION	DESCRIPTION OF ACTIVITY	ORIGINAL AMOUNT	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	CODE
10/18/21	123456	DERMTECH MELANOMA TEST	JOHN SMITH	\$xx	\$x	\$x	\$xx	N081-PR3

LEGEND

N081-PR3 - Co-payment Amount

PAYMENT DETAIL

11/01/21 BCBS GEORGIA Ref # 183892759 \$xx.xx

Please return bottom portion with your payment enclosed.

DermTech
DermTech
PO Box 74672
CHICAGO, IL 60675-4672

Pay with your smartphone by scanning

Account Number: JOHN SMITH 10000
Subscriber on Plan: JOHN SMITH

AMOUNT DUE \$xx.xx
DUE DATE 11/10/22
AMOUNT PAID \$

Payment methods: VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, PAY BY CREDIT CARD ONLINE.

Please visit <https://dermtech.com/patient-resources> and click Make a Payment.

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