

Decipher[®] Bladder Test

The Decipher Bladder test helps you and your doctor better understand your bladder cancer, adding information beyond standard staging and pathology. It provides insights into:

- Whether the cancer may be more aggressive than expected
- The chance that the cancer may progress
- Which treatments may be most appropriate for you

Decipher Bladder is for patients with non-muscle invasive or muscle invasive bladder cancer (clinical stage T1-T4a).

Ask your doctor if the Decipher Bladder test is right for you.

Veracyte Customer Care is available to answer your questions by phone or email, Monday through Friday from 5:30am–5:00pm PT

888-792-1601 | billing-urology@veracyte.com | [veracyte.com](https://www.veracyte.com)



Frequently asked questions about Decipher Bladder



Who orders the Decipher Bladder test?

Your physician or healthcare provider will order the test.



What is needed to perform the test?

The test is performed on tumor tissue taken during transurethral resection of bladder tumor (TURBT). No additional medical procedure is required.



What does the test show?

Your Decipher Bladder results provide insights into disease aggressiveness, the risk of disease spread and it's potential response to treatment.



How do I get my test results?

Your doctor receives your Decipher Bladder test results in a report tailored to your clinical scenario. They will review the report with you and discuss how it may guide your treatment.

We are committed to making the Decipher Bladder test accessible for eligible patients

The Veracyte is committed to providing patients with access to the Decipher Bladder test, regardless of their personal financial situation.

Broad coverage

Covered by many commercial payers throughout the country.

Commitment to patient access

The Veracyte Access Program can help reduce out-of-pocket costs for eligible uninsured and commercially insured patients. Please review table to the right to assess eligibility.

People in home	\$0 cost to patient if income is less than:	\$100 cost to patient if income is less than:	\$295 cost to patient if income is less than:
1	\$46,950	\$54,775	\$62,600
2	\$63,450	\$74,025	\$84,600
3	\$79,950	\$93,275	\$106,600
4	\$96,450	\$112,525	\$128,600
5	\$112,950	\$131,775	\$150,600
2026 maximum household income*			

Received an EOB Letter?

You may receive an EOB (Explanation of Benefits) letter from your insurance company stating that Veracyte has submitted a claim to your insurance for reimbursement. *This is not a bill.*

* Veracyte Access Program eligibility is based on total annual household income, insurance status, and household size. Some eligibility restrictions apply. Veracyte offers certain Decipher Bladder tests at a reduced cost to eligible applicants except where otherwise restricted. Residents of the United States, District of Columbia and Puerto Rico are eligible to apply. The Veracyte Access Program does not constitute health insurance. You must meet certain income requirements set forth above. We may request documentation to verify your income, including recently filed tax returns and other supporting documentation. By requesting assistance, you certify, to the best of your knowledge, that you are eligible for assistance and that you have insufficient financial resources to pay for the ordered test. We may discontinue or change this program at any time for any reason without notice.

[Detach here](#)

Apply for the Veracyte Access Program


Submit application within twelve months of Decipher Bladder test date to determine eligibility.

Instructions

1. Complete the Veracyte Access Program application on this page.
2. Sign and date the Veracyte Access Program application.

Send completed application to:

 billing-urology@veracyte.com

 866.524.5768

If unable to email or fax, mail to:
Veracyte Access Program
P.O. 511406, Los Angeles CA 90051

About the patient

<input type="text"/>	<input type="text"/>
Last name	First name
<input type="text"/>	<input type="text"/>
Street Address	City, State, ZIP
<input type="text"/>	<input type="text"/>
Phone	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

About the patient's household

Number of people in the household, including dependents

1 2 3 4 Other

Gross annual household income

I understand that I am providing written permission for Veracyte, Inc. to obtain information from financial reporting agencies or other sources to verify my eligibility for the Veracyte Access Program. I authorize Veracyte to obtain such information solely to determine Veracyte Access Program eligibility. If I do not have insurance, I certify that I am not eligible for Medicare, Medicaid or any other government health insurance and will not seek reimbursement from any insurance carrier or government agency for Decipher Bladder Analysis fees waived by Veracyte.

I certify that the information provided is true and accurate. I have read and understand the Veracyte Access Program requirements. I understand and agree that Veracyte reserves the right at any time and without notice to modify or terminate this Program; and to audit the information provided on or enclosed with this application.

Patient signature

Date