

## THE DERMTECH PATIENT CONCIERGE 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](mailto:patientservices@dermtech.com).

EOB—THIS IS NOT A BILL

DERMTECH BILL

Blue Shield of California  
PO Box 10000  
Chico, CA 95927-2569

Blue Shield of California  
Member of the Kaiser Permanente network

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### 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](http://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
<b>Patient responsibility:</b> (Amount you paid or owe to provider)	\$XXX.XX	Your claim was received 05/27/22 and processed in 8 days.			
<b>Amount we paid:</b>	\$XXX.XX	<b>Deductible Status</b> As of 06/06/22, JOHN SMITH has met \$XXX.XX of the \$XXX.XX annual deductible for 2022.			
<b>Network savings:</b> (Amount saved by using a network provider)	\$XXX.XX				
<b>Amount billed by Provider:</b>	\$XXX.XX				

#### DETAIL

Service Date	Provider	Procedure	Patient Responsibility						Notes
			Amount Billed (Payor billed for services)	Amount Allowed (Patient payment)	Amount We Paid	Non-Covered	Ineligible (You are pre-cluded under the plan terms)	Co-payment/Coinsurance	
05/10/22	DERMTECH OPERATIONS INC		\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	
05/10/22	OFFICE MEDICAL		\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	1
05/10/22	DERMTECH OPERATIONS INC		\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	
Claim 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, co-payment 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](http://www.myblfepath.com).

Issue Date: 06/06/22  
EOB Number: 547252189  
Page: 1 of 3

Please see reverse side for more information.  
Group ID: 8P19001-0000  
Group Name: PERM-22 EMPLOYEES RETIREMENT

**DermTech**  
PO Box 74672  
CHICAGO, IL 60675-4672

Date: 12/01/2021  
Patient Account #: JOHN SMITH 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.

**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	JOHNSON	\$xx	\$x	\$xx	\$xx	N081-PR3

**LEGEND**  
N81 - PR3 - Co-payment Amount

**PAYMENT DETAIL**  
11/01/21 - BCBS GEORGIA Ref # 183893759 \$xx.xx

Please return bottom portion with your payment enclosed.

**DermTech**  
DermTech Operations Inc.  
PO Box 74672  
CHICAGO, IL 60675-4672

**Patient Name:** JOHN SMITH  
**Account Number:** 10000  
**Subscriber on Plan:** JOHN SMITH

AMOUNT DUE	DUE DATE	AMOUNT PAID
\$xx.xx	11/20/22	\$

Pay with your smartphone by scanning or visit [www.paydermtech.com](http://www.paydermtech.com)

Pay by Credit Card online. Please visit <https://dermtech.com/patient-resources> and click Make a Payment.

A58-458-DM-00014  
JOHN SMITH  
100 MAIN STREET  
ANTYOWN, CA 91610

DERMTECH OPERATIONS INC.  
PO BOX 74672  
CHICAGO IL 60675-4672