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### 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

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### Pharmaceutical, Provider Industries, Corporate, Government and Individual Sponsors

#### 16-25 Years of Donations to PSI

- Baxter International Inc.
- Bayer Healthcare
- CVSCaremark
- Factor Support Network

#### 11-15 Years of Donations to PSI

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

#### 6-10 Years of Donations to PSI

- Alexion Pharmaceuticals, Inc.
- Alpha Net, Inc.
- ARU Infusion Services
- BioRx
- Boston Hemophilia Treatment Center,  
  Brigham & Women’s Physician Organization, Inc.
- Center for Bleeding and Clotting Disorders  
  (formerly Fairview)
- Dyax Corporation
- Good Search
- Hemophilia of North Carolina
- Hemophilia Outreach Center
- Nationwide Children’s Hospital
- Pfizer, Inc.
- Redchip of Nevada
- Specialty Therapeutic Care
- The Hemophilia Center of Western PA
- Vanguard Charitable Endowment Program
1-5 Years of Donations to PSI
Aegerion Pharmaceuticals
Accredo
Affinity Biotech
Ariad Pharmaceuticals
Avanir Pharmaceuticals, Inc.
Biogen Idec
Boehringer Ingelheim Pharmaceuticals
CareFusion Corporation
Diplomat Specialty Pharmacy
Ethical Factor, RX
Hemophilia of Georgia
Indiana Hemophilia & Thrombosis Center, Inc.
Insys Therapeutics
New Haven Pharmaceuticals
New Venture Fund
NPS Pharmaceuticals Corporation
Oakhurst Medical Centers, Inc.
Retrophin
Salix Pharmaceuticals
Shire Human Genetic Therapeutics, Inc.
Sigma-Tau Pharmaceuticals
The Hemophilia Alliance
The Justine Marie Foundation
The Leukemia & Lymphoma Society
Turing Pharmaceuticals
Vanda Pharmaceuticals, Inc.

PSI 2015 Gala Sponsors

American Homecare Federation
Baxalta USA, Inc
Biogen Idec
BriovaRx
CSL Behring, LLC
Ethical Factor, RX
GBS/CIDP Foundation
Immune Deficiency Foundation
Kedrion Biopharma, Inc
Novartis Pharmaceuticals
Onco360
Ariad
BB&T
Hemophilia Association of the Capital Area

Government Sponsors  (Years that Grants Have Been Awarded to PSI)

Commonwealth of Kentucky 16 Years
Commonwealth of Virginia 19 Years
South Carolina Department of Health 7 Years

PSI Executive Committee
Art Wood; Dana Kuhn, Ph.D.; Neil Millhiser, JD
Individual Sponsors

Alex Radulovic
Anne Foster
B. J. Hooper
Benjamin Wofford
Benzie County Deputy Sheriff’s Association
Bilgen Firat
Billy T. & Joyce O. Hackworth
Bruce & Joanne Stern
Byron & Carol Swanby
Carolyn A. Hume
Charlotte Worstall
Cheryl Davis
Christine & Carla Flammini
Christine & Finian Kennedy
Cindy Udell
Curtis & Shirley Shipp
Danielle Nance
Dannyl & Victoria Moreland
David & Donna Britton
Dolores Damron
Donald Romsos
Donald Rosser
Dorella Clifford
Dwight & Brenda Baxter
Edna Taylor
Eileen Bostwick
Ellen J. Zmolek
Elric Parker
F.A. Shibley
Frank & Patricia Cogliano
Gene Merritt
George Koch
Geraldine Naveau
H.M. & Brenda Womack
Helen Stevenson
Isabel Delliolo
J. Lee McCormick
Jacqueline L. Wheeler
James Prior
Jo Ann Griffith
John & Marilyn Wedge
John Gillono
Joseph M. & Katherine Schaefer
Joyce M. Jackson
Judith Vale
Kathy Carrell
Kelly Ingraham
Kim & Matthew Whitney
Kim Valentini
Larry Cairns
Leigh Duran
Leon & Eunice Thomas
Maria Papachatzı
Martha M. Sorrells
Mary Beth Cooper
Mary Claire & Bruce Havel
Michelle Stevenson
Myrtle Fletcher
Nona Marie Miller
Peter & Susan Turner
Peter J. Ledwedge
Philip & Suzanne Rudder
R. Evans Wilkie
Ramesh Srinivasan
Randall J. Pannell
Raymond J. Pryzgoda
Rita M. Folwell
Robert & Susan Kimball
Salvatore & Kara Digiacomo
Scott Wasserman
Stanley Livingston
Steven Turville
Susan Clouse
Susanne Kueppers
The Justine Marie Foundation
Todd Bruce
Tracey Schmidt
Travis Dobson
Verna L. Griffiths
William & Carolyn Hensell
William & David Heckenbach
William & Marian Herre
Willis M. Hopson

PSI Staff Members

Jason Kuhn
Operations Analyst & Support Services Manager

Neil Millhiser, JD
General Manager

Emily Ledbetter
Mail Support
How to Make a Tax-Deductible Donation
Since 1989, 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 2015, PSI received its eighth consecutive 4-star Charity Navigator rating for being a leading symbol of transparency and accountability. “The continued success proves our efficiency and leadership in the nonprofit community,” said Dana Kuhn, Ph.D., President and CEO of PSI. “We always aim to be a fiscally responsible organization while increasing the capacity and outreach of our programs to assist chronically ill patients in affording life-saving treatment.” 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, VA 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. Contact PSIMarketing@uneedpsi.org for more details.

Thank You for Your Support!
On behalf of the PSI Board of Directors 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!
Many positive changes have taken place within PSI this past year. Although it may not have looked positive, for the first time in 25 years the Board of Directors adopted a “deficit” budget. This was due to our expenses exceeding our income. However, through carefully managing our expenses throughout the year, we were able to turn a deficit budget to reflect a small overage. Kudos go to our staff for being frugal without compromising the quality of service we provide both our donors and patients. Also, our two-year project of rebuilding the database platform culminated in September. We successfully made the migration with little adjustments and now enjoy a robust database capable of expanding programs and exceptional reporting. We are proud of the expertise and dedication of our IT team in bringing this project to fruition.

In September of this year, we invited donors, patients, legislators, and industry partners to our second Gala, hosted at the beautiful State Room Mezzanine overlooking the Boston Harbor in downtown Boston. Our theme was “Hope and Health.” Awards were given in honor of agents of hope, and patients gave live testimonies about how hope made a world of difference in their lives. The night culminated with a challenge to the audience to become the “agents of hope” in the lives of patients. Acknowledgment was given to our donors for their faithful donations and believing that the services of PSI can help make life better for patients.

Under the guidance of our Board of Directors, PSI has implemented an Annual Audit which not only follows good accounting practices, but also complies with elements of our Office of Inspector General’s (OIG) Opinion, including modifications and certifications. In 2015 we published this new Audit adhering to the compliances. We have also embraced the essences of the “code of ethics” established by the coalition of independent financial assistance patient assistance non-profits.

This year our Operations Department implemented a pilot credit card program providing a seamless and faster way for patients to receive incidental assistance. Instead of waiting for an assistance check, they now have a card they can swipe at the vendor’s establishment and immediately have their needs met. We have also implemented a new phone system which can handle many incoming calls, and is programmed to “call back” on-hold recipients so they won’t lose their place in the queue. Due to the features of our new database, we have the capabilities to on-board, maintain, and handle large volume programs with proficiency. We continue to pride ourselves with “high touch” programs even with added IT efficiencies. PSI staff know our patients; they are not just a number in a system.

Our Financial Department provides the assurance that the “greatest usage and accountability of funds reach patients.” We continue to be noted for our exceptional audits, transparency, nationally recognized stewardship ratings, and timely IRS filings resulting in timely annual reports.

The Marketing Department continues to assure current and potential donors that our programs are U.S. Office of Inspector General compliant. We continue to seek new programs ensuring potential donors that we have the volume capabilities, high touch services resulting in speed to therapy, an efficient application process, and competitive administrative costs.

Our Government Relations and Policy Department has undertaken impressive advocacy initiatives. We continue to provide a bi-monthly “Government Relations” electronic newsletter covering patient advocacy issues within state and federal government. This year, PSI led the advocacy to address the Interim Final Rule published by the Centers for Medicare and Medicaid Services, allowing the Affordable Care Act marketplace insurance plans the prerogative to refuse to accept premium assistance checks from charitable organizations on behalf of patients. PSI has become known on the “Hill” as the advocacy organization which heralds the voices of those who are the most vulnerable and find it difficult to have their voices heard.

As we look forward to 2016, PSI is poised with twenty-first century technology, new innovative ideas to expedite services to patients, and a patient-centric caring staff at your service. Throughout this year, PSI continued to receive a stream of letters from patients expressing that many would have lost their homes, livelihoods, health, and even lives had it not been for our financial assistance programs. With the support of our generous donors, PSI offers hope to those who have become hopeless resulting in gratitude, health, and joy. Many of our donors have now achieved significant milestones of giving ranging from 5 to 25 years. We are grateful that our donors continue to help us in “Making the Gift of Health a Lifetime Benefit” to those who have involuntarily drawn the short straw in life. God bless you all for the good you are doing.

Dana A. Kuhn, Ph.D.
President/Founder
Two thousand fifteen was a year marked by several significant challenges. The first challenge was the ongoing conversation with the Office of the Inspector General (OIG) about structuring patient assistance programs. In May of 2014, the OIG issued a guidance regarding how all non-profits would proceed in doing patient assistance. There were several things that happened as a result of this guidance. All non-profit patient assistance programs had to be updated and recertified by the OIG, and pharmaceutical companies began to become more restrictive in regard to how they interacted with the non-profits helping patients. This made patient access to treatments more challenging for both non-profits and pharmaceutical companies. The OIG recertification process was not truly finalized until the end of the year.

The challenge for PSI in 2015 was that more and more donors were getting tighter in providing funding for the assistance programs. There was an equal amount of frustration on the part of patient communities and donors due to unrealistic expectations for helping more patients with less funding. In addition, more and more companies have been distancing their interaction with non-profits and moving their funding to a grant process. This is perhaps good for the compliance officers, but difficult for patients. Those in the pharmaceutical world who have traditionally interacted with the patient communities (and are more aware of the patient needs) are not involved in the decision making about the funding provided.

Given the challenges noted above, the year still saw additional programs added, additional revenue brought in during the year, and most programs remaining open through December. The marketing team lost a member, but current donors and prospective donors found that the rest of the team did not miss a beat! Along the way, a new phone system was installed, and the Operations Department added a number of Patient Service Representatives to facilitate an easier process for those patients coming to us for assistance. Moving forward, some strategic planning is underway to determine how to provide the best service to our patients and donors in the coming years.

As always, we continue to be motivated by the stories of our patients. Too often we hear that they would (literally) not survive were it not for the help of PSI. We realize that we would not be able to provide this help were it not for our generous donors who understand the plight of these patients and support PSI’s assistance. We are grateful for these donors who partner with us to change lives for the better and look forward to a promising year ahead.

Art Wood
Senior Vice President
Marketing and Development
The mission of the Patient Services, Inc. Government Relations Department is to remove access barriers for the patients we serve so they can obtain needed treatments and therapies. Our department advocates for the continuation of the PSI patient assistance model, as well as supporting the mission and vision of the organization. Following the leadership of PSI President Dana Kuhn, the strongest aspect of the department is the dedicated staff that works each day on public policy issues while advocating for access to care for our patients. Kelly Fitzgerald and Mark Hobraczk bring varied expertise to PSI, and I’m glad to work with these top advocates on behalf of patients in both state governments and the federal level.

By and large, 2015 was dominated by work on modifying the Centers for Medicare and Medicaid Services (CMS) Interim Final Rule (IFR) on Third-Party Premium Assistance for Qualified Health Plans. Released in 2014, the IFR granted the authority to insurance carriers in the state and federal Marketplaces to decide whether those entities would accept third-party premium assistance from nonprofit charitable organizations, like Patient Services Incorporated (PSI), for new insurance plans created by the Affordable Care Act (ACA). CMS is, in effect, allowing health insurance carriers to create a new “Pre-Existing Condition Exclusion,” which prevents patients from obtaining the coverage that they are required to have by law. PSI has championed the inclusion of nonprofits in the IFR, which will allow the organization to continue helping the most vulnerable among us. We applaud the support and passion of tireless patient champions, such as Congressman Kevin Cramer (R-ND), Congresswoman Doris Matsui (D-CA), Senator Bill Cassidy (R-LA), and Senator Chris Murphy (D-CT), who have worked to address the issue on behalf of patients.

The culmination of the organization’s efforts was the introduction of H.R. 3742, the Access to Marketplace Insurance Act in the United States House of Representatives. This legislation will allow nonprofit organizations like PSI, as well as other entities such as places of worship and local civic organizations, to continue to provide charitable premium assistance. PSI made this issue a prime focus for our advocacy day in April 2015. Once the legislation was introduced by Congressman Kevin Cramer (R-ND), PSI hosted a Congressional Briefing bringing attention to this issue and obtained cosponsors for the legislation. PSI will continue to work to allow charitable organizations to provide premium assistance for patients.

During 2015, PSI partnered on the state and federal level to advance other issues of importance to our patients. These issues ranged from blood safety to specialty drug tiering to parity for oral chemotherapies. PSI worked in collaboration with many patient advocacy groups across the country to achieve these goals. Most notably, PSI spearheaded the FairCopayVA Campaign in Virginia. This effort called attention to the shifting of costs of treatments and therapies onto the backs of patients who cannot afford them.

Finally, PSI Government Relations has been working internally to develop two forums to engage our stakeholders – the Counsel for Patient Assistance and Advocacy and the PSI Patient Coalition. Each provides an outlet to share information with our patients and our donors. The department developed two public policy forums in conjunction with the PSI Counsel for Patient Assistance and Advocacy. Each featured interesting topics on important policy issues being addressed by Congress and the state legislatures. The PSI Patient Coalition played an integral part in the grassroots advocacy for H.R. 3742 as well.

In 2016, the PSI Government Relations Department stands ready to work with our partners on both the state and federal level to advocate for better patient access to care. We look forward to continued success throughout the next year.

James Romano, MPA, MBA
Director of Government Relations

Kelly Fitzgerald
Associate Director of Government Relations
Overview of PSI Programs

This past year has been dedicated to building upon our existing infrastructure to provide patients, referral entities, and donors with the best possible customer service experience. In early 2015, the implementation of a new phone system provided a platform for PSI to expand its future capabilities to include HIPPA compliance features, robust call reporting, the ability to handle additional call volumes, and an auto call back feature. In addition to the expansion of the phone system, the proprietary PSI database was redesigned from the ground up to enhance efficiencies and provide ease of use. This included the development of a donor portal, as well as new patient and referral portals, which allow patients and providers to upload documents and view real-time assistance status at their convenience. Patients can also track assistance payments and correspond with PSI via secure messaging directly from their unique portal account.

Our call center staff has grown exponentially to accommodate current and future growth. While continuing to grow, the services of a highly experienced customer service educator was obtained to enhance our customer service skills.

In 2015, many programs were added. To highlight a few, two of the most recent programs included Hypoparathyroidism and Lysosomal Acid Lipase Deficiency. The programs provide out-of-pocket, health insurance premium and travel assistance. For one of these programs, PSI was selected as the third-party vendor for a national disease foundation to administer their assistance programs for a large disease population.

As we look into 2016, the plan is to continue to develop efficiencies, speed to therapy, and additional payment options to better assist patients in need. PSI is always looking for new and innovative ways to serve our patients and is excited about future enhancements in 2016.

Mike Herbert
Director of Operations
The majority of PSI programs assist a mix of public and commercial insured patients. These programs receive financial support from a variety of donors.

<table>
<thead>
<tr>
<th>Program Description</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>Adagen Patient Assistance Program - Copay*</td>
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*BProgram supports commercial insured patients only. Program is administered by PSI on behalf of the manufacturer.
<table>
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<th>Program</th>
<th>Average age of patient</th>
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*Program supports commercial insured patients only. Program is administered by PSI on behalf of the manufacturer.*
<table>
<thead>
<tr>
<th>Program</th>
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<td></td>
<td>$36,156.10</td>
<td></td>
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<td>Average number of dependents</td>
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<td>3</td>
<td></td>
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<tr>
<td>Mucopolysaccharidosis (MPS 1)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Average age of patient</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average income of patient population</td>
<td></td>
<td>$37,618.37</td>
<td></td>
</tr>
<tr>
<td>Average number of dependents</td>
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<td>1</td>
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<tr>
<td>National Cornerstone Healthcare Services</td>
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<tr>
<td>(NCHS)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bleeding Disorders</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Average age of patient</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average income of patient population</td>
<td></td>
<td>$36,954.44</td>
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<td>Average number of dependents</td>
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<tr>
<td>Novo Nordisk Hemophilia Copay*</td>
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<td>Average age of patient</td>
<td>22</td>
<td></td>
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<td>$5,118.50</td>
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<tr>
<td>Paradigm for US</td>
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<tr>
<td>Average age of patient</td>
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<td>Average income of patient population</td>
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<td>3</td>
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<tr>
<td>PIDDD Premium - Hizentra*</td>
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<td></td>
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</tr>
<tr>
<td>Average age of patient</td>
<td>47</td>
<td></td>
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<tr>
<td>Average income of patient population</td>
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<td>$37,906.83</td>
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<td>Average number of dependents</td>
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<tr>
<td>Pleural Effusions and Malignant Ascites</td>
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<tr>
<td>(PEMA)*</td>
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<td></td>
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<tr>
<td>Average age of patient</td>
<td>64</td>
<td></td>
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<tr>
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<td></td>
<td>$10,233.91</td>
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<tr>
<td>Pompe Disease</td>
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<tr>
<td>Average age of patient</td>
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</tr>
<tr>
<td>Average income of patient population</td>
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<td>$35,098.05</td>
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</tr>
<tr>
<td>Primary Immune Deficiency (PIDDD)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Average age of patient</td>
<td>45</td>
<td></td>
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<tr>
<td>Average income of patient population</td>
<td></td>
<td>$37,618.37</td>
<td></td>
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<tr>
<td>Average number of dependents</td>
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<td></td>
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<tr>
<td>Pseudobulbar Affect (PBA)</td>
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<td>Renal Cell Carcinoma</td>
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<td>Average income of patient population</td>
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<tr>
<td>South Carolina Bleeding Disorders</td>
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<td>Average age of patient</td>
<td>20</td>
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<td></td>
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<tr>
<td>Average income of patient population</td>
<td></td>
<td>$36,238.79</td>
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<td>Average number of dependents</td>
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<tr>
<td>Toxoplasmosis Copay Assistance Program</td>
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<td>Average age of patient</td>
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<tr>
<td>Average income of patient population</td>
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<tr>
<td>University of PA Medical Center Hemophilia</td>
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<tr>
<td>Program - 340B</td>
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<td>Average age of patient</td>
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<tr>
<td>Average income of patient population</td>
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<td>Average number of dependents</td>
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<tr>
<td>Virginia Bleeding Disorders</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Average age of patient</td>
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<td>Average income of patient population</td>
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<td>$2,391.11</td>
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</tr>
<tr>
<td>Average number of dependents</td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

*Program supports commercial insured patients only. Program is administered by PSI on behalf of the manufacturer.*
During the course of 2015, the IT Department has gone through many transformations and achieved giant leaps forward in improving network systems and applications. Intensifying our focus for leveraging technology to make it easier to apply for and receive PSI assistance is, and always has been, our main focus. With our primary goal on better servicing our patients and getting qualified applicants on service quicker, we've improved our internal applications for our call center representatives, as well as implemented a more streamlined online application for our referral entities, physician offices, and patients.

By taking the first step to upgrading and aligning both our internal and external applications, we've been able to set the stage to allow PSI to continue to be on the forefront of the healthcare non-profit community. Raising the bar with state-of-the-art technology allows for improved patient security and higher system availability and scalability. We're now able to onboard new programs faster, which allows patients the ability to get the services they need quicker for their assistance type, whether it be copay, premium, travel or ancillary charges. The ease of our mobile friendly online applications allows for patients to apply more conveniently, and the document upload functionality allows for patients to submit their required documents within a timely manner to be placed on service quicker. The patient portal allows patients to securely view information pertinent to their assistance and to send messages through a secure message portal.

Our referral entities have greater access to the patients they've submitted for service, allowing them to track the progress of the applicant and to have multiple users within an organization to compliantly submit applications on behalf of constituents. Donors have been given a portal that provides program information on a monthly basis. Many of these reports are interactive and provide drill down, filtering, sorting and export options.

Since our journey began with this first step, we want to continue to forge a seamless and efficient path for our patients and donors who partner with us. Innovation often ignores what works, but at PSI we've taken innovation and made it spark our entrepreneurial spirit, raising us to the top of our field. While continuing to build on our new technological platform, we're looking to innovation to allow us to put patients on service even faster with an income and insurance verification tool.

The Information Technology Department remains steadfast in our pursuit of continual process improvement, and we've only just begun on the journey of a thousand miles.

Stacey Pugh
IT Manager
PSI-A.C.C.E.S.S. resolved 63 disability cases in 2015, and 74% 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 32% on initial claims and 45% after hearing. Our attorneys appeared at 39 hearings across the country in 2015.

Processing times for disability claims continue to increase due to the growing backlog of pending claims. By the end of 2015, we were actively representing 147 clients in the following disease states:

- Hemophila ................................................................. 44%
- Primary Immune Deficiency ...................................... 32%
- Alpha-1 Antitrypsin Deficiency ................................... 22%
- Von Willebrand’s .......................................................... 1%
- Pulmonary Arterial Hypertension .............................. 1%

Since launching in May of 2013, the PSI-A.C.C.E.S.S. Legal Support Hotline has fielded a total of 150 calls, with over one hundred of those calls being received in the past year. The hotline provides expanded counseling to the bleeding disorders and Alpha 1 communities on a range of issues related to disability, accommodations at school or work, medical leave and health care coverage.

Our goal is to continue exploring expansion of A.C.C.E.S.S. services to other communities while preserving the high quality of the assistance provided.

Bill Leach
A.C.C.E.S.S. Supervisor

In 2015, 74% of our clients who proceeded to adjudication were successful in obtaining benefits. By comparison, the national average for approved claims was only 45% after hearing.

 PSI A.C.C.E.S.S. Team

Terry Staletovich, Kathy Crowe and William Leach, A.C.C.E.S.S. Supervisor
As a Board Member of PSI, my overall task is to follow and extend the mission of PSI through my fiduciary obligations of duty of care, duty of loyalty, duty of compliance and duty to maintain accounts. As the Board Treasurer, my primary responsibilities are to review and develop as needed policies and procedures that protect PSI’s business interests and operations, review annual budgets to ensure spending is aligned with the mission and programs of PSI, and to routinely monitor and revise budgets as needed, prudently invest assets, ensure maintenance of accurate records of all income, expenditures, transactions and activities throughout the year, and report and publish the results of operations.

As a Certified Public Accountant working in public practice, I am extremely proud of our annual financial results and PSI’s continued recognized leadership as a Not-For-Profit Organization. PSI has annual audits of its financial statements and programs by an independent accounting firm and continually receives “unqualified opinions” (the best opinion available) and continues to receive Charity Navigator’s highest and most prestigious rating of “Four Stars.”

Though the generosity of our donors and drive of the leadership and employees of PSI, revenue and programs continue to grow and assist more individuals and families. PSI spends 94.9% of total functional expenses going to program assistance – helping individuals and families.

I am honored to serve and assist in delivering and extending the mission of PSI in assisting individuals and families in living with various expensive chronic conditions.

Thank you.

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

Summary Statement of Financial Position
December 31, 2015 and 2014

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td>$117,618,580</td>
<td>$96,685,795</td>
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<tr>
<td>Property and Equipment</td>
<td>2,360,860</td>
<td>2,383,720</td>
</tr>
<tr>
<td>Other Assets</td>
<td>1,470,933</td>
<td>1,515,500</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$121,450,373</td>
<td>$100,585,015</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td>$1,138,828</td>
<td>$1,052,445</td>
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<tr>
<td>Unrestricted net assets</td>
<td>16,671,982</td>
<td>15,097,318</td>
</tr>
<tr>
<td>Temporarily restricted net assets</td>
<td>103,639,563</td>
<td>84,435,252</td>
</tr>
<tr>
<td>Total Liabilities and Net Assets</td>
<td>$121,450,373</td>
<td>$100,585,015</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 (2015 and 2014)

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2015</th>
<th>Total</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES AND OTHER SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Contributions</td>
<td>$10,777,064</td>
<td>$116,237,515</td>
<td>$127,014,579</td>
<td>$92,828,047</td>
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<tr>
<td>Fees for contracted services</td>
<td>$97,327</td>
<td>922,573</td>
<td>1,019,900</td>
<td>527,611</td>
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<tr>
<td>Interest income</td>
<td>214,557</td>
<td>–</td>
<td>214,557</td>
<td>113,839</td>
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<tr>
<td>Miscellaneous income</td>
<td>90,359</td>
<td>–</td>
<td>90,359</td>
<td>93,957</td>
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<tr>
<td>(Loss) gain on Investments</td>
<td>(328,158)</td>
<td>–</td>
<td>(328,158)</td>
<td>(158,113)</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>97,596,263</td>
<td>(97,596,263)</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Total revenues and other support</td>
<td>108,447,412</td>
<td>19,563,825</td>
<td>128,011,237</td>
<td>93,405,341</td>
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<tr>
<td><strong>EXPENSES AND LOSSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program services</td>
<td>101,416,741</td>
<td>–</td>
<td>101,416,741</td>
<td>76,692,994</td>
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<td>Fundraising</td>
<td>1,303,363</td>
<td>–</td>
<td>1,303,363</td>
<td>1,271,685</td>
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<tr>
<td>Management and general</td>
<td>4,133,991</td>
<td>–</td>
<td>4,133,991</td>
<td>4,190,625</td>
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<tr>
<td>Total functional expenses</td>
<td>106,854,095</td>
<td>–</td>
<td>106,854,095</td>
<td>82,155,304</td>
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<tr>
<td>Uncollectible Pledge Expense</td>
<td>31,974</td>
<td>359,514</td>
<td>391,488</td>
<td>–</td>
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</tr>
<tr>
<td>(Gain) Loss on disposal of equipment</td>
<td>(13,321)</td>
<td>–</td>
<td>(13,321)</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Total expenses and losses</td>
<td>106,872,748</td>
<td>359,514</td>
<td>107,232,262</td>
<td>82,155,304</td>
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<tr>
<td>Impairment loss</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>476,000</td>
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<td>Change in net assets</td>
<td>1,574,664</td>
<td>19,204,311</td>
<td>20,778,975</td>
<td>10,774,037</td>
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</table>

### NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2015</th>
<th>Total</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Beginning of year</td>
<td>15,097,318</td>
<td>84,435,252</td>
<td>99,532,570</td>
<td>84,435,252</td>
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<tr>
<td>Ending</td>
<td>$16,671,982</td>
<td>$103,639,563</td>
<td>$120,311,545</td>
<td>$99,532,570</td>
<td></td>
</tr>
</tbody>
</table>

Accounting Department
Front row, left to right: Michelle Robinson, Renee Simmons, Dawn McCall.
Back row, left to right: Christine Moran, Tammy Martin, Steven Diehl, Daniel Wise, Lamont Banks.
Financial Statistics

Assistance by Top 15 States:

- FL: 97,889,022
- CA: 66,072,67
- TX: 52,339,48
- VA: 48,407,75
- OH: 38,257,73
- NY: 38,150,14
- NC: 32,987,54
- IL: 30,547,63
- IA: 29,776,48
- MI: 29,277,48
- TN: 28,091,85
- IN: 24,594,26
- MO: 24,000
- VA: 24,594,26

Assistance by Country:

- U.S.A.: $96,864,290
- Puerto Rico: $583,578
- Canada: $136,635
- Virgin Islands: $9,760

Total Assistance: $97,506,263

Assistance by Program Area:

- Bleeding Disorders Programs: 2.8%
- Enzyme Programs: 25.1%
- Oncology Programs: 52.8%
- Protein Deficiency Programs: 9.1%
- State Programs: 0.3%
- Other Programs: 9.9%
PSI at a Glance (Year Ended December 31, 2015)

**Contribution History**

- **2015**: $127,014,579
- **2014**: $89,325,547
- **2013**: $82,187,384
- **2012**: $61,302,786
- **2011**: $61,955,505
- **2010**: $47,384,248

**Functional Expense**

- Program Assistance: 94.9%
- Management & General: 3.9%
- Fund Raising: 1.2%
Dear PSI,

I am the caretaker of a recipient of your wonderful program. I know you want letters from patients, but I want to express my gratitude as the caretaker of the recipient. Please understand.

We, my husband and I, had a double lung transplant. I say “we” because it’s affected my quality of life as well as my spouse. The transplant went well; however, in the process of taking the medication to sustain life, he developed Leukemia and was told if he didn’t take the medication for that he would not survive. I thank God there is a pill he can take instead of going through the alternative. In addition to the costly meds from the lung transplant, we now had the monumental copay of the Leukemia meds. If it had not been for the generosity of PSI to assist us, I really don’t know what we would have done. I encourage everyone I encounter to please give to this wonderful organization that helps so many people. It’s really life changing.

A forever grateful wife

Dear PSI,

Thank you and congratulations to all who make PSI possible! I know that I could not maintain a less pressured life with my CML if it were not for Dr. Dana’s ideas and staff support! His own story is amazing and a tribute to his spirit and motivation for others. He deserved his award. If I can do anything, please let me know as you reach out to legislators, which I did this past month.

PSI CML Patient

To PSI Staff and the Board of Directors:

Thank you so much for the help and hope you have given me with your kind and generous program! I am an Alpha-1 patient and could never afford the medications and services that you have and continue to provide. Words alone cannot convey the appreciation for the caring and kindness you and all your staff have shown me. Thank you.

Sincerely,
PSI Alpha-1 Patient

Dear PSI,

I have been suffering from Chronic Leukemia since 2001. After losing my job in April, I searched for help from different organizations. My family and I were blessed with getting help from PSI. I really do not know how to express my deepest appreciation and gratitude to the PSI Board of Directors and staff for granting me financial help towards my medication. I will never forget PSI’s kindness. Thanks for all your help!

PSI CML 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.
PSI A.C.C.E.S.S. Staff,

I would like to take this opportunity to thank you for assisting me with my application for Social Security Disability. Before I learned about your organization, I had postponed two hearings because I was unprepared. I didn’t know what documentation was needed to properly state my case. Would I be able to answer any questions the judge would ask? I had contacted a few lawyers, but they would not take my case because they didn’t think I had a case.

I was advised by an organization that professional help was available, without a fee, for someone in my position. A call to your office reassured me that I would be well represented in my case. Although we did not personally meet until the hearing, we went over all the details that were pertinent to my case by phone. You put it all together, and there was a successful outcome. I was awarded disability as well as a lump sum payment for lost wages. I could not have done it without your professional guidance. I appreciate it.

I would also like to thank Terry and the rest of the A.C.C.E.S.S. staff who were always willing to answer any questions or concerns that I had.

PSI Bleeding Disorders Patient

Dear PSI staff and donors:

My husband passed away in March. I would like to express my heartfelt appreciation to all of you for making a difficult journey easier. The copays that you paid for his pain management would have been financially very stressful, if not impossible for us. To provide pain relief for someone is no small thing. The worst part of this disease was seeing him in pain, so I want you to know what a gift you provided both of us by helping us obtain the medication that eased the pain. God bless you and thank you.

Warm regards,
PSI Cancer Opioid Patient

Dear Patient Services, Inc.,

It is with much gratitude we want to thank you for covering my copay for the medication I receive every two weeks because of Fabry Disease. Although I have had Fabry Disease since birth, it began to manifest itself around 20 years ago when my health problems began to become apparent. I was diagnosed in the fall of 2003 and was able to start receiving treatments in December of 2004. I had a treatment a few days ago, and already I feel so much better. I have felt this medicine has allowed me to enjoy my life in the best way possible with my limitations.

My husband and I would not have been able to afford this medicine as we are retired and on limited funds. You have been a blessing to us, and we are very grateful.

Fabry Patient

Dear Patient Services, Inc.,

Thank you so much for all you do! I have been a recipient of your services since August of 2013 and do not know what I would do without you. I have Type 1 Hereditary Angioedema. My daughter has been showing symptoms of my illness, so while she was experiencing abdominal indications, I brought her to my HAE doctor for a visit and blood tests. Thank you, once again, for everything you do for us who are in need!

HAE Patient

Dear PSI, 

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HAE 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

2015 Disease Programs

- Adagen Patient Assistance Program - Copay
- Adagen Patient Assistance Program - Eligibility
- Alpha-1 Antitrypsin Deficiency
- ASAP Bleeding Disorders
- Baxter Alpha-1 Antitrypsin Deficiency Copay/Coinsurance Assistance Program
- Baxter Hemophilia Copay/Coinsurance Assistance Program
- Bayer Hemophilia Copay/Coinsurance Assistance Program
- Bleeding Disorders
- Boston Hemophilia Treatment Center (BWPO) - 340B
- Breakthrough Cancer Pain & Opioid Tolerant Therapies
- Breast Cancer MRI Screening
- Center for Bleeding and Clotting Disorders (CBCD) - 340B
- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- Chronic Myelogenous Leukemia (CML)
- Circadian Rhythm Disorders
- Complement Mediated Disease (CMD)
- Corneal Cystinosis
- Cystic Fibrosis
- Diplomat Bleeding Disorders
- Ethical Factor RX
- Fabry Disease
- Factor Support Network (FSN) Bleeding Disorders
- Gastrointestinal Stromal Tumors (GIST)
- Gaucher Disease
- HAE/Hereditary Angioedema Programs
- Hemophilia of Georgia, Inc. (HoG) - 340B
- Hemophilia Center of Western PA - 340B
- Hemophilia Outreach Center (HOC) - Wisconsin - 340B
- Hetlizox Patient Support Program
- Hizentra- Ancillary Financial Assistance
- Homozygous Familial Hypercholesterolemia (HoFH)
- Hypoparathyroidism
- Iclusig Assistance Program
- Idiopathic Pulmonary Fibrosis
- Indiana Hemophilia and Thrombosis Center, Inc. (IHTC) - 340B
- Inhibitors in Bleeding
- Kentucky Bleeding Disorders
- Kidney Stones
- Matrix Health
- Mucopolysaccharidosis (MPS1)
- National Cornerstone Healthcare Services (NCHS) Bleeding Disorders
- Novo Nordisk Hemophilia Copay
- Paradigm for US
- PIDD Premium - Hizentra
- Pleural Effusions and Malignant Ascites (PEMA)
- Pompe Disease
- Primary Immune Deficiency (PIDD)
- Pseudobulbar Affect (PBA)
- Renal Cell Carcinoma
- South Carolina Bleeding Disorders
- Toxoplasmosis Copay Assistance Program
- University of PA Medical Center Hemophilia Program - 340B
- Virginia Bleeding Disorders
Approved for 501 (c)(3) status by the IRS (1992, 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).
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”®