

PATIENT POLICIES

Current Information

If there are changes to your circumstances that may impact your PSI services or eligibility, you must notify PSI promptly.

Those changes include:

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

Please include your PSI ID number on all correspondence or documentation submitted to PSI.

Email, Mobile Voice, and Text Usage for Assistance Communications

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

- By providing an email address, telephone, or mobile number, you consent to receiving assistance reminders and other PSI communications, including SMS texts using one or more of the communication methods you've provided. PSI does not charge for this service, but standard text messaging rates or mobile voice minutes may apply as provided in your wireless plan (contact your carrier for pricing plans and details).
- If you wish to opt out of automated phone calls or text messages, please notify PSI immediately by texting STOP or contacting PSI at 800-366-7741.

Choice

As a recipient of PSI assistance, you need to understand that:

- PSI receives funding from certain drug manufacturers, corporate donors, and other contributors, whose identity has not been shared with you by PSI.
- Your choice of healthcare providers and treatment is made freely after consultation with your physician in consideration of your best medical interests, and that choice has not been affected by any information received from PSI.
- PSI assistance is provided for drug treatments that are FDA approved and indicated for the program diagnosis, without regard to specific product and inclusive of all generic options.
- Your choice of health insurance carrier and policy has been made solely by you or your legal representative and has not been affected by any information received from PSI.

Your Insurance Policy and PSI Assistance:

You are responsible for adhering to the policy requirements of your health insurance carrier, which may include restrictions of premium payments by a third party. Furthermore, many health insurance plans have policies that determine whether copays from outside sources, including PSI, count towards a member's deductible or out-of-pocket expenses. Any questions or concerns regarding copays and their impact on your insurance benefits should be directed to your health insurance company.

Authorized Representatives:

PSI will only discuss the patient's assistance with the patient or a personal authorized representative such as the patient's legal guardian, family member, friend, or social worker. Authorization must be provided to PSI. Information regarding a patient's assistance will not be provided to anyone associated with a pharmaceutical manufacturer.

Assistance Payment

- In order to be eligible for payment or reimbursement, your requests must be received by PSI within four (4) months of the date of service or the date of insurance payment. Claims processed through our Pharmacy Benefit Manager (PBM) vendor are limited to exactly 120 days from the date of service. Requests older than four months cannot be considered.
- If PSI has not made a payment on your behalf in four (4) months, your assistance will become inactive.
- Assistance may be provided to you in the form of a prepaid card. ***You must save all related transaction receipts for at least 6 months and respond to any audit requests designed to ensure compliance to program guidelines. If you fail to submit such requested information, your PSI assistance may be terminated.***
- If your provider submits claims or invoices directly to PSI on your behalf, please follow up with your provider to

make certain all requests are submitted (along with necessary supporting documentation) to PSI within the four (4) month time frame.

- You are required to return to PSI any refund check that you receive from your pharmacy, insurance company, or medical provider that represents any overpayment made by PSI on your behalf. Failure to do so will forfeit future assistance opportunities with PSI.
- ***PSI is not responsible for the cancellation of any policy, prescription, treatment, or service. Furthermore, PSI is not responsible for prescription or treatment cancellation or indebtedness due to your failure or failure of your provider to submit an eligible invoice within the PSI payment time frame outlined above.***

Assistance Information:

PSI requires a review of your eligibility every one or two years, or sooner should you have a change in income.

Notification requesting necessary documentation to review eligibility will be sent to you 30 days prior to your review date using your preferred method of communication. Failure to submit documentation by the due date will jeopardize your assistance.

The type(s) of available assistance (copay, travel expenses, premium, etc.) varies by program. For a complete list of available assistance, please visit our website. You must save all receipts for any assistance that you use.

- **Co-payment:** If you receive a co-payment card, it can be used along with your primary insurance card each time you access eligible medical and pharmacy services. If you are approved for copay assistance and did not receive a card, please submit eligible claims to PSI. Co-payment assistance is provided for FDA approved and indicated products only for the program diagnosis.
- **Ancillary:** Assistance may be provided in the form of an assistance card. For programs without assistance cards, claims must include your name, date of service, diagnosis code, services rendered, amount insurance paid, and amount due. This information is required to consider claims for payment.
- **Infusion and Nursing Services:** Assistance is provided in the form of an assistance card. For programs without assistance cards, claims must include your name, date of service, diagnosis code, services rendered, name of medication, amount insurance paid, and amount due. This information is required to consider claims for payment.
- **Travel Expenses:** You may receive assistance in the form of an assistance card. For programs without assistance cards, you must submit the PSI Patient Medical Visit Reimbursement Form to request reimbursement for eligible travel expenses. You must submit all appropriate receipts and proof of payment the reimbursement requests.
- **Health Insurance Premium:** For PSI to remit payment or reimbursement, you must provide required documentation (e.g., health insurance invoice, proof of health insurance deduction from paystub). A copy of your most recent health insurance invoice should be submitted to PSI at a minimum of every six (6) months. It is your responsibility to ensure your health insurance policy is active. Please contact your insurance company regularly to ensure all payments are received and applied correctly to your account.

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

PSI's Notice of Privacy Practices is available on our website at www.patientservicesinc.org.