

# 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 insurer 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                      ✓SSN
- ✓Date of Birth                        ✓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
  - OR-
  - ✓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**)

- **Pharmacy Cont'd**
  - ✓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: **Note:** Multiple dates of service may be included on one proof of expenditure form.

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

For applications submitted by phone, all expenditures may be:

- Faxed with the bar-coded fax cover sheet, included in the mailed award packet or may be obtained by contacting the Co-Pay Relief Program at 866-512-3861 -OR-
- 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)**

In order to significantly expedite payment, we offer 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.