

## Insurance Verification and Coverage Loss Requirements

This document outlines the required insurance documentation for patients seeking re-evaluation of a denied application for the Lilly Cares Foundation Patient Assistance Program due to loss of insurance coverage or for insured patients applying for a Group 4 Medication. Please read thoroughly and note that submission of documentation does not guarantee approval of the patient's application.

### Loss of Insurance Coverage Requirements

One of the following must be provided by patients who wish to have their application re-evaluated due to loss of insurance coverage.

If	Then submit ONE of the following:
You need to prove you do not have health insurance.	<b>Letter from Health Insurance Company:</b> indicating coverage termination and end date.
	<b>Employer's Letter:</b> confirming the end of health insurance coverage.
	<b>COBRA Offer Letter:</b> with eligibility start and end date, and if COBRA insurance will be maintained.
	<b>Medicaid Emergency or Limited Services Plan Documentation:</b> clarifying specific services covered.

### Group 4 Medications ONLY: Insurance Coverage Requirements

When applying for a Group 4 Medication as an insured patient\* or when seeking re-evaluation of a denied application due to not meeting insurance eligibility criteria, the following must be provided. See Lillycares.com or the application for a list of Group 4 Medications.

\*Insurance documentation is not required for Medicare Part D patients applying for a Group 4 self-administered product.

If	Then submit as MANY of the following insurance documents as possible. A complete set of documents supports a timely and accurate assessment. At least one document is required:
You need to prove your insurance company does not cover a Group 4 Medication.	<b>Claim Denial &amp; Appeal Letter:</b> from the health insurance company showing a claim denial and appeal.
	<b>Insurance Plan Documents:</b> <ul style="list-style-type: none"> <li>• <b>Summary of Benefits &amp; Coverage:</b> of the patient's health insurance plan.</li> <li>• <b>Explanation of Benefits (EOB) Document:</b> outlining the cost details.</li> <li>• <b>Plan Formulary or Exclusion Lists:</b> showing medications covered/not covered by the insurance.</li> <li>• <b>Prior Authorization Form &amp; Criteria Requirements:</b> submitted by the healthcare provider to the insurance company requesting coverage for a medication, along with denial confirmation.</li> <li>• <b>Documentation of Benefits from a Secondary or Supplementary Pharmacy Provider:</b> showing medications covered/not covered by the insurance plan.</li> </ul>

### General Documentation Requirements

All submitted documentation must include the following:

1. **Patient Identification:** The patient's full name and date of birth must be clearly stated on each submitted page.
2. **Official Communication:** The document should be an official communication presented on an organization's formal letterhead.
3. **Coverage Loss Date:** Proof must be submitted showing that the patient or the primary insurance holder (such as a spouse or domestic partner) lost qualifying health coverage within the past 60 days. The specific date of termination must be included.

### Submission Instructions

Mail or fax the required documents directly to Lilly Cares Foundation. If applying for a Group 4 Medication, include the insurance documentation with the application. If submitting for application re-evaluation, information must be submitted within 14 days and include the first page of this letter with the patient's name, date of birth, and case ID for prompt identification.

*Fax: 1-844-431-6650 or Mail: Lilly Cares Foundation Patient Assistance Program, PO Box 501847, San Diego, CA 92150*

Upon receipt of the required documentation, eligibility for the Lilly Cares Foundation Patient Assistance Program will be evaluated. The patient will receive a mailed notification of the eligibility decision, either as a denial or an enrollment letter, which will also be faxed to the healthcare provider.

**IMPORTANT:** This information is intended for the use of the person or entity to which it is addressed and may contain information that is confidential, the disclosure of which is governed by applicable law. If the reader of this information is not the intended recipient, or the authorized agent or individual responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you received this document in error, please notify us immediately and destroy the related document.