



TAF Reimbursement Process: How It Works

Eligibility

To be eligible for our disease programs, applicants must be U.S. residents; have health insurance; and have a diagnosis of the disease named in the program to which they are applying. TAF will verify that an applicant meets financial requirements and is not currently receiving assistance from another 501(c)(3) organization. Expenses eligible for reimbursement vary by disease program and must be supported by acceptable documentation. Proper documentation is dependent upon the reimbursement item.

Deadlines for Reimbursement

Eligible expenses include those from the current calendar year dating back to Jan. 1 or the date the disease program launched. Eligible expenses for the previous benefit year are cut off at March 31.

Required Documentation

Eligible expenses must be supported by acceptable documentation, which is dependent on the reimbursement item. See below for acceptable documentation:

- **Health insurance premiums:** Master plan document, insurance plan detail, or employer benefit summary (to be submitted once a year), and proof of payment
- **Prescription copayments:** Pharmacy prescription receipt and proof of payment
- **Medical incidentals:** Explanation of benefits and proof of payment
- **Travel:** Proof of treatment and proof of payment

Review Process

TAF may take up to six business days to review reimbursement documentation. If a reimbursement request is incomplete, patients will receive a letter requesting additional documentation. If TAF does not receive the requested documentation within 30 days of the date of the letter, TAF will cancel the reimbursement request.

Guide to Eligible Expenses for Your Disease Program

TAF provides patient assistance for treatment costs across five categories: prescription drugs, standard medical incidentals, expanded medical incidentals, ancillary healthcare expenses, and genetic testing. Check which coverage group your disease program belongs to and use the chart below to learn what is covered in your disease program:

CATEGORIES	TAF COVERAGE GROUPS				
PRESCRIPTION DRUGS <ul style="list-style-type: none"> • Prescription Drug Copayments (FDA-approved Therapies) 	Copay Only				
STANDARD MEDICAL INCIDENTALS <ul style="list-style-type: none"> • Health Insurance Premiums • Therapy Administration Costs • Treatment-related Ground Travel Costs 	Financial 1 – Medical Incidentals				
EXPANDED MEDICAL INCIDENTALS <ul style="list-style-type: none"> • Disease Management Copayments • Treatment-related Full Travel Costs 	Financial 2 – Copay + Standard Medical Incidentals				
	Financial 2G – Copay + Standard Medical Incidentals + Genetic Testing				
ANCILLARY HEALTHCARE EXPENSES <ul style="list-style-type: none"> • Diagnostic Testing • Medical Equipment 	Financial 3 – Copay + Standard and Expanded Medical Incidentals				
	Financial 3G – Copay + Standard and Expanded Medical Incidentals + Genetic Testing				
GENETIC TESTING <ul style="list-style-type: none"> • Genetic Testing 	Financial 4 – Copay + Standard and Expanded Medical Incidentals + Ancillary Healthcare				
	Financial 4G – Copay + Standard and Expanded Medical Incidentals + Ancillary Healthcare + Genetic Testing				