



DISPENSING HELP, DELIVERING HOPE

2017 Program Terms and Conditions

All applications for assistance submitted to Patient Advocate Foundation's Co-Pay Relief will be accepted on a first-come, first serve basis and receive an instant eligibility decision at the time of submission based on the information supplied and availability of funding. [\(Learn More\)](#)

Eligibility decisions will be made using the patient's reported income, diagnosis and insurance coverage information

To be eligible for support from CPR the patient must meet the following criteria:

- Have a diagnosis of a disease within our CPR Program.
- Have a household income of 400% (300 for the Osteoporosis silo) of Federal Poverty Guidelines (FPG) or less, adjusted by the Cost of Living Index (COLI) for where the patient lives
- Have active insurance coverage that includes coverage for pharmaceutical products.

Patients who are approved for assistance can begin submitting claims immediately via Faxing, Portal, Virtual Pharmacy Card (Pharmacies Only), and Mail.

Patient Advocate Foundation CPR staff will contact all approved patients' treating physicians to verify patient diagnosis. [\(Learn More\)](#)

Patient Advocate Foundation will be confirming the patient's reported income to ensure that it is within the income eligibility guidelines for the program through a real-time income verification screening process. If we are unable to verify that the patient's reported income is in compliance with program guidelines, we will send a letter to him/her requesting they provide proof of income documentation. The patient will have 30 days to respond to this request. [\(Learn More\)](#)

1. Application Terms & Conditions

- 1.1. Applicants understand that all applications for assistance are processed on a first come, first serve basis as long as there is funding available.
- 1.2. Applicants agree that the information provided in the application for assistance is truthful and accurate.
- 1.3. Applicants will be notified of their eligibility for assistance immediately upon application to the program.
- 1.4. Applicants understand that to be eligible for support from CPR he/she must meet the following criteria:
- 1.5. Have a qualifying diagnosis verified by a physician
- 1.6. Have a household income of 400% of Federal Poverty Guidelines (FPG) or less (300% or less for Osteoporosis silo)

- 1.7. Have active insurance coverage that includes coverage for pharmaceutical products
- 1.8. Applicants agree to notify Patient Advocate Foundation (PAF) if the financial situation, insurance status, or medical conditions change from what has been documented in the application.

2. Physician Form Requirement

- 2.1. All patients approved for assistance are required to have a physician verify his/her diagnosis by completing and signing a Physician Verification Form and submitting it to the CPR program within 30 days of approval.
- 2.2. Approved patients authorize and understand that the CPR staff will contact his/her treating physician/provider in order to verify his/her diagnosis and treatment status.
- 2.3. If the application is initiated by a pharmacy or the patient themselves, the CPR staff will fax the required Physician Form to the treating physician for the patient.
- 2.4. Completed forms should be uploaded electronically, faxed or mailed to the program.
- 2.5. Approved patients can submit claims for payment during this period, however.
- 2.6. Approved patients who do not submit a completed physician form verifying the reported diagnosis within 30 days from approval will forfeit their award.
- 2.7. If the patient is still in need of assistance and is able to comply with the program documentation requirements, they may contact a CPR Program Specialist at 866-512-3861. We will review additional documentation submitted by the patient on a first-come-first-serve basis, and if funding is available for his/her diagnosis, we will review and reinstate their award if all program eligibility requirements are met.

3. Income Verification

3.1. Applicants understand that we will be confirming your reported financial information to ensure that it is within the income eligibility guidelines for the program.

- 3.2. Patients who we are unable to verify their reported income is with in compliance with our program guidelines, we will request they provide proof of income documentation.
- 3.3. Approved patients who do not comply with the request for income documentation within 30 days will forfeit their award.

3.4. Patients can submit claims for payment during this income verification period.

- 3.5. Patients who we are unable to verify the information provided on the application will undergo further review. Proof of income documentation along with documentation verifying the patient's Social Security Number (SSN) must be submitted within 30 days in order to process the patient's application. Claims will not be processed while the patient's account is pending review.
- 3.6. Patients who have a household income in excess of program guidelines upon review of submitted income documentation will no longer qualify for support and forfeit their award.
- 3.7. If the patient is still in need of assistance and is able to comply with the program documentation requirements, they may contact a CPR Program Specialist at 866-512-3861. We will review additional documentation submitted by the patient on a first-come-first-serve basis, and if funding is available for his/her diagnosis, we will review and reinstate their award if all program eligibility requirements are met.

4. Award and Claims Terms & Conditions

- 4.1. Applicants approved for assistance understand that PAF offers financial support to insured patients who financially and medically qualify.
- 4.2. The financial support provided by the program can be utilized to pay for co-payments, co-insurance, and deductibles required for medications prescribed for the treatment and management of the disease for which a patient is approved for assistance.
- 4.3. Approved patients will have 12 months from the date of approval to utilize the award.

- 4.4. Approved patients have a 6 month look back period from the date of approval. Eligible claims from this 6 month period can be submitted to CPR for payment.
- 4.5. Claims can be submitted to CPR for payment via Virtual Pharmacy Card, electronic upload into the portal, faxed using the unique bar coded fax cover sheet or mailed.
- 4.6. Claims can be paid via Virtual Pharmacy Card, Electronic Funds Transfer (EFT) or check.

5. Award Utilization Requirements

- 5.1. Patients approved for assistance are expected to utilize their award.
- 5.2. Approved patients who exceed 120 days with no processed claims at any time during their 12 month award period will forfeit their award.
- 5.3. If the patient is still in need of assistance and is able to comply with the program documentation requirements, they may contact a CPR Program Specialist at 866-512-3861. We will review additional documentation submitted by the patient on a first-come-first-serve basis, and if funding is available for his/her diagnosis, we will review and reinstate their award if all program eligibility requirements are met.

6. Miscellaneous Terms & Conditions

- 6.1. Applicants agree that PAF and its donors will not be liable for any damages of any kind, without limitation to the success or failure of medication(s), or for any harm that it may cause.
- 6.2. Applicants understand that PAF makes every effort to grant assistance when needed, however, the program is limited by available resources and may be discontinued or changed at anytime
- 6.3. Applicants understand they are financially responsible for any and all charges not covered by the CPR program.
- 6.4. While enrolled in the Co-Pay Relief program, approved applicants have complete freedom to choose and or change doctors, providers, suppliers, insurance companies and/or treatment related medications without affecting continued eligibility.