

Subject: Brain Scan Billing Process



Dear

Thank you for your participation in the New IDEAS Study. We are sending you this letter to notify you that you may receive a bill from the imaging facility that performed your brain scan for a coinsurance or copay balance not covered by your existing Medicare and/or supplemental insurance. However, this cost will be covered by the study sponsor and was sent to you in error. We apologize in advance for any confusion this may cause and ask you to take the following steps to resolve the matter.

- 1) Upon receipt of the bill for the amyloid PET scan, please contact:

The PET facility will need you to provide a copy of the bill.

- 2) Upon receipt of the bill, the PET facility will coordinate with their billing department to remove any charges associated with coinsurance or copay from your account. As outlined in your informed consent form, the study will NOT cover any part of your annual insurance deductible. The PET facility will inform you if you are still obligated to pay an amount towards your deductible.
- 3) It is important to notify your memory care doctor upon receipt of the bill. Contact your memory care doctor at _____ to discuss next steps or any questions or concerns you may have.

Thank you for participating in the New IDEAS Study. We appreciate your support of our research efforts and look forward to hearing from you soon.

Sincerely,