



## **MEDICAL INSURANCE PREMIUM ASSISTANCE**

Patient Advocate Foundation's Co-Pay Relief Program (CPR) grants can be used to pay for medical insurance premiums in addition to medication copays. You can submit health insurance premium claims for payment. We can reimburse you directly for premiums you have already paid, or CPR can make payment directly to your insurance company.

If you need CPR to make a payment directly to your insurance company, you must fax your insurance claim to **(fax number)** at least **15 days** before the payment is due. **Note: This is a special fax to be used for direct pay insurance claims only**

**If you are submitting a reimbursement request for medical insurance premiums you do not need to use the fax number noted above. Submit your reimbursement request through your portal account or via fax as you would a medication claim.**

**Please review the information below carefully so that your medical insurance claim is submitted correctly and can be processed in a timely manner.**

### **HOW TO SUBMIT A CLAIM FOR MEDICAL INSURANCE PREMIUM EXPENSE**

#### **STEP 1: Complete Proof of Expenditure Form**

A Proof of Expenditure Form is included in this packet. Submit the completed form for each medical insurance premium claim submission. If you are unable to locate the form or cannot make copies, visit the online portal ([www.copays.org](http://www.copays.org)) or call 866-512-3861.

#### **STEP 2: Gather supporting documentation**

The checklists below will provide the details of what is needed for various types of insurance premium claims. Please find the type of insurance you have and follow the instructions for submitting needed documentation to us.

#### **STEP 3: Submit your medical insurance claims to us**

Send the Proof of Expenditure Form and supporting documentation to CPR using one of the following methods:

- Fax to 757-952-0119 using the bar-coded cover sheet for insurance claims
- For applications initiated via website, all claims may be electronically uploaded online ([www.copays.org](http://www.copays.org))
- Mail to 421 Butler Farm Rd, Hampton VA 23666

### Medical Insurance through an Employer or COBRA

Please submit all of the following if your **premiums are taken out of your pay-check:**

**A rate sheet** from the employer or cobra administrator that shows the individual amount you pay for medical insurance. If on a family plan, submit the rates for both family and individual. You can request this from Human Resources if you do not have it.

**Pay-stubs** showing the amount of money that is taken out of your paycheck for medical insurance. If the paystub shows a year-to-date amount, you can submit your most recent pay-stub. If the pay-stub shows only the amount deducted for a single paycheck and you do not have the other past pay-stubs, you can ask your Human Resources to write a statement specifying how much has been taken out for individual coverage since your grant award start date.

Please submit all of the following if your **premiums were paid by you directly** (not taken out of your paycheck):

**A rate sheet** from the employer or cobra administrator that shows the individual amount you pay for medical insurance. If on a family plan, submit the rates for both family and individual. You can request this from Human Resources if you do not have it.

**Proof that you paid** your medical insurance premiums. You can send us a receipt, cancelled check, bank statement or credit card statement showing the payment(s). We will send you a reimbursement check.

### Commercial Medical Insurance NOT through an Employer

Please submit all of the following if your **premiums need to be paid directly to your insurance company:**

CPR can make a payment directly to your insurance company. You must fax your insurance claim to **(fax number)** at least **15 days** before the payment is due. **Note: This is a special fax to be used for direct pay insurance claims only**

Copy of the **bill** that shows the amount you owe for medical insurance

Copy of your **insurance card**

**A statement from the insurance company** showing the amount for individual medical/prescription coverage (**Please note: CPR does not cover dental and vision insurance premiums**)

Please submit all of the following if your **premiums need to be paid directly to you:**

Copy of the **bill** that shows the amount you owe for medical insurance

Copy of your **insurance card**

- A statement from the insurance company** showing the amount for individual medical/prescription coverage (**Please note: CPR does not cover dental and vision insurance premiums**)
- Proof that you paid your medical insurance premiums. You can send us a receipt, cancelled check, bank statement or credit card statement showing the payment(s). We will send you a reimbursement check.

### Medicare Supplement Plans

**Please submit all of the following if your premiums need to be paid directly to your insurance company:**

CPR can make a payment directly to your insurance company. You must fax your insurance claim to (**fax number**) at least **15 days** before the payment is due. **Note: This is a special fax to be used for direct pay insurance claims only**

- Payment coupon or **bill** that shows the amount you owe for your supplemental medical plan
- Copy of **Medicare Supplement card**

**Please submit all of the following if your premiums need to be paid directly to you:**

- Payment coupon or **bill** that shows the amount you owe for your supplemental medical plan
- Copy of **Medicare Supplement card**
- Proof that you paid your supplemental medical plan premiums. You can send us a receipt, cancelled check, bank statement or credit card statement showing the payment(s). We will send you a reimbursement check.

### Medicare Part B and/or Part D Deductions

**Please submit all of the following if your Medicare Part B and/or Part D premiums ARE taken out of your Social Security or Social Security Disability Check and need to be paid to you directly:**

- Copy of current **Benefit Verification Letter from the Social Security Administration (SSA)** that shows the amount that is deducted from your check. You can download this from your account with **ssa.gov**.
- Copy of **Medicare and/or Medicare Part D card**

**Please submit all of the following if your Medicare Part B and/or Part D premiums are NOT taken directly out of your Social Security or Social Security Disability Check and need to be paid directly to you:**

- Copy of current monthly **Medicare Premium billing statement (CMS-500)** that shows the amount you owe for your Medicare Part B and/or Part D premiums. This can be downloaded this from your account with **medicare.gov**.
- Copy of Medicare and/or Medicare Part D card**

Proof that you paid your Medicare Part B and/or Part D plan premiums directly. You can send us a receipt, cancelled check, bank statement or credit card statement showing the payment(s). We will send you a reimbursement check.

**Disclaimer:**

**All medical insurance claims are processed on a first-come first-serve basis regardless of submission method used. CPR is not responsible for maintaining continuation of medical insurance coverage. CPR does not cover dental and vision insurance premiums.**

**HAVE QUESTIONS?**

**Please call us at 1-866-512-3861 Monday – Thursday 8:30am – 5:00pm & Friday 8:30am – 4:00pm EST**