

Patient Services, Inc. Patient Policies

You are responsible for notifying PSI immediately if any changes occur that may impact your eligibility for PSI services, including changes to your:

- Household income
- Contact information (including mailing address, telephone number, email address)
- Diagnosis, prescribed FDA approved medication(s), and/or services related to PSI assistance
- Health insurance information (including insurance company, policy, plan coverage, mailing address)

Email, Mobile Voice, or Text Usage for Assistance Communications:

We may contact you via email, automated phone calls, and/or text messaging to remind you of documentation needed for your assistance, to obtain feedback on your experience with our services, and to provide general assistance information.

- If you provide an email address, telephone number, or text address at which you may be contacted, you consent to receiving assistance reminders and other PSI communications at that email address, mobile telephone, or text address.
- PSI does not charge for this service, but standard text messaging rates or mobile voice minutes may apply as provided in your wireless plan (contact your carrier for pricing plans and details).
- If you wish to opt out of automated phone calls or text messages, please notify PSI immediately.

Choice Policy:

Choosing to receive PSI assistance confirms that you understand and agree with the following PSI Choice Policy facts:

- 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.
- Your choice of healthcare providers and treatment has been 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.
- PSI assistance is provided for a full range of drug treatments, in accordance with the specified program parameters, without regard to which product the patient may choose and inclusive of all generic options if applicable.
- Your choice of health insurance carrier and/or policy has been 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.

Your Insurance Policy and PSI Assistance:

You are responsible for adhering to the policy requirements put in place by your health insurance carrier which may include restrictions of premium payments by a third party. Furthermore, many health insurance plans have policies that impact whether copays from outside sources, including PSI, count towards a member's deductible or out-of-pocket expenses. PSI does not influence how health insurance plans apply patient assistance. All health insurance policies are specific to each company and any questions or concerns regarding copays and their impact on your insurance benefits should be directed to your health insurance company.

Payment Policy:

Your payment and/or reimbursement requests must be received by PSI within four (4) months of the date of service to be considered for payment. Assistance may be provided to you in the form of a prepaid card. You must save all related transaction receipts and respond to any audit requests designed to ensure compliance to program guidelines. If you fail to submit such requested information, your PSI assistance may be terminated.

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 time frame. 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, treatment, or service. 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 time frame outlined above.

Assistance Information:

Programs require a review of your eligibility every one or two years, or sooner should you have a change in income. Notification requesting necessary documentation to review eligibility will be sent to you 30 days prior to your review date. Failure to submit documentation will jeopardize your assistance.

Payment processing information as it applies to your approved assistance is below. Assistance may be provided in the form of a prepaid card. You must save all transaction receipts which are subject to audit at any time to ensure compliance to program guidelines. PSI assistance cards are not issued for all programs. *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.*

- **Co-payment:** Your PSI co-payment 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 co-payment cards are not issued for all programs. If you are approved for copay assistance and did not receive a card, please submit eligible claims to PSI. Co-payment assistance is provided for FDA approved and indicated products for the program diagnosis.
- **Ancillary:** Assistance is provided in the form of an assistance card. For programs without assistance cards, claims must include your name, date of service, diagnosis code, services rendered, amount insurance paid, and amount due. This information is required to consider claims for payment.
- **Infusion and Nursing Services:** Assistance is provided in the form of an assistance card. For programs without assistance cards, claims must include your name, date of service, diagnosis code, services rendered, name of medication, amount insurance paid, and amount due. This information is required to consider claims for payment.
- **Travel Expenses:** For programs without assistance cards, you must submit the PSI Patient Medical Visit/Reimbursement Form to request reimbursement for eligible travel expenses. You must submit all appropriate receipts and/or proof of payment must be submitted with the requests.
- **Health Insurance Premium:** For PSI to remit payment or reimbursement, you must provide required documentation (health insurance invoice, proof of health insurance deduction from paystub, 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. **PSI's Notice of Privacy Practices is available on our website at www.patientservicesinc.org.**