

Co-Payment Assistance Payment Information

The following information will help you complete your claim and help avoid the delay of your payment. Support of this program is based on the availability of funds by disease diagnosis. Payment amounts are subject to adjustment at any time based on the availability of funding by disease category. Dates of service must be for your approved coverage period.

Claim requests for less than \$20 will not be processed.

The Co-Pay Assistance program does NOT cover the following:

- Co-Insurance or deductibles that apply to treatments and or services that are not covered in the program
- Co-Pays for office visits where treatment was not administered
- Consultation or Second opinion fees
- Dental or vision insurance premiums or expenses
- Diagnostic procedures such as PET/CT/MRI scans, Ultrasounds, X-rays, etc.
- Electrocardiogram, echocardiography (ECG or EKG), ultrasounds
- Fertility or reproductive procedures
- Hospitalization/Room or Ward Charges
- Laboratory services including blood work, biopsies, cultures, blood draws, bone marrow aspirations
- Long-term care insurance or cancer insurance policies
- OTC (Over the Counter) Medication or Vitamins
- Prescribed devices such as eyeglasses, wheelchairs, pumps, kits or supplies
- Surgery (Diagnostic or Non-Treatment)
- Travel expenses, including lodging, meals, parking, tolls

If you are requesting direct payment or reimbursement of your Insurance or COBRA premium, include the following documents with your request for assistance:

- A statement from the insurance company or employer specifying the amount for individual medical/prescription coverage (excluding dental and/or vision)
- Invoices, coupons, or statements that specify the monthly insurance premium and the period of coverage
- Proof of payment for reimbursement e.g., receipts from the insurance provider, canceled checks, bank of credit card statements.

Note - The Co-Pay Program provides assistance for individual medical/prescription coverage only

If you are requesting reimbursement for payroll deducted insurance coverage include the following documents with your request for assistance:

- A statement from the insurance company or employer specifying the amount for individual medical/prescription coverage (excluding dental and/or vision) you may request this information from your employer's Human Resources or Benefits Department.
- A check stub(s) showing the amount deducted, if this amount is displayed with a year to date amount (YTD) you can submit your most recent check stub. If the amount shown is only for that paycheck, you must submit a statement from the employer specifying how much has been deducted for individual coverage during the Co-Pay Assistance Program coverage period.

If you are requesting direct payment to a pharmacy or reimbursement for pharmacy expenses include the following documents with your request for assistance:

- A statement print out from the pharmacy or pharmacies where you get your medication specifying the specific drug and date dispensed along with patient expense.
- Proof of payment for reimbursement e.g., receipts from the insurance provider, canceled checks, bank or credit card statements.

Note – The Co-Pay Program assists with drugs that are related to the treatment of the covered disease diagnosis.

If you are requesting direct payment to or reimbursement for physician, treatment/hospital expenses:

- A detailed bill or invoice must specify specific treatment related services, Explanation of Benefits (EOBs) issued by your insurance company are necessary to substantiate your claim.
- The Co-Pay Assistance Program has specific areas of coverage; we must be able to determine if a procedure is covered by our program. Hospital procedure or billing codes help the program process your request. For example, the description "chemotherapy" is detailed and specific. However, the term "medical services" does not provide enough information to determine the specific treatment or procedure.

Note – Co-Pays for office visits must accompany a treatment related procedure. For example, if your visit is for chemotherapy or an injection, the co-pay is covered. If your visit is for a consultation or a diagnostic procedure only, the co-pay obligation is not covered and will not be processed for payment.

If you are requesting reimbursement for Medicare Part B and/or Part D deductions:

- Requests for Medicare Part B and/or Part D deductions may be submitted at any time during the coverage period. It is important to remember that the Co-Pay Assistance program will not process reimbursements automatically, a request must be submitted.
- We must have your current Medicare statement on file to process the reimbursement.

For more information: 1-877-557-2672 Fax: 877-267-2932 email: copay@lls.org, or visit our website: www.lls.org/copay