

PATIENT ASSISTANCE PROGRAM

As a partner in public health, HepQuant is committed to ensuring all patients have access to medically necessary testing, regardless of financial circumstances and ability to pay. This policy sets out HepQuant’s Patient Assistance Program (the “Program”), through which financial assistance may be offered to patients who qualify based on financial need. HepQuant recognizes that its tests are used to help treat patients who have chronic liver disease, and these patients may be experiencing one or more financial hardships as a result of this diagnosis.

This policy is intended to comply with all applicable federal and state laws and requirements and with all existing guidance from the Office of the Inspector General for the United States Department of Health and Human Services (“HHS”). All HepQuant employees, contractors, and agents involved with the implementation and administration of the Program are responsible for performing their duties in accordance with this policy.

SCOPE

The Patient Assistance Program applies to all tests provided by HepQuant. Through this Program, a patient may seek financial assistance for the cost of a Test, co-pays, deductibles, coinsurance amounts, or other amounts owed in connection with a Test, based on qualifying financial circumstances.

The Program will not include any cash payments to patients or the forgiveness of any expenses except as specifically provided in this policy.

1. PROCESS

- 1.1** Where a patient is personally liable for a co-pay, deductible, coinsurance amount, or other amount in excess of what is covered by the patient’s third-party payer or if they do not have insurance, HepQuant will send the patient an invoice via electronic and/or regular US postal mail. The invoice will include a statement that patients who cannot afford the invoice may contact HepQuant to request a Program application form. The application can be found on the company’s website.
- 1.2** Where a patient returns a completed Program application form, HepQuant will determine if the patient is eligible to participate in the Program. Eligibility for the Program will be determined by HepQuant on a case-by-case basis pursuant to a review of the eligibility criteria listed in Section 2.

1.3 HepQuant will perform this review based on the information and attestations included in the completed Program application form. HepQuant reserves the right to audit the information provided in the attestation provided by the patient regarding a patient's ability to pay by obtaining a third-party income verification service or credit score database, credible income verification documents which the patient may produce along with the completed Program application form, or any other information that HepQuant determines to be a reasonable indicator of the patient's current or future financial resources. Credible income verification documents may include:

- Patient's most recent W-2 form
- Patient's most recent federal tax return (or prior year)
- Unemployment benefit documentation
- Documentation evidencing the patient's disability status

2. ELIGIBILITY

2.1 Participation in the Patient Assistance Program is available to qualifying patients who meet the following eligibility criteria:

- Patient completes the Program application
- A physician has certified in writing on the appropriate Test Requisition Form that a Test is medically necessary for the patient
- The patient has attested to a financial hardship in one of the following:
 - The patient's household income is at or below 400% of the Federal Poverty Level for a household of similar size
 - The patient is currently unemployed
 - The patient's medical expenses incurred over the preceding 12-month period equaled or exceeded 10% of the patient's household income over the same period
 - The patient is experiencing some other circumstances which, in the reasonable discretion of HepQuant's General Counsel agrees, constitute a financial hardship
- The patient is not enrolled in any federal government healthcare programs (e.g., Medicare, Medicaid, Tricare, or other government-affiliated programs).

2.2 In determining whether a patient meets the eligibility criteria for Program participation based on household income, HepQuant will refer to guidance and statistics on the Federal Poverty Level, including income thresholds and differences depending on the number of individuals in a household, as HHS determines them from time to time. Schedule A to this policy lists the most recent poverty guidelines and will be updated by HepQuant whenever new federal guidance and statistics become available.

2.3 For qualifying patients, HepQuant will accept \$300 as the dollar amount for out-of-pocket payment in satisfaction of the cost of a Test, co-pays, deductibles, coinsurance amounts, and any other amounts in excess of what is covered by the qualifying patient's payer.

3. IMPLEMENTATION AND OPERATION

- 3.1 HepQuant sales representatives should not use the Program as a marketing, promotional, or sales device. Program details should not be highlighted in or at the forefront of patient marketing and promotional materials and may only be referenced in such materials as approved in writing by the General Counsel.
- 3.2 HepQuant will maintain as confidential all information and documentation that it receives from a patient or a patient’s representative in connection with the Program.
- 3.3 General, objective information regarding the Program can be provided to physicians and patients upon request. Physicians and patients should be directed to call Billing Customer Service with specific questions about the Program.
- 3.4 HepQuant is aware that some flexibility may be required in administering programs designed to address patients’ financial income. HepQuant thus reserves the right to make reasonable, lawful exceptions to the rules set forth herein with respect to the Program. Any such exceptions must be based upon documented financial issues and approved in writing by the General Counsel.
- 3.5 The terms and conditions of the Program are subject to change and will be evaluated on at least an annual basis by the General Counsel in consultation with outside counsel, to assess the necessity and continuing purpose of the Program in view of changing prices and coverage for a Test.

SCHEDULE A

2024 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia.

HepQuant uses the guidelines for the 48 contiguous states for patients residing in Alaska or Hawaii. For families/households with more than 8 people, add \$5,380 for each additional person. If more than eight people are living in your home, please contact HepQuant Billing Customer Service at 833-539-9700 or financial.assistance@hepquant.com to discuss.

Persons in Family / Household	Poverty Guideline*			
	100%	200%	300%	400%
1	\$15,060	\$30,120	\$45,180	\$60,240
2	\$20,440	\$40,880	\$61,320	\$81,760
3	\$25,820	\$51,640	\$77,460	\$103,280
4	\$31,200	\$62,400	\$93,600	\$124,800
5	\$36,580	\$73,160	\$109,740	\$146,320
6	\$41,960	\$83,920	\$125,880	\$167,840
7	\$47,340	\$94,680	\$142,020	\$189,360
8	\$52,720	\$105,440	\$158,160	\$210,880

* Reference: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>