HOW TO SUBMIT A CLAIM

Step 1: Fill out a Proof of Expenditure Form
A Proof of Expenditure Form is included in this packet. Fill out this form and submit it each time you submit a claim. If you are unable to locate the form or cannot make copies, visit the online portal (www.lls.org/copay) or call 877-557-2672.

Step 2: Gather supporting paperwork
The checklists below detail the documents you need to send to us for each type of claim.

Step 3: Submit to us
Send the items in Step 1 and Step 2 to LLS. You can either:
- Fax to 877-267-2932
- Submit through the online portal (www.lls.org/copay)
- Mail to LLS Co-Pay Assistance Program, P.O. Box 12268, Newport News, VA 23612

If you need LLS to make a payment directly to your insurance company:
You must fax your insurance claim to 914-872-6232, at least 15 days before the payment is due.
Note: This is a special fax to be used for insurance claims only

CHECKLISTS – WHAT YOU NEED TO SUBMIT:

FOR INSURANCE THROUGH AN EMPLOYER or COBRA

- A rate sheet from the employer or cobra administrator that shows the individual amount you pay for medical insurance. If on a family plan, submit the rates for both family and individual. You can request this from Human Resources.
- Pay-stubs showing the amount of money that is taken out for medical insurance. If the pay-stub shows a year-to-date amount, you can submit your most recent pay-stub. If the pay-stub shows only the amount deducted for that one paycheck and you don’t have the other past pay-stubs, ask Human Resources to write a statement specifying how much has been taken out for individual coverage since your award start date.
- If you already paid the bill: send us proof that you paid (receipt, cancelled check, bank statement, or credit card statement). We will send you a reimbursement check.

FOR INSURANCE NOT THROUGH AN EMPLOYER

- Copy of the bill that shows the amount you owe for medical insurance
- Copy of your insurance card
- A statement from the insurance company showing the amount for individual medical/prescription coverage (dental and vision excluded)
- If you already paid the bill: send us proof that you paid (receipt, cancelled check, bank statement, or credit card statement). We will send you a reimbursement check.
FOR MEDICARE SUPPLEMENT PLANS

✓ Payment coupon or bill
✓ Copy of Medicare Supplement card
✓ If you already paid the bill: submit us proof that you paid (receipt, cancelled check, bank statement, or credit card statement). We will send you a reimbursement check.

FOR MEDICARE PART B and/or PART D DEDUCTIONS

Taken out of your Social Security or Social Security Disability Check

✓ Copy of current Medicare statement
✓ Copy of Medicare and/or Medicare Supplement card
✓ If you already paid the bill: submit us proof that you paid (receipt, cancelled check, bank statement, or credit card statement). We will send you a reimbursement check.

FOR PHYSICIAN, TREATMENT, AND/OR HOSPITAL BILLS

See Covered and Non-Covered Expenses sheet to make sure your item qualifies

✓ Bill that lists the specific treatment-related service received (billing codes and detailed treatment procedures are helpful when noted on the invoice)
✓ Copy of your Explanation of Benefits (EOBs) issued by your insurance company
✓ If you already paid the bill, submit us proof that you paid (receipt, cancelled check, bank statement, or credit card statement). We will send you a reimbursement check.

FOR PHARMACY BILLS

Reminder: You can use your Virtual Pharmacy Card (located on your award letter) at pharmacies or specialty pharmacies!

If you did not use the Virtual Pharmacy Card AND already paid for your medication:

✓ Prescription History Statement from the pharmacy where medication is dispensed, detailing the drug name, date the drug was dispensed, and patient out-of-pocket expense.
✓ Proof that you paid (receipts, checks, bank statements, or credit card statements). We will send you a reimbursement check.

Claims for less than $20 will not be processed individually. Please submit claims less than $20 along with other claims for processing.

All claims are processed on a first-come first-serve basis regardless of submission method used. LLS is not responsible for maintaining continuation of medical insurance coverage.

Have Questions: 877-557-2672 | Mon-Fri | 8:30am - 5:00pm EST