



The Leukemia & Lymphoma Society (LLS) Co-Pay Assistance Program How to Submit a Claim

Use these steps to help you submit a claim for payment.

Step 1: Check the Covered and Non-Covered Expense List.

This list is included in your approval packet. You also can find it at www.LLS.org/copay. Before you submit a claim, make sure the expense is covered by the co-pay program. If you have questions about what's covered, call **(877) 557-2672**.

Step 2. Make sure the claim is for more than \$20 and all expenses are paid to the same person, provider or company.

Your claim must be for more than \$20. If you have expenses less than \$20, you can combine them into one claim. Make sure all the expenses on a claim are paid to the same payee—you, a provider, a pharmacy or an insurance company. If you have more than one payee, submit the expenses on separate claims.

Step 3. Fill out a Proof of Expenditure (POE) form.

This form is included in your approval packet. **Fill it out and send it with each claim you submit.** If you lose the form, you can use the online portal and print a form there. If you can't access the portal, call **(877) 557-2672**. You can sign up on the portal at: <https://cprportal.lls.org/#/login>

Step 4: Gather supporting documents.

See the checklists below to find out what receipts and other paperwork you need for your claim.

Step 5: Submit the POE and supporting documents.

- **By fax: (877) 267-2932**
- **In the online portal: <https://cprportal.lls.org/#/login>**
- **By mail:**
The LLS Co-Pay Assistance Program
P.O. Box 12268
Newport News, VA 23612
- **If the payment is to your health insurance company:** Fax your claim to **(914) 872-6232 at least 15 days before the payment is due.** This fax number is for payments to insurance companies only.

Co-pay Assistance Program
P.O. Box 12268
Newport News, VA 23612
Toll Free Phone (877) 557-2672
Fax (877) 267-2932

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IS IN
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Use these checklists to know what documents to submit with your claim.

☑ Checklist 1. To get reimbursed (paid back) for something you've already paid for
You can get paid back for payments you've already made for treatment, medicine

or health insurance. To get paid back, submit these documents:

- A completed POE form**
- Proof that you've made the payment.** This may be a receipt, cancelled check, bank statement, or credit card statement.
- A copy of the bill** that includes the exact treatment, medicine, or service. The bill needs to include billing codes and details on the treatments that you received.
- A copy of the Explanation of Benefits (EOBs)** from your health insurance company. Call the number on your insurance card to find out how to get this.

If you paid for a prescription and didn't use your LLS Pharmacy Benefit Card, submit:

- A completed POE form**
- A copy of your prescription history statement/printout.** You can get this from the pharmacy. It should have:
 - The name of the medicine
 - The date you paid for and received the medicine
 - What you paid for the medicine
- Proof of payment,** like a receipt, cancelled check, bank statement, or credit card statement.

☑ Checklist 2. To pay a healthcare provider or a treatment setting, like a hospital or clinic, for treatment or services

Submit these documents:

- A completed POE form**
- A copy of the bill** that includes the exact treatment or service. The bill needs to include billing codes and details on the treatments that you received.
- A copy of the Explanation of Benefits (EOBs)** from your health insurance company. Call the number on your insurance card to find out how to get this.

If you paid a provider or treatment setting and need to get paid back, see **Checklist 1** to see how to get reimbursed.

☑ Checklist 3. To pay for prescription medicine with your LLS Pharmacy Benefit Card

Use your pharmacy benefit card to pay for prescription medicine **at your pharmacy** with no out-of-pocket cost to you. You can:

- Use the temporary card printed at the end of your approval letter.
- Use the physical copy of the card you receive in the mail.
- Print a copy of the card in the online portal at:

<https://cprportal.lls.org/#/login>

If you paid for prescription medicine and **didn't** use your pharmacy card, see **Checklist 1** to see how to get reimbursed.

☑ Checklist 4. To pay your health insurance company

Fax your claim to (914) 872-6232 at least 15 days before the payment is due.

This fax number is for payments to insurance companies only. If you paid your insurance company and need to get paid back, see **Checklist 1** to see how to get reimbursed.

IMPORTANT: LLS reviews all co-pay claims in the order we receive them. **To ensure that your health insurance bills are paid on time, submit these claims to LLS at least 15 days before the payment is due.** This helps prevent dropped coverage due to late payments. LLS is not responsible for continuing a patient's health insurance if coverage is dropped because of a late payment.

Health Insurance: Important Information

Find the insurance you have below to see what documents to submit with your claim for either reimbursement or payment to your insurance company.

Your insurance	What to submit
<p>☑ If you have health insurance through an employer or COBRA</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A completed POE form <input type="checkbox"/> A rate sheet that shows the amount you pay for health insurance. You can get this from your employer's human resources department or your COBRA administrator. If you're on a family plan, send the individual and family rates. The rate sheet also may be called an election letter. <input type="checkbox"/> A paystub that shows the amount of money you pay for health insurance. <ul style="list-style-type: none"> ○ If the pay stub has a year-to-date amount (the amount you've paid so far this year): Send your most recent paystub.

Your insurance	What to submit
	<ul style="list-style-type: none"> ○ If the paystub shows just the amount paid from that check and you don't have other paystubs: Ask the human resources department to give you a written letter that includes the amount you've paid for health insurance since your co-pay application was approved.
<p>✓ If you have health insurance <u>not</u> through an employer</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A completed POE form <input type="checkbox"/> A copy of the bill that shows the amount you owe for health insurance and the number of people covered on your plan <input type="checkbox"/> A copy of your insurance card <input type="checkbox"/> A letter from the insurance company that includes the amount you pay for health and prescription coverage and the number of people on your plan. Do not include dental and vision insurance.
<p>✓ If you have a Medicare Supplement plan</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A completed POE form <input type="checkbox"/> A copy of your current Medicare bill or payment coupon that shows the amount you owe <input type="checkbox"/> A copy of your Medicare and/or Medicare Supplement card
<p>✓ If you have Medicare Part B and/or Part D deductions (taken out of your Social Security or Social Security Disability check)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A completed POE form <input type="checkbox"/> A copy of your current Medicare bill or payment coupon that shows the amount you owe <input type="checkbox"/> A copy of your insurance card <input type="checkbox"/> A statement from the insurance company that includes the amount you pay for individual health and prescription coverage. Do not include dental and vision insurance.

LLS Processes claims on a first come, first served basis regardless of how we receive them (by fax or mail or in the portal).

Questions?

Call us at: (877) 557-2672