CareDx®

Coverage, Billing, and Financial Assistance



NavDx is now part of CareDx

CareDx is dedicated to ensuring accessible testing for as many patients as possible. We offer a patient financial assistance program, for those that qualify, and reimbursement support to help patients at every step. Additionally, we strive to simplify the billing process, making it straightforward for both patients and care teams.

Insurance coverage

CareDx tests are covered by Medicare and Medicare Advantage plans if medical criteria are met. Coverage varies for commercial and Medicaid plans.

Cost of testing

Most NavDx patients have no out-of-pocket expenses.* Patients with income up to 400% of the federal poverty level may be eligible for support.

Patients can apply to the program

financialassistance@caredx.com | 888-255-6627 | Mon-Fri 8am-7pm ET / 5am-4pm PT

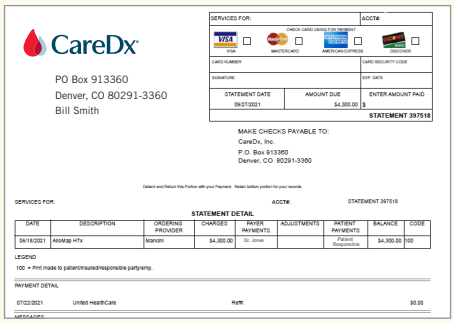
*Based on review of claims from Jul 2025 to Jun 2026

CareDx billing process

Step 1
Your doctor orders a NavDx test.

Step 2
Once testing is complete, CareDx bills your insurance, and we confirm insurance coverage.

Step 3
Your insurance will process a claim for your test. The notice you receive from your insurance is called an Explanation of Benefits, or EOB. This is a statement that explains what was submitted to them and what they covered.


CareDx

PO Box 913360
Denver, CO 80291-3360
Bill Smith

SERVICES FOR: ACCT#:

CHECK CARD USING FOR PAYMENT

CARD NUMBER CARD SECURITY CODE

SIGNATURE EXP. DATE

STATEMENT DATE	AMOUNT DUE	ENTER AMOUNT PAID
09/27/2021	$4,300.00	$

STATEMENT 397518

MAKE CHECKS PAYABLE TO:
CareDx, Inc.
P.O. Box 913360
Denver, CO 80291-3360

Detach and Return this Portion with your Payment. Retain bottom portion for your records.

SERVICES FOR: ACCT#: STATEMENT 397518

STATEMENT DETAIL

DATE	DESCRIPTION	ORDERING PROVIDER	CHARGES	PAYER PAYMENTS	ADJUSTMENTS	PATIENT PAYMENTS	BALANCE	CODE
06/18/2021	AlloMap HTx	Manoni	$4,300.00	Dr. Jones		Patient Responsible	$4,300.00	100

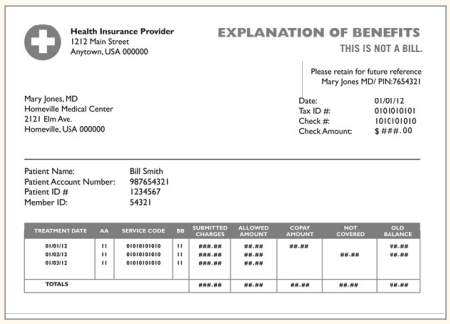
LEGEND
100 = Print made to patient/insured/responsible party/emp.

PAYMENT DETAIL

07/22/2021	United HealthCare	Refl#	$0.00

MESSAGES

CareDx Sample Bill


Health Insurance Provider
1212 Main Sreet
Anytown, USA 000000

EXPLANATION OF BENEFITS
THIS IS NOT A BILL.

Please retain for future reference
Mary Jones MD/ PIN7654321

Mary Jones, MD
Homeville Medical Center
2121 Elm Ave.
Homeville, USA 000000

Date: 01/01/12
Tax ID #: 010101010
Check #: 101C101010
Check Amount: $ ###.00

Patient Name: Bill Smith
Patient Account Number: 987654321
Patient ID # 1234567
Member ID: 54321

TREATMENT DATE	AA	SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT	COPAY AMOUNT	NOT COVERED	OLD BALANCE
01/01/12	11	01010101010	11	###.##	##.##	##.##		##.##
01/02/12	11	01010101010	11	###.##	##.##		##.##	##.##
01/03/12	11	01010101010	11	###.##	##.##			
TOTALS				###.##	##.##	##.##	##.##	##.##

Explanation of Benefits -**THIS IS NOT A BILL**

Step 4
If your insurance denies the claim, they will notify you and CareDx. We will reach out for your permission to help appeal with your insurance provider on your behalf. Appeals may take several months, and you may be notified of each appeal with another EOB or letter from your insurer. This is standard practice when appealing a claim.

Step 5
In the event the appeals are unsuccessful and you have a financial responsibility, you may contact us to apply for our financial assistance program. If you still have a balance, CareDx will send you an invoice–like the one shown above–for your remaining responsibility. Do not make payment until you receive this invoice.

CareDx is available to help

Our support team can help answer any of your insurance, billing, or cost questions related to our tests. Financial assistance is available for patients who meet our program eligibility criteria. For more information or to apply, contact us at the below email or phone number.

customercare@caredx.com | 888-255-6627 | Mon-Fri 8am-7pm ET / 5am-4pm PT

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