Guide to Expenditure Payments

The Patient Advocate Foundation Co-Pay Relief Program (CPR) provides direct financial assistance with co-payments, co-insurance and deductibles required by the patient’s insurance for medications prescribed to treat and manage their disease.

STEP 1: PROOF OF EXPENDITURE FORM

**Proof of Expenditure Form Instructions:**

A Proof of Expenditure Form (POE) is a form provided by the Co-Pay Relief Program that is used by a patient and/or authorized provider to formally document and request reimbursement for an eligible expense. A completed POE must be included each time a claim is submitted. **Note:** Multiple dates of service may be included on one proof of expenditure form.

Any claims submitted without this form will not be processed. A copy of the POE may be obtained by doing one of the following:

- For applications initiated via our website, the POE is available online.
- For applications initiated by phone, the POE is included in the mailed award packet or may be obtained by contacting the Co-Pay Relief Program at 866-512-3861.

A completed POE must include the following information:

**Patient Information:**

- Patient’s Name
- Date of Birth
- SSN
- Address, City, State, Zip

**Expense Information:**

- Provider of Service
- Address, City, State, Zip
- Phone Number
- Fax Number
- E-mail Address
- Office Contact Name
- Type of Service
- Date(s) Service Provided
- Co-Pay/Co-Ins Amount

**Payment Remittance Address:**

- Payable to Information
- Address, City, State, Zip

**Please Check the One That Applies:**

- All claims submitted have not been previously paid by the patient or any other organization(s)
- The patient has paid all claims submitted
- Signature and Date of Submission

STEP 2: EXPENDITURE PAYMENTS

The Co-Pay Relief Program can make payments directly to healthcare providers, pharmacies or reimbursement to the patient. Per our guidelines, we are not able to assist patients with discount cards. **Important Note:** Medical services such as scans, labs, x-rays, surgery or radiation therapy are not covered by the Co-Pay Relief Program.

The steps below must be followed when submitting expenditure requests.

**PAYMENT TO PROVIDER(S)**

- Payment to Physician/Hospital
  - Complete, sign and dated POE by Provider of Service
  - EOB Remittance
  - Itemized Statement, UB4s, or UB-92s and EOB Remittance – FOR HOSPITAL ONLY
- Payment to Pharmacy
  - Virtual Pharmacy Card
  - Complete, sign and dated POE by Provider of Service
  - Copy of the prescription label, invoice, or history

**PAYMENT TO PATIENT**

**Important Note:** Proof of Payment must be provided with all claims submitted for reimbursement to the patient. Acceptable proof of payment includes: Cash Register Receipts, Doctor Office Receipts, Patient Ledgers, Billing Statement showing payment applied.

- Physician/Hospital
  - Complete, sign and dated POE by Patient
  - EOB Remittance
  - Itemized Statement, UB4s, or UB-92s and EOB Remittance – FOR HOSPITAL ONLY
  - Proof of Payment (See Important Note)
- Pharmacy
  - Complete, sign and dated POE by Patient
  - Copy of the prescription labels, invoice, or history – 6 month from the date of approval to present
  - Proof of Payment (See Important Note)

**Important Note:**

- Patients whose insurance requires 100% of cost at purchase, must provide an EOB along with acceptable proof of payment (See Important Note)

STEP 3: ELECTRONIC SUBMISSIONS

In order to significantly expedite the payment process, we encourage you to submit expenditures electronically:

- For applications initiated via our website, all expenditures may be electronically uploaded online.
- For applications submitted by phone, all expenditures may be:
  - Faxed with the bar-coded fax cover sheet, available from our website, to 757-952-0119.
  - Mailed to 421 Butler Farm Road, Hampton, Virginia 23666

For all applicants, the Virtual Pharmacy Card may be used at pharmacies and specialty pharmacies by giving your card information located in the mailed award packet or online.

STEP 4: PAYMENT OPTIONS

The Co-Pay Relief Program offers three methods of payment:

- Electronic Funds Transfer (EFT)
  - For applications initiated via our website, instructions and enrollment form are available online.
  - For applications initiated by phone, instructions and enrollment form may be obtained by contacting the Co-Pay Relief Program at 866-512-3861.
- Virtual Pharmacy Card
- Check

**Important Note:** In the event that an enrollee is denied assistance with a therapeutic, curative or supportive medication that was prescribed to treat and/or manage the disease covered by the disease-specific fund, the enrollee should contact PAF CPR at 1-866-512-3861.