

**The PSI patient policies have been updated. As noted, some changes will become effective on October 1, 2015 and January 1, 2016. Please carefully read the information below to maintain your assistance. Should you have any questions regarding your assistance, please contact us at 800-366-7741.**

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### **PSI Patient Policies**

You are responsible for notifying PSI immediately of any changes that may impact your eligibility including but not limited to:

- Household income
- Contact information including mailing address, telephone number, email address, etc.
- Change in your prescribed medication(s) and/or services related to your PSI assistance
- Changes to health insurance which includes company, policy and/or plan coverage, mailing address, etc.

#### **Choice Policy:**

Continuing your assistance confirms that you agree with PSI's Choice Policy. This includes understanding that PSI receives funding from certain healthcare service providers, manufacturers, corporations, and other contributors; the identity of which have not been disclosed to you by PSI. You acknowledge that your choice of healthcare providers and treatment was made freely after consultation with your physician in consideration of your best medical interests, and that choice has not been impacted by any information received from or about PSI or its employees or agents. In addition, your choice of health insurance carrier and/or policy is made solely by you or your legal representative and has not been impacted by any information received from or about PSI or its employees or agents.

#### **Payment Policy:**

**\*\*Effective January 1, 2016, the payment policy will change from a six (6) month timeframe to a four (4) month timeframe.** All payment and/or reimbursement requests must be received by PSI within four (4) months of the date of service in order to be considered for payment. If your medical and/or pharmacy provider is submitting claims/invoices directly to PSI on your behalf, please follow up with your provider to make certain all payment and/or reimbursement requests are submitted (along with necessary supporting documentation) to PSI within the four (4) month timeframe. If PSI has not made a payment on your behalf in four (4) months, your assistance will become inactive. You are required to return to PSI any refund check that is received from your pharmacy, insurance company, or medical provider that represents an overpayment (full or partial) made by PSI on your behalf. Failure to do so will forfeit future assistance opportunities with PSI.

PSI is not responsible for the cancellation of any policy, prescription, or treatment due to failure to notify PSI of any and all changes with your health insurance premium or copayment/coinsurance in a timely manner. Furthermore, PSI is not responsible for prescription or treatment cancellation or indebtedness due to your failure or failure of your medical/pharmacy provider to submit an eligible invoice within the PSI payment timeframe outlined above.

#### **Eligibility Review:**

**\*\*Effective October 1, 2015, eligibility review will change from an annual basis to a two year period for most programs. Please note: some programs may require an annual eligibility review.** Notification requesting current household income and/or health insurance cards will be sent to you 30 days prior to your review date. Failure to submit documentation may jeopardize your assistance.

**Payment processing information as it applies to your approved assistance is below. Please note: the type(s) of available assistance (copay, travel expenses, premium, etc.) varies by program. For a complete list of available assistance, please visit our website.**

- **Copay/Coinsurance/Ancillary Medical:** Your PSI assistance card is to be used along with your primary insurance card each time you access eligible medical and/or pharmacy services as prescribed by your physician. PSI assistance cards are not issued for all programs. If you are approved for copay assistance and did not receive a PSI assistance card, please submit eligible claims to PSI. Claims must include patient name, date of service, diagnosis code, name of medication/j code, amount insurance paid, and amount due. This information is required to consider claims for payment.
- **Travel Expenses:** Patients must submit the PSI Patient Medical Visit/Reimbursement Form to request reimbursement for eligible travel expenses. Appropriate receipts and/or proof of payment must be submitted with requests for reimbursement. If you are approved for travel assistance and received funding in the form of a grant (restricted to specific programs), you will receive a one-time payment from PSI. All receipts must be saved and may be requested for auditing purposes at any time.
- **Health Insurance Premium:** In order for PSI to remit payment or reimbursement, you must provide required documentation (health insurance invoice, proof of health insurance deduction from paystub, bank account, etc.). A copy of your most recent health insurance invoice should be submitted to PSI at a minimum of every six (6) months. It is your responsibility to ensure your health insurance policy is active. Please contact your insurance company regularly to ensure all payments are received and applied correctly to your account. Contact PSI if there are any questions or concerns regarding payments for your policy.

Please include your PSI ID number on all correspondence or documentation submitted to PSI. To view details about your assistance account, please visit the PSI Patient Portal at [www.patientservicesinc.org/patientportal](http://www.patientservicesinc.org/patientportal).

**PSI's Notice of Privacy Practices is available on our website at [www.patientservicesinc.org](http://www.patientservicesinc.org).**