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2014 BOARD OF DIRECTORS AND SPONSORS

Voting Members
Dana A. Kuhn, PhD  
President/Co-Founder
Gary W. Cross  
Board Chair
Danielle Nance, MD  
Vice Chair
Russell E. Phillips Jr., CPA, CVA  
Board Treasurer
Brian L. Fink, JD  
Board Secretary
Steven Ayers, MBA  
Board Member
Terrie L. Glass, LCSW  
Board Member
Mark Edward Mula, RPh  
Board Member
Mitch Mula  
Board Member

Non-Voting Member
Art Wood  
Senior Vice President,  
Marketing/Development

Pharmaceutical, Provider Industries, Corporate, Government and Individual Sponsors

16-25 Years of Donations to PSI
Baxter International Inc.
CVSCaremark
Factor Support Network

11-15 Years of Donations to PSI
American Service and Product
Bayer Healthcare
CSL Behring LLC
Eastern Pennsylvania, NHF  
(formerly Delaware Valley Chapter NHF)
Florida Hemophilia Association
Genzyme
Grifols
Hemophilia Association of the Capital Area
National Cornerstone Healthcare Services, Inc.
Novartis Pharmaceuticals Corporation
Novo Nordisk Inc.
University of PA Medical Center

6-10 Years of Donations to PSI
Alpha Net, Inc.
ARJ Infusion Services
BioRx
Boston Hemophilia Treatment Center,  
Brigham & Women’s Physician Organization, Inc.
Center for Bleeding and Clotting Disorders (formerly Fairview)
Coram Hemophilia Services
Good Search
Hemophilia of North Carolina
MedPro RX, Inc.
Nationwide Children’s Hospital
Pfizer, Inc.
Redchip of Nevada
Specialty Therapeutic Care
The Hemophilia Center of Western PA
United Way
ViroPharma Incorporated
PHARMACEUTICAL, PROVIDER INDUSTRIES, CORPORATE, GOVERNMENT, AND INDIVIDUAL SPONSORS

1-5 Years of Donations to PSI
Aegerion Pharmaceuticals
Affinity Biotech
Alexion Pharmaceuticals, Inc.
Ariad Pharmaceuticals
Avanir Pharmaceuticals, Inc.
Biogen Idec
Boehringer Ingelheim Pharmaceuticals
CareFusion Corporation
Diplomat Specialty Pharmacy
Dohmen Life Science Services
Dyax Corporation
Ethical Factor, RX
Hemophilia of Georgia
Hemophilia Outreach Center

Indiana Hemophilia & Thrombosis
Insys Therapeutics
New Venture Fund
Positures Inc.
Retrophin
Salix Pharmaceuticals
Shire Human Genetic Therapies, Inc.
Sigma-Tau Pharmaceuticals
The Hemophilia Alliance
The Tissue Foundation *(anonymous)*
United Therapeutics Corporation
Vanda
Vanguard Charitable Endowment Program
ViroPharma Incorporated

PSI 25TH ANNIVERSARY GALA SPONSORS
Alexion Pharmaceuticals, Inc
Amicus Therapeutics
ASD Specialty Healthcare
Baxter Healthcare
Bayer Healthcare Pharmaceuticals
Biogen Idec
Biomarin Pharmaceuticals
Boehringer Ingelheim Pharmaceuticals
BriovaRx
Carefusion Corporation
CSI Specialty Group
CSL Behring LLC
Ethical Factor, RX

Grifols
Hemophilia Foundation of Maryland
Immune Deficiency Foundation
Insys Therapeutics
National Cornerstone Healthcare Services, Inc.
Next IT Corporation
Novartis Pharmaceuticals Corporation
Onco360
PharmaStrategies, Inc
Sigma-Tau Pharmaceuticals
Thorn Run Partners LLC
Virginia Hemophilia Foundation

GOVERNMENT SPONSORS *(Years that Grants Have Been Awarded to PSI)*
Commonwealth of Kentucky 15 Years
Commonwealth of Virginia 18 Years
South Carolina Department of Health 6 Years
INDIVIDUAL SPONSORS

Adele P. Mohrfeld
Alec & Nan Parker
Allen Wolaver
Andrew Matthews
Ann & Shawn J. Smolsky
Ann Davis
Anthony & Jill Bentivegna
Beatrix G. Carbajal
Bobby L. Evans
Bonnie Greenwald
Boris & Julia Kogut
Brett Kaplicer
Brian & Lisa Lees
Brian Johnson
Bryan & Jennifer Meyers
Bryan & Lynn Drost
Carl A. Weixler
Carlo Acanfora
Caroline Habbert
Carolyn A. Hume
Catherine M. Schetter
Charles & Ruth Ridge
Charlotte Worstell
Curtis & Shirley Shipp
Dale Quandt
Dan & Eve Sperling
Dannyl & Victoria Moreland
Data Listing Services, LLC
David & Susan Posner
David Barash
David C. Guyton, Jr
Debra K. Scott
Dolores Damron
Donald Rosser
Donna & Douglas Brower
Dorothy A. Creed
Douglass & Carolyn Byrd
Douglass Appelgren
Dwight & Brenda Baxter
Eileen Bostwick
Elaine J. Spang
Eliza P. Lipton
Ellen J. Zmolek
Ellis & Linda Sulser
Elric Parker
Eric & Karen Langberg
Evin M. Font
Ethel F. Lane
Evan Ezell
Florence Lafauce
Florence Weyer
Frank & Patricia Berg
Frank J. Coluccio
Gaye & Lawrence Pecker
George & Carol Fagan
Georgia Davis
Gina Solomon
Hans Schiessl
Harold & Janice Cumbie
Harold Duckworth
Isabel Delilio
Jacklyn M. Rollo
James G. Cooper
James May
Janet M. & Jerry C. Petersen
Jennifer Grossman
Jill & William Neff
Jill E. Montag
Jill Rogers
Jo Ann Elardo
Joan C. Gill
Joe Boyd
John & Vivian Trainor
John & Christine Lipski
John Reed
Joseph & Margaret Biegalski
Joseph M. & Katherine Schaef
Joshua Thoms
Joyce M. Jackson
Joyner Bible Class
Karen J. Chamblin Estate
Karen Savia
Katherine & Robert Segi
Kelly & William Eagen
Kenneth & Dana Newman
Krishna & Chitra Maridi
Kulla W. Ficcare
Larry Cairns
Laura S. Winner
Lauren Franck
Linda Gannon
Lori & Cary Munk
Lori Brownlee
Lou Krappes
Margaret & William Rilling
Margaret Bauer
Margaret L. Poole
Marion Toby Koch
Marshall & Beverly Weinstein
Mary & Paschal Dealoia
Mary Ellen Prince
Mary Lou G. Bolger
Mary Margaret D. Voorhies
Mary Rugen
Meredith Friedman
Michael & Carol Ross-Spang
Michael Dannemiller
Michael McKay
Michele Plaut
Mr. & Mrs. Jonathan Yoser
Nonna MacKenzie
Omar Abhai
Patricia T. Keever
Penelope M. Taylor
Peter J. Ledwedge
Philip & Theresa Edelstein
Phyllis Kennedy
Raymond & Dorothy Spang
Raymond & Margaret Watson
Regina Savage
Robert & Evelyn Dise
Robert & Heidi Schnapp
Robert & Holli Ehrlich
Russell & Carol Doke
Samantha Raymon
Shirley L. Lewus
Shu-Lun Weinheimer
Steven & Elisa Grossbard
Susan Clouse
Susan Hughes
Suzanne M. Klar
Thomas & Ann Marie Hightower
Thomas & Diana Jenkins
Thomas & Edna Taylor
William O. Buchanan

PSI STAFF MEMBERS

Lisa Estes
Executive Assistant

Jason Kuhn
Operations Analyst & Support Services Manager

Emily Ledbetter
Mail Support

Neil Millhiser, JD
General Manager

Jennifer Snead-Smith, SPHR
Director of Human Resources
For 25 years, PSI has been fortunate to receive financial support from thousands of donors who simply want to help chronically-ill patients afford the cost of their treatment. In 2014, PSI received its seventh consecutive 4-star Charity Navigator rating and was also recognized as a GuideStar silver preferred member for being a leading symbol of transparency and accountability. “We always aim to be a fiscally responsible organization while increasing the capacity and outreach of our programs to assist chronically ill patients,” said Dana Kuhn, Ph.D. “Our goal is to restore hope and health to their lives by making treatment affordable and accessible. This 4-star rating is a testament to our upstanding business practices.” We hope that you will find it in your heart today to help us continue to provide a financial safety net to the chronically ill. Your contributions impact lives!

Ways to Give

Donate online: PSI welcomes donations of all sizes. Your generous gift will help patients pay for expensive premiums or co-payments they otherwise wouldn’t be able to afford. To make a secure online donation, please visit www.patientservicesinc.org.

Donate by mail: To donate by mail, simply mail your check to Patient Services, Inc. at P.O. Box 5930, Midlothian, Virginia 23112.

Make a donation in someone’s name: An Honorary or Memorial Donation offers a thoughtful way to honor the memory of a loved one or commemorate important occasions while supporting PSI. Your generous donation will directly support PSI’s efforts in “making the gift of health a lifetime benefit” for all.

Thank You for Your Support!

On behalf of the PSI Board and Staff, the Marketing and Program Development Department would like to express our sincere appreciation for your generous contributions. It is because of donors like you that PSI is able to help patients in their time of need. We truly cherish your support and look forward to providing patient assistance for many more years to come. Together, we are restoring hope and health to chronically-ill communities!
By Dana A. Kuhn, Ph.D.

The highlight of this year was the 25th Anniversary of PSI, which was celebrated with a Gala in the Baltimore Harbor. The Gala was attended by Board members, staff, donors, friends of PSI, and guest patients. The center of attention was focused upon donors and patients without whom PSI would not exist. From a kitchen table to a building with 63 employees, from personal tragedy to patient triumphs, PSI focuses on providing a reprieve from the worries of illness and a safety net from financial ruin. Over these 25 years, PSI has made a positive difference in hundreds of thousands of lives evidenced in thousands of letters and taps on the shoulder at conferences with voices softly saying, “PSI saved my life… thank you.” We thank our donors, many who have faithfully donated for decades, for believing that PSI can help make life better for patients.

Under the guidance of our Board of Directors, PSI has undertaken developing a robust new database capable of taking us into the next decades with all the modern “bells and whistles.” We have claimed and repurposed space in our building by implementing an electronic document management system. No more paper files and filing cabinets! We have protected patient information with technology, a document recovery system, and HIPAA compliance.

Operationally, we have developed efficiencies which provide “speed to therapy,” faster approval times, conditional approvals, “speed to payment,” and better utilization of funds to further our reach in helping people in need, even with challenged funding in these times of economic adjustment. We even had one donor state, “PSI has the greatest usage and accountability of funds reaching patients than any other foundation we have worked with.”

Our Financial Department is noted for their ability to ensure that the “greatest usage and accountability of funds reach patients.” We have been consistently noted for our exceptional audits, transparency, nationally-noted stewardship of donated funds and timely IRS filings resulting in timely annual reports.

The Marketing Department has grown at PSI with added staff and presents potential donors with a program package that is U.S. Office of Inspector General (OIG) compliant and economically responsible. With OIG’s Special Advisory Bulletin of May 21, 2014, and their scrutiny of the operating procedures of non-profit financial assistance programs, what is more assuring than PSI providing uttermost compliance with its programs? PSI is a “safe home” for many pharmaceutical patient assistance programs.

Our Government Relations Department has undertaken impressive advocacy initiatives. We continue to provide a bi-monthly “Government Relations” electronic newsletter covering patient advocacy issues ranging from Specialty Tiers legislation to patient access challenges. This past year, two such initiatives are mentionable. Due to the U.S. OIG published “Special Advisory Bulletin” of May 21, 2014, placing non-profit charitable patient assistance programs under greater scrutiny, OIG inferred guidance, which would eliminate the ability of non-profits to assist with single drug programs. This was detrimental to the rare disease and conditions populations and would create a barrier to drug access for these patients. Our legislative team, along with our legislative advocacy firm, brought this to the attention of legislators with whom PSI had strong relationships. They, in turn, created a member sign-on letter, in which we were able to obtain 25 members’ signatures out of the 52 members in the Rare Disease Caucus, expressing concern with this guidance. This was then respectfully sent over to OIG. The result was that OIG softened its guidance allowing for single drug programs to remain intact with reasonable adjustments. On the state level, our legislative team led a coalition of groups representing patients with expensive chronic illnesses and conditions to present a bill to address the affordability of Special Tier prescription drugs. Along with our state legislative advocacy firm who activated our patient coalition, we achieved an overwhelming communication campaign with state legislators requesting support for this bill. PSI became a state-recognized organization, which advocates for patients. Although the bill did not pass, we continue to revel in our ability to advocate relentlessly for patients. We will not give up on this initiative.

Our entire staff continues to be dedicated to patients, ensuring that each patient is given a fair opportunity to experience some relief and better health through our financial assistance programs. None of this would be possible without the generous and consistent financial giving of our donors and friends. Our patients provide us with hundreds of letters stating that if it were not for the donations to maintain the services of PSI, many would have lost hope, forfeited their homes, foregone needed medications, experienced divided families, filed for bankruptcy, and even died without the help from PSI. We are forever grateful to our donors for believing in the dedicated work and services PSI provides to patients in dire straits. God bless you all.

Dana Kuhn, Ph.D.

Dana A. Kuhn, Ph.D.
President/Founder
By Art Wood

I suppose the highlight of the year was PSI’s 25 year Gala celebration in Baltimore during the month of September. Hundreds gathered in a beautiful venue with harbor views to remember, reflect, and revel in what has been accomplished on behalf of patients over the last quarter century. The evening was filled with videos looking back, patient testimonials, awards to donors, acknowledgment of Dana Kuhn’s pioneering efforts, and even a congratulatory video clip from Christina Applegate who works with PSI in the breast cancer arena. An auction was held with prizes varying from gift baskets to weekend trips to NYC. It was a meaningful time reminding all who attended of the benefit of PSI’s assistance for patients with chronic disease conditions.

The year 2014 was a year partly consumed with addressing a new Guidance released by the Office of Inspector General (OIG) in May. As a result of some questions raised by some news articles about a non-profit assistance foundation’s work, the OIG clamped down on all non-profit patient assistance foundations demanding adherence to new certifications. Most of these were fairly similar to past OIG pronouncements, but one changed the way foundations could help patients with rare diseases. When PSI received its OIG Opinion in 2002, there was a disease program with only one manufacturer and one product. The OIG, at that time, stated that this was compliant as long as other manufacturers were invited to be involved in the assistance program if they had new products released for that disease. In the recent Guidance, the OIG seemed to change this stance preventing single manufacturer/single product disease programs. This was alarming, as PSI has numerous disease areas in the rare disease space where there is only one manufacturer and one product. Over the past year, PSI worked with the Rare Disease Caucus of Congress and numerous advocacy groups to address this with the OIG resulting in the OIG providing more latitude in this area.

In 2014, the demand for assistance across all disease areas increased significantly. As the new Insurance Marketplaces appeared, more patients had the opportunity to find a reimbursement vehicle for their treatments. Premium assistance came back into the spotlight along with the copay assistance, which PSI and other foundations provide. Although the demand increased, many of the program budgets received little increase in funding. The challenge has been great to meet the need.

The Marketing team continued to see interest in starting new programs, and a number of new programs were offered to patients including an Incidental Expense program for Blood Cancers, a copay program for Idiopathic Pulmonary Fibrosis, a copay program for sleep disorders, a copay program for Hereditary Angioedema, a copay program in Corneal Cystinosis, and several programs helping patients with expenses from Specialty Pharmacies. In all of its operations, PSI again received a 4-star rating from Charity Navigator recognizing excellence in its work.

The next year will hold continuing challenges, but it will also offer unprecedented opportunities for helping patients, which is what PSI is all about. Thank you for all of your support and encouragement as we grow into the future!

Art Wood
Senior Vice President
Marketing and Development

The demand for assistance across all disease areas increased significantly in 2014. However, many of our program budgets received little increase in funding. The challenge has been great to meet the need.
The PSI Government Relations department champions access to care issues that will lead to positive health outcomes for rare and chronic disease populations. We do that federally, advocating in Congress and with the administrative agencies, and on the state level with state legislatures and gubernatorial offices. PSI also works with patient advocacy organizations to plan state and federal advocacy days and supports crucial legislative issues through our PSI Patient Coalition. Our team provides updates on public policy issues through our bi-monthly policy update and events through the PSI Council for Patient Assistance & Advocacy.

In 2014, patient access came under attack from multiple directions. First, the Centers for Medicare and Medicaid Services (CMS) published an interim final rule allowing health insurance providers in both the state and federal marketplaces to prohibit premium assistance from charitable organizations like PSI. Second, the Office of Inspector General (OIG) at the Department of Health and Human Services, which regulates patient assistance organizations, signaled it may restrict the design of patient assistance programs including, but not limited to, prohibiting single treatment programs. This potential change would have a devastating effect on rare disease patients and their access to new and innovative treatments. The Government Relations department effectively took on both of these issues with positive results.

PSI worked with Congressman Leonard Lance (R-NJ) and Congresswoman Doris Matsui (D-CA) to develop a letter with Members of the Rare Disease Caucus to the OIG. The letter drew attention to the devastating effects on access to treatment that any prohibition of single treatment assistance programs would have on patients. Through the advocacy efforts of PSI and our patients, 25 Members of Congress signed this letter in support of the issue. The OIG instead developed criteria for patient assistance single treatment programs that will allow them to continue.

PSI also organized and hosted three successful events in 2014: The PSI Advocacy Day and Reception and two Council for Patient Assistance and Advocacy Public Policy Briefings for PSI donors and advocacy partners. At the 2014 Congressional Reception, PSI honored Congressman Rob Wittman (R-VA), Congressman Jim Gerlach (R-PA), and Congressman Matt Cartwright (D-PA) for all their work on behalf of rare disease and chronically-ill patients. PSI looks forward to expanding the work of the PSI Council for Patient Assistance & Advocacy in 2015. In conclusion, 2014 was an important and successful year for the PSI Government Relations department; we look forward to expanding our success in 2015.
This past year has been an exciting one for Operations filled with new ventures for PSI. We enhanced our website to make it more user-friendly, and we also expanded our call center staff significantly to accommodate current program growth, prepare for future programs, and better serve our patients. Along with the addition of new staff, a new Document Management System was implemented to allow our Patient Service Representatives (PSRs) immediate access to electronic patient records. This new system will allow patients and providers in the near future to upload documents directly to a patient record through the use of their designated portal. The past twelve months have been focused on improving and redeveloping our current infrastructure. These improvements will provide patients the best possible experience.

2015 Initiatives

PSI is always looking for new and innovative ways to serve patients and is excited about the upcoming enhancements in 2015. Within the next year, the initiatives to improve technology will provide efficiencies internally as well as externally for patients, donors, and referral entities. The continued focus on rebuilding and refining current tools will improve the patient experience. This includes expanding the patient portal to provide direct communication with PSI and a streamlined document upload feature to submit application and payment requests.

Overview of PSI Programs

There were many exciting initiatives and programs that began in 2014 at PSI. Approximately eight (8) new programs were introduced, providing essential copayment and health insurance premium assistance to patients with a variety of chronic conditions. The conditions range from Idiopathic Pulmonary Fibrosis (IPF) to Kidney Stones. The Kidney Stones program provides Out-of-Pocket (OOP) and health insurance premium assistance to patients, whereas the IPF program offers patients copayment, health insurance premium, and travel assistance to those who meet eligibility criteria.

With the second open enrollment period under the Affordable Care Act (ACA), PSI assisted eligible patients with applying for health insurance through the Marketplace. Designation as a Certified Application Counselor organization allows PSI’s certified staff to assist patients in understanding, applying, and enrolling for health coverage.

Mike Herbert
Director of Operations
<table>
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<tr>
<th>Program</th>
<th>Average age of patient</th>
<th>Average income of patient population</th>
<th>Average number of dependents</th>
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<td><strong>Bone Metastases</strong></td>
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<td><strong>Cystic Fibrosis (with Pseudomonas)</strong></td>
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<td>Condition</td>
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<td>Virginia Bleeding Disorders</td>
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By Paul Millefolie

**Hope – A Driving Purpose**

Hope. It's a powerful word full of inspiration and promise of a brighter future. It is a uniquely personal word, interpreted based on circumstance. For our patients, “hope” is often associated with “good health.” For our donors and constituents, hope might have a different context – “I hope our product is well received… I hope we chose the right patient assistance foundation.”

**The Promise – Hope Delivered**

As we move into 2015, PSI’s IT department is keeping its promise and completing the largest technology initiative PSI has ever had. The result of PSI’s commitment to technology investment will be profound. The hope for increased efficiencies… the hope for speed to therapy… the hope for greater metrics… the hope for a brighter future – it all is being delivered as promised.

Patients will be experiencing new levels of convenience and communication to help ensure their needs are being met faster and easier. An all new patient portal and a mobile-friendly online application will put assistance literally at a patient’s fingertips. Smarter and faster methods of document intake, improved accessibility, and helpful tools for patients help deliver speed to therapy, speed to assistance, and ultimately – speed to hope.

Donors will have greater insight and accessibility to assistance metrics through convenient reports and dashboards. Timely information, securely accessible in your browser, tablet or smartphone, can help PSI donors share information faster, on your schedule, and help you make smarter allocation decisions.

**Confidence – Better Than Ever**

As the original premium and copayment patient assistance foundation, PSI is poised once again to raise the bar. State-of-the- art technology systems improve security, availability, scalability, and performance allowing PSI to increase capacity and deliver more results than ever to our patients and constituents.

New and renewed programs will start faster, thanks to technology tools. PSI’s solutions have increased agility for new and modified program parameters. This results in faster program launches, faster adjustments to parameters, and greater patient assistance capabilities.

It’s a great time to be part of the PSI family. Patients are experiencing unparalleled convenience, referral entities are enabled like never before, and donors have flexible access to meaningful data.

PSI’s Information Technology Department remains steadfast in pursuit of nothing but the finest patient assistance platform. Technology solutions, committed staff, and, unequivocally, the most experienced leadership in the industry, all help PSI remain the standard patient assistance foundation.

PSI is shining a very bright light upon the patient assistance industry allowing patients, donors, and constituents alike to walk confidently alongside.

Paul Millefolie
Information Technology Director
By Bill Leach

PSI ACCESS resolved 77 disability cases in 2014, and 78 percent of our clients who proceeded to adjudication were successful in obtaining benefits. By comparison, Social Security reports that the national average for approved claims in the last fiscal year was only 33 percent on initial claims and 48 percent after hearing.

One-third of our approved claims were successfully resolved without the need for a formal hearing. Our attorneys appeared at 40 hearings across the country in 2014.

By the end of 2014, we were actively representing 111 clients in the following disease states:

<table>
<thead>
<tr>
<th>Disease State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemophilia</td>
<td>50%</td>
</tr>
<tr>
<td>Alpha-1 Antitrypsin Deficiency</td>
<td>22%</td>
</tr>
<tr>
<td>Primary Immune Deficiency</td>
<td>22%</td>
</tr>
<tr>
<td>von Willebrand’s</td>
<td>4%</td>
</tr>
<tr>
<td>IVIg-reactive neurological and other disorders</td>
<td>1%</td>
</tr>
<tr>
<td>Pulmonary Arterial Hypertension</td>
<td>1%</td>
</tr>
</tbody>
</table>

Since launching in May of 2013, the PSI ACCESS Legal Support Hotline has fielded a total of 56 calls. The hotline provides expanded counseling to the bleeding disorder and Alpha-1 communities on a range of issues related to disability, accommodations at school or work, medical leave, and health care coverage.

This year, we began actively reaching out to other communities that could benefit from ACCESS services.

As we move forward, we will look for other opportunities to provide assistance.

Bill Leach
Bill Leach
ACCESS Supervisor

PSI ACCESS Team

William Leach
ACCESS Supervisor

Terry Staletovich

Kathy Crowe

Stephanie Rosa
As treasurer of PSI, I am pleased with another unqualified audit report and continued financial growth of the organization. As a Board Member, I am happy to report that PSI continues to expand and extend its mission to assist more and more patients every year. As a past recipient of PSI’s premium assistance program, as a result of our son’s expensive chronic condition, I understand not only the financial assistance PSI provides but also the emotional support and relief PSI provides patients and their families. I am proud to be part of such a wonderful organization.

Twenty-five years ago, PSI created a model to assist patients with expensive chronic conditions. In the last five years, PSI has more than doubled the amount of dollars paid in program services. In 2014, PSI paid out $76.6 million in program services to 15,017 patients covering patients in all 50 states. In 2014, 93.35 percent of dollars spent went directly to patient assistance.

Not only was PSI the first patient assistance organization, but they continue to be a leader within the non-profit patient assistance industry. PSI is the recipient of a positive advisory opinion by the U.S. Department of Health and Human Services, Office of Inspector General (OIG); we have received the 4-Star Rating by Charity Navigator for seven consecutive years; we have annual audits of financial statements, as well as audits of various programs; and we continually receive unqualified opinions (the best opinion provided under Generally Accepted Accounting Principles – GAAP). PSI has created its own 30-day emergency encumbrance fund by program in the event of jeopardized funding. The fund will allow patients to make the necessary arrangements while PSI seeks alternative funding solutions.

We are all pleased with PSI and how our donors and patient programs continue to expand in a very difficult economy. As a nation, we are all experiencing a slow economic recovery likely affecting all aspects of our lives; but as a result of the passion and mission of PSI, we continue to grow and assist more patients.

Thank you.

Russell E. Phillips, Jr., CPA, CVA
Treasurer

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**Summary Statement of Financial Position**

**December 31, 2014 and 2013**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td>$96,685,795</td>
<td>$85,908,432</td>
</tr>
<tr>
<td>Property and Equipment</td>
<td>2,383,720</td>
<td>2,427,757</td>
</tr>
<tr>
<td>Other Assets</td>
<td>1,515,500</td>
<td>2,073,105</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$100,585,015</strong></td>
<td><strong>$90,409,294</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td>$1,052,445</td>
<td>$946,637</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>—</td>
<td>704,124</td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>5,097,318</td>
<td>14,258,331</td>
</tr>
<tr>
<td>Temporarily restricted net assets</td>
<td>84,435,252</td>
<td>74,500,202</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$100,585,015</strong></td>
<td><strong>$90,409,294</strong></td>
</tr>
</tbody>
</table>
The financial information reported here is for PSI only and does not contain consolidated subsidiary information. A complete copy of the Consolidated Financial Statements with a certified report from our independent auditor, Keiter, is available by calling 1-800-366-7741 or by visiting our website, www.patientservicesinc.org.

Statement of Activities
December 31, 2014 and 2013

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2014</th>
<th>Total</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES AND OTHER SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>$9,612,181</td>
<td>$83,215,866</td>
<td>$92,828,047</td>
<td>$82,107,344</td>
<td></td>
</tr>
<tr>
<td>Fees for contracted services</td>
<td>73,347</td>
<td>454,264</td>
<td>527,611</td>
<td>1,300,826</td>
<td></td>
</tr>
<tr>
<td>Interest income</td>
<td>113,839</td>
<td>–</td>
<td>113,839</td>
<td>30,929</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>93,957</td>
<td>–</td>
<td>93,957</td>
<td>25,166</td>
<td></td>
</tr>
<tr>
<td>(Loss) gain on Investments</td>
<td>(158,113)</td>
<td>–</td>
<td>(158,113)</td>
<td>128,736</td>
<td></td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>73,735,080</td>
<td>(73,735,080)</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenues and other support</strong></td>
<td>$83,470,291</td>
<td>9,935,050</td>
<td>$93,405,341</td>
<td>$83,593,001</td>
<td></td>
</tr>
</tbody>
</table>

|                        |              |                        |      |       |      |
| **EXPENSES AND LOSSES** |              |                        |      |       |      |
| Program services       | 76,692,994   | –                      | 76,692,994 | 63,341,649 |
| Fundraising            | 1,271,685    | –                      | 1,271,685 | 1,093,041 |
| Management and general | 4,190,625    | –                      | 4,190,625 | 3,298,901 |
| **Total expenses and losses** | $82,155,304 | –                      | $82,155,304 | $67,733,591 |
| Impairment loss        | 476,000      | –                      | 476,000  | – |
| Change in net assets   | 838,987      | 9,935,050              | 10,774,037 | 15,859,410 |

|                        |              |                        |      |       |      |
| **NET ASSETS**         |              |                        |      |       |      |
| Beginning of year      | 14,258,331   | 74,500,202             | 88,758,533 | 72,899,123 |
| **Ending**             | $15,097,318  | $84,435,252            | $99,532,570 | $88,758,533 |

Accounting Department
Front row, left to right: Renee Simmons, Dawn McCall, Michelle Robinson, Daniel Wise.
Back row, left to right: Christine Moran, Lamont Brown, Tammy Martin.
PSI AT A GLANCE (YEAR ENDED DECEMBER 31, 2013)

Financial Statistics

Assistance by Top 15 States

<table>
<thead>
<tr>
<th>State</th>
<th>Assistance Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL</td>
<td>$6,891,325</td>
</tr>
<tr>
<td>CA</td>
<td>$5,235,315</td>
</tr>
<tr>
<td>TX</td>
<td>$4,226,410</td>
</tr>
<tr>
<td>PA</td>
<td>$3,903,761</td>
</tr>
<tr>
<td>OH</td>
<td>$2,810,421</td>
</tr>
<tr>
<td>NC</td>
<td>$2,766,571</td>
</tr>
<tr>
<td>NY</td>
<td>$2,537,344</td>
</tr>
<tr>
<td>IL</td>
<td>$2,344,662</td>
</tr>
<tr>
<td>GA</td>
<td>$2,279,634</td>
</tr>
<tr>
<td>MI</td>
<td>$2,175,156</td>
</tr>
<tr>
<td>NJ</td>
<td>$2,036,165</td>
</tr>
<tr>
<td>TN</td>
<td>$1,886,275</td>
</tr>
<tr>
<td>MD</td>
<td>$1,797,251</td>
</tr>
<tr>
<td>VA</td>
<td>$1,771,236</td>
</tr>
<tr>
<td>IN</td>
<td></td>
</tr>
</tbody>
</table>

Total Assistance: $73,735,080

Assistance by Program Area

Bleeding Disorders Programs: 55.02%
Enzyme Programs: 18.41%
Oncology Programs: 12.48%
Protein Deficiency Programs: 0.15%
State Programs: 1.18%
Other Programs: 10.05%

Contribution History

Year | Contributions | Other Revenue |
-----|---------------|--------------|
2014 | $92,828,047   | $57,729,294  |
2013 | $82,107,344   | $1,485,657   |
2012 | $61,302,798   | $2,214,353   |
2011 | $61,955,303   | $1,928,235   |
2010 | $47,394,216   | $3,026,124   |
2009 | $59,677,327   | $2,162,773   |

$0   | $20,000,000   | $40,000,000   |
$60,000,000 | $80,000,000 | $100,000,000 |
In 2014, patients with rare and chronic conditions were able to access a new avenue of coverage by utilizing Marketplace Plans. What a step forward! Prior to this, in some cases, patients with medical histories could not even find a health insurance policy that would accept them because of the existence of a pre-existing condition. Utilizing over 25 years' worth of data, PSI worked last year to educate lawmakers and other stakeholders about the unique needs and challenges that the rare disease community experiences when accessing healthcare. One policy truly does not fit all.

Patients must be able to afford their Out-of-Pocket (OOP) Expenses and have access to lifesaving specialists and treatments. To that end, PSI became a policy leader that supported legislation on both the state and federal levels that made these needs a reality.

**Prescription Drug Specialty Tiers**

Patients with rare and chronic conditions are consistently finding their medications moving to so-called “specialty-tier” price categories, which require patients to pay a percentage of the total cost of their drugs rather than a manageable and fixed copay. This can result in hundreds or even thousands of dollars per month in additional OOP costs for even a single medication and can be discriminatory to patients living with chronic or life-threatening conditions.

In Virginia, PSI led the fight against this practice with two important pieces of legislation, HB 1948/SB 1394. The organization brought together over 25 patient advocacy groups from across the Commonwealth to educate lawmakers about the challenges patients with rare, chronic conditions face and provide them with solutions to overcome those challenges.

We leveraged a grass-roots network of thousands of patients to contact state representatives and highlight the discriminatory aspects of these types of benefit designs, which cost the medical system and Virginia a great deal. For more information, check out the campaign website, [www.faircopayva.org](http://www.faircopayva.org), which houses information for the public and our supporters about the issue and how they could become involved.

HB would have increased access to medication by ensuring that the required copayment or coinsurance applicable to specialty drugs on a specialty tier does not exceed $150 per month for a 30-day supply. More access equals better care for the patient and lower costs for the Commonwealth. HB/SB was signed into law and provides a beneficiary with 30 days’ written notice if their specialty drug is moved to a higher cost tier.

PSI supported similar legislation across the country last year and will continue to lead the way.

**State Public/Private Partnerships**

Tackling the challenge of premium affordability, PSI worked on the state level to secure the integrity of our state public/private partnerships. These programs provide health insurance premium assistance to patients, which is crucial to accessing policies. Our state programs are helping thousands of patients in Virginia, South Carolina, and Kentucky.

**Medicaid Expansion**

PSI worked on the ground in several states to promote expansion as a positive and long-term, cost-saving form of coverage for our patients.

**Advocacy Support Services**

The department was proud to assist patient groups across the country plan their advocacy days by finding out what issues mattered most to them, providing advocacy training, and communicating that message effectively to legislators.
Dear PSI,

You guys are literally lifesavers. Looking into the New Year, I am realizing just how grateful I am that you guys have been able to help me so much these past two years. There is no telling what could have happened if I did not have help. Thank you guys so much for all that you do.

PSI Patient

Dear PSI-ACCESS Staff,

When I received the diagnosis that I had Alpha-1, I thought my life was over. When diagnosed with a chronic disease, the last thing one wants to worry about is how to pay for medicine, doctors, the lost time from work, overall mental and physical well-being, and overall monthly costs to maintain a moderate household. Due to the environmental exposures at work, I had to make steps to retire and apply for Social Security Disability. I went to my local office to start the application process for disability but was met with many obstacles. When I contacted PSI-ACCESS, Terry and his staff gave me hope and guidance through the process of applying for my Social Security Disability. Each step of the way, Terry explained the process and was able to answers questions I had. Without Terry and the staff, I would not have been approved for my disability in such a timely manner. Thanks again for all the assistance Terry and the staff gave me during this process and approval for my benefits. In my Alpha-1 support group meetings, I highly recommend PSI-ACCESS and staff.

ACCESS Patient

PSI Staff,

Every time I receive my CML lifesaving medication, I think of PSI and how unselfish and charitable your organization is and how it has saved my life and those of many others whom, I will never know! Without you, costs for certain life-sustaining medications would be prohibitive for people even with their insurance coverage. The good these people do and the families they have are factors that you have contributed to and cannot be quantified just in dollars!

Please give my regards to all there, knowing that you do the work of this spiritual season and all year!!

PSI CML Patient

Dear Friends,

Yes, I think of you as friends. Who else comes to your aid as you did? I have Common Variable Immunodeficiency, and believe me, it is a very expensive disease! You have aided me by paying a subsidy for my health insurance premiums. This has been a real lifesaver as I am on disability and finances are tight.

I really appreciate all that you’ve done for me. Thank you just doesn’t seem to cover it. I can’t say it enough, you fellows have been a true friend. Thank you from the bottom of my heart!

PSI Patient

* PSI has obtained consent to disclose patient names and stories in all literature and marketing materials. Patients who wish to share their story and/or image are required to sign a legal authorization form granting permission. A patient may revoke their authorization at any time by notifying Patient Services, Inc. in writing.
Dear Staff,

Patient Services has saved my life. I am deeply indebted to all involved. Without your help, we cannot pay for my deductible for my PNH. I wish that I could personally thank every individual or company who has donated to PSI and the PSI staff for all the hard work involved. Please accept this in lieu of hundreds of hugs… you have had a significant impact on my life and my health. Thank you. I am so grateful.

PSI Patient

Dear PSI Staff and Friends,

Having spent many past years working within the non-profit industry, I know what a challenge it is to raise the continually needed funds for clients in need of your program’s assistance. Now I am on the other side as a grateful recipient of PSI's assistance. I am in awe and thank you from the bottom of my heart for the financial assistance you are providing. Being chronically ill was not in my/our plan and certainly not in our budget. We thought we had made it to the empty nest stage and it was all downhill retirement. Turns out it is not downhill after all.

As a patient with multiple diagnoses, and currently plagued by serious systemic pulmonary manifestations of some overlapping autoimmune diseases (caused by PID), your help really is a lifesaver for me! It is critical that I stay on my medication, and your assistance has ensured that I will be able to continue with my infusions. Thank you!

PSI Patient

Dear PSI,

Thank you so very much for your generous assistance with my Medicare supplemental insurance premiums and expenses associated with my medical care for Alpha-1. It would be impossible for me to maintain treatment without your help. My health was seriously deteriorating when I was diagnosed with Alpha-1 in 2011 and commenced augmentation therapy in 2012. As a result of receiving your assistance, I have been granted a new lease on life. My lung function has stabilized considerably, and, with the help of pulmonary rehabilitation, I have been able to participate in some of the activities I felt I had lost altogether. My deepest gratitude to your donors for their continued support of your program. Words fall short to express my appreciation.

PSI Alpha-1 Patient

Dear PSI,

I was diagnosed with CML and was able to receive “extra help” from Social Security for the first year of my prescription. The next year, after a government increase to Social Security, I no longer qualified and was over the income limit by 25 dollars a month. That meant I lost 100 percent of the extra help and would now be liable for all my co-pays. The amounts were staggering but Patient Services came through for me and saved my life. Thank you PSI!!!

PSI CML Patient
For more than two decades, PSI, a national non-profit charitable organization, has successfully offered a “safety net” to persons living with expensive chronic conditions and those who fall through the cracks of government health care programs, often helping them avoid financial ruin. PSI provides peace of mind to our clients by:

- Locating health insurance solutions in all 50 states
- Subsidizing the cost of premiums
- Providing pharmacy and treatment co-payment assistance
- Assisting with Medicare Part D co-insurance
- Providing advocacy with applying for SSI and SSDI through the PSI A.C.C.E.S.S.* program
- Providing health care reform information through our Health Policy newsletters, daily policy updates on Facebook and Twitter, presentations, and PSI Patient Coalition Advocacy
- Helping patients get their medications quickly and easily through the PSI Secondary Payment Card Program

ABOUT PSI

2014 Disease Programs

- Alpha-1 Antitrypsin Deficiency
- American Service and Product (ASAP) Bleeding Disorders
- Bone Metastases
- Bleeding Disorders (Hemophilia and von Willebrand Disease)
- Breast Cancer MRI Screening
- Cancer Opioid Therapy
- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- Chronic Myelogenous Leukemia (CML)
- Circadian Rhythm Disorders
- Complement Mediated Diseases
- Corneal Cystinosis
- Cystic Fibrosis (with Pseudomonas)
- Diplomat Bleeding Disorders
- Empower Breast Cancer Screening
- Fabry Disease
- Factor Support Network (FSN) Bleeding Disorders
- Gastrointestinal Stromal Tumors (GIST)
- Gaucher Disease
- HAE/Hereditary Angioedema
- Hemophilia Insurance Financial Assistance
- Hemophilia Bayer Copay/Coinsurance
- Homozygous Familial Hypercholesterolemia (HoFH)
- Idiopathic Pulmonary Fibrosis
- IME Renal Cell Carcinoma
- Inhibitors in Bleeding
- Kentucky Bleeding Disorders
- Kidney Stones
- Mucopolysaccharidosis (MPS1)
- National Cornerstone Healthcare Services (NCHS) Bleeding Disorders
- Novo Nordisk Hemophilia Copay
- Paradigm for U.S.
- Pleural Effusions and Malignant Ascites (PEMA)
- Primary Immune Deficiency (PIDD)
- Pompe Disease
- Pseudobulbar Affect (PBA)
- Virginia Bleeding Disorders
• Approved for 501 (c)(3) status by the IRS (1992, 1999).
• Registered with Dun & Bradstreet (1992).
• Qualified by Better Business Bureau as a Charitable Organization (1999).
• Four-Star rating with Charity Navigator, America’s largest independent charity evaluator.
• Received a positive opinion from the U.S. Department of Health and Human Services Inspector General (2002).
• Received a positive opinion from CMS to assist Medicare Part D recipients with “Donut Hole” expenses (2004).
• Approved IRS “Facts and Circumstances” determination (2004).
• Awarded the State Pharmaceutical Assistance Program (SPAP) for Virginia and offers Medicare Part D direct assistance counting toward TrOOP assistance to HIV/AIDS patients.
• Developed public-private partnerships with state drug assistance programs beginning in 1996. Provide premium assistance programs with VA, SC, PA and KY. PSI is VA’s SPAP for their HIV/AIDS program.
• Provide Social Security and disability representation to patients in addition to helping patients navigate and obtain Medicare/SSDI through the PSI A.C.C.E.S.S.* Program.
• Became a GuideStar Silver Preferred Member for being a leading symbol of transparency and accountability (October 2013).
• Pioneer in patient assistance field.

“Making the gift of health a lifetime benefit”®