Fax

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| --- | --- | --- | --- |
| **TO:** | {{TableStart:Case}}{{Contact Name: Salutation 1}} {{Contact Name: First Name 1}} {{Contact Name: Last Name 1}}{{TableEnd:Case}} | **FROM:** | Genomic Health - Customer Service |
| **FAX:** | {{TableStart:Case}}{{Contact Name: Fax 1}}{{TableEnd:Case}} | **FAX:** | 866-444-0640 |
| **PHONE:** | {{TableStart:Case}}{{Contact Name: Main Phone 1}}{{TableEnd:Case}} | **DATE:** | {{Today}} |
| **SUBJECT:** | Notification of Cancelled Order | **ORDER #:** | {{TableStart:Case}}{{Order\_ID}}{{TableEnd:Case}} |

Dear {{TableStart:Case}}{{Contact Name: Salutation 1}} {{Contact Name: Last Name 1}}{{TableEnd:Case}},

**The Onco*type* DX® order for your patient has been cancelled.**  The test was ordered less than 14 days from the patient’s discharge from the hospital. Medicare requires Genomic Health to bill the hospital where the services were performed under these circumstances. At this time, the hospital where your patient’s specimen was acquired does not have a signed Letter of Agreement with Genomic Health stating that they will accept financial responsibility for orders that fall within Medicare’s Date of Service Rule.

If you do not intend to reorder, please let us know so that we can return the specimen to the submitting pathology location.

**Please note:**

Specimen ID: xxxxxxx  
Surgery Date: xxxxxxx

**Date of Discharge**: xxxxxxxx

We appreciate the opportunity to be of assistance to you and your patients. Should you have any additional questions or concerns, please contact our Customer Service group by phone at **866-662-6897** or via email at **customerservice@genomichealth.com**.

Kind Regards,

Customer Service

Genomic Health, Inc. ®

Telephone: 866-662-6897

Facsimile: 866-444-0640  
customerservice@genomichealth.com

www.genomichealth.com