

## Patient Policies

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### Current Information

If there are changes to your circumstances that may impact your services or eligibility, you must notify Accessia Health promptly. Those changes include:

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

Please include your Accessia Health patient ID number on all correspondence or documentation submitted to Accessia Health.

### 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 Accessia Health communications, including SMS texts using one or more of the communication methods you've provided. Accessia Health 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 Accessia Health immediately by texting STOP or contacting Accessia Health at 800-366-7741.

### Choice

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

- Accessia Health receives funding from certain drugs manufacturers, corporate donors, and other contributors, whose identity has not been shared with you by Accessia Health.
- 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 Accessia Health.
- Accessia Health 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 Accessia Health.

### Your Insurance Policy and Accessia Health 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 Accessia Health, 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

Accessia Health is able to discuss the patient's assistance only 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 Accessia Health. 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 Accessia Health

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within four (4) months of the date of service or the date of insurance payment. Requests older than four months cannot be considered. Claims processed through our Pharmacy Benefit Manager (PBM) vendor are limited to exactly 120 days from the date of service.

- If Accessia Health 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 Accessia Health assistance may be terminated.***
- If your provider submits claims or invoices directly to Accessia Health on your behalf, please follow up with your provider to make certain all requests are submitted (along with necessary supporting documentation) to Accessia Health within the four (4) month time frame.
- You are required to return to Accessia Health any refund check that you receive from your pharmacy, insurance company, or medical provider that represents any overpayment made by Accessia Health on your behalf. Failure to do so will forfeit future assistance opportunities with Accessia Health.
- ***Accessia Health is not responsible for the cancellation of any policy, prescription, treatment, or service. Furthermore, Accessia Health 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 Accessia Health payment time frame outlined above.***

### Assistance Information

***Accessia Health 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 Accessia Health. Co-payment assistance is provided for FDA approved and indicated products only for the program diagnosis.
- **Medical Expenses:** 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.
- **Travel Expenses:** You may receive assistance in the form of an assistance card. For programs without assistance cards, you must submit the Accessia Health 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 Accessia Health 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 Accessia Health 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 Accessia Health patient ID number on all correspondence or documentation submitted to Accessia Health. To view details about your assistance account, please visit the Accessia Health Patient Portal at [www.accessiahealth.org/patientportal](http://www.accessiahealth.org/patientportal).

Accessia Health's Notice of Privacy Practices is available on our website at [www.accessiahealth.org](http://www.accessiahealth.org).

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*Here for Good*