Patient Advocate Foundation
TotalAssist

Frequently asked questions (FAQs): TotalAssist

The questions below represent the most frequently asked questions (FAQs) received from patients, caregivers, providers, and pharmacists about Patient Advocate Foundation's TotalAssist program, launching July 1, 2026.

Note: On July 1, only some TotalAssist funds will be open and accepting applications. Other funds will remain closed. We are unable to provide insight into which funds will be opened or closed on July 1.

1. Eligibility and income rules

What are the income limits for TotalAssist, and are they strictly tied to the federal poverty level?

- While eligibility criteria vary by TotalAssist fund, generally you must have an income that falls at or below the indicated level of the Federal Poverty Level (FPL), usually

500% or less for most funds. Visit TotalAssist.org to check the FPL criteria listed for your specific fund.
- This is adjusted for the Cost-of-Living Index (COLI), based on where someone lives, and the number of people in the household.

Is there support for patients who are above the income threshold but still cannot afford treatment, premiums, or other medical costs?

- Unfortunately, anyone applying for help from TotalAssist must meet all the eligibility criteria for the specific disease fund, including the income guidelines. However, Patient Advocate Foundation is committed to helping patients find the support they need, even if it's not through TotalAssist.
- Our National Financial Resource Directory quickly delivers vital financial resources customized according to user selected criteria. This automated tool can introduce you to national and regional solutions that are otherwise unavailable in a single location. For customized help visit: https://www.patientadvocate.org/explore-our-resources/national-financial-resource-directory/

How is income calculated for eligibility, including adjusted gross income, modified adjusted gross income, Social Security income, pension income, assets, and household income?

- Income eligibility is based on the Cost-of-Living Index (COLI), the applicant's geographic location, and the number of people in the household.
- All sources of income are considered when determining eligibility, including adjusted gross income (AGI) from your tax return (if submitted), Social Security benefits, pension income, retirement income, wages, and other household income sources.
- Income documents only need to be submitted if the application is flagged for audit.

What income documents are accepted for verification, and can they be uploaded in the portal?

- Federal tax returns from the most recent tax year (pages 1 and 2 only). A tax return is the preferred document because it provides the total household income.
- If you are unable to provide your tax return, please submit any applicable documents listed below based on your household income sources. You only need to submit one document from each section that applies to your household income.
    - **If you are employed:**
        - Your W-2 form.

        - Three recent consecutive pay stubs.
        - A letter from your employer stating your salary.
    - **If you receive Social Security Income (SSI):**
        - Your SSI benefits statement.
        - A bank statement showing the monthly SSI deposit you receive.
    - **If you are retired:**
        - Your pension or retirement benefits statement.
        - A bank statement showing the monthly retirement deposit you receive.
    - **If you are disabled:**
        - A statement showing your short-term disability (STD) and/or long-term disability (LTD) benefits.
    - **If you are divorced or a single parent:**
        - A statement showing alimony and/or child support received.
    - **If you have been injured on the job and are unable to work:**
        - A workers' compensation statement.
    - **If you earn interest or own stocks, bonds, or mutual funds:**
    - A statement showing interest income and/or dividends earned on your account.
- If the patient is a minor, submit the guardian's income documents.
- Yes, income verification documents can be uploaded to the portal.

How are special household situations handled, such as married filing separately, dependent status, or multiple ill people in one household?

- Household size and income and size are considered for eligibility, and special household situations are handled as follows:
    - **Married filing separately:** Both spouses' incomes are taken into consideration if they live in the same household.
    - **Dependent status:** If the patient is claimed as a dependent, the parent's or guardian's household income will be used.
    - **Multiple ill individuals in one household:** Total household income will be used to determine eligibility.
    - **Changes in household circumstances:** Loss of income, separation, unemployment, or other financial hardships are taken into consideration when supporting documentation is provided on a case-by-case basis.

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Do applicants need insurance to qualify, and what types of insurance count?

- Yes, a key eligibility criterion for all TotalAssist funds is that the patient has the specified health insurance type indicated for that fund that covers their qualifying expenses.
- Each TotalAssist fund is either open to all insurance types (private insurance, employer sponsored insurance, ACA marketplace plan, government-insured) or government-insured only (Medicare, Medicaid, TRICARE). Please check the insurance criteria listed for your specific fund.

Are there age requirements to receive a TotalAssist grant?

- There are no age requirements to receive a TotalAssist grant.
- A patient of any age may receive a TotalAssist grant, as long as all fund-specific eligibility requirements are met.
- If the patient is under the age of 18, a parent, caregiver, or legal guardian would complete the application on their behalf.

Are U.S. territory residents or non-citizen residents eligible?

- To be eligible for any TotalAssist fund, you must be a legal resident of and be receiving treatment in the U.S. or a U.S. territory.

Can I get a grant at multiple foundations?

- Yes, patients can apply for a grant from another foundation while also receiving assistance from Patient Advocate Foundation. However, patients are expressly prohibited from submitting the same claims to Patient Advocate Foundation and another organization. Patients agree to these terms and conditions when they apply for and receive assistance from Patient Advocate Foundation.

How does the health equity framework affect eligibility, priority, or access?

- All health equity (HE) funds have the same eligibility criteria as the general funds for the corresponding disease state (i.e. Breast Cancer and Breast Cancer HE) with the additional requirement of residing in an eligible county covered by the Health Equity funds.
- These funds are designed to provide support to people living in specific communities that have been identified as having intense social and financial needs.
- As is the case with all TotalAssist funds, the HE funds operate on a first come, first-served basis.

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2. Covered diseases, diagnoses, and future fund expansion

Which diseases are currently covered, and where can applicants find the full list?

- At launch, TotalAssist will include over 140 disease-specific and health equity funds, supporting patients across a wide range of conditions—from cancer and rare diseases to chronic and complex illnesses.
- To find a full list of TotalAssist funds, visit Uniting.PatientAdvocate.org/TotalAssist.

I don't see my specific disease listed as a TotalAssist fund. Will new disease funds or diagnoses be added over time?

- As patient needs continue to be identified, the funds offered through TotalAssist will continue to grow, expanding support where gaps exist and ensuring assistance remains responsive to patients nationwide.
- In addition to our over 140 funds that are officially available through TotalAssist, we have also identified more than 300 disease funds that are awaiting initial donations. We have identified these funds through an independent, rigorous research process, including through our case management data.
- Patient Advocate Foundation has sole discretion in identifying new disease funds and is not influenced by, nor do we accept, recommendations from donors.

How can patients or providers request that a new disease or diagnosis be added to the identified need funds list?

- Patient Advocate Foundation utilizes its case management data to identify additional disease funds that are needed to address unmet needs expressed by those seeking help with medication and insurance costs.
- We support people living with over 800 diseases and conditions through our case management services each year and are continually assessing the need for disease specific funds in our TotalAssist program based on the patients we serve.
- We do not have a process for a provider or patient to request that a new disease or diagnosis be added to the identified need funds list as our case management data has proven to be a comprehensive source of information from which to identify new disease funds based in documented patient need.

Will rare or not-yet-funded diagnoses have any general support option?

- No, there will not be a general support fund for rare disease or not-yet-funded diagnoses.

- At the time of launch, we will offer over 40 rare disease TotalAssist funds and will continue to assess needs for additional rare disease funds in the future.

3. Approved medication lists and coverage

Will each fund have a published list of covered medications, and when will those lists be available?

- Yes, each TotalAssist fund will have an approved medication list that will be published on the disease-specific webpage at TotalAssist.org. We hope to have these lists published prior to launch on July 1.

Will TotalAssist cover only drugs that are used to treat the disease or condition covered by the fund, or will the program also cover supportive medications such as antiemetics, pain medications, growth factors, antibiotics, and other related therapies?

- TotalAssist will generally only cover medications included in a disease fund's approved medication list. Supportive medications are generally not covered.

What happens if a medication used for a disease is not on the approved list?

- If a medication used for a disease is not on the approved list, it would not be covered.
- The TotalAssist program provides financial assistance only for treatments that are FDA-approved, listed in recognized official compendia, and supported by published evidence-based clinical guidelines for the patient's approved disease fund.

Can patients or providers request that a medication be added if it is not currently listed?

- Yes. If a medication is not currently included on the approved medication list, a request may be submitted for review.
- Eligible medications and treatments must meet established clinical and regulatory standards, including approval by the U.S. Food and Drug Administration (FDA), inclusion in recognized official compendia, and/or support through published evidence-based clinical guidelines related to the patient's approved disease state.
- To request that a medication be added, a Request for Medication form must be sent to the prescribing provider for completion. Once the completed form is received, it will be submitted to the Clinical Affairs team for review. The Clinical Affairs team will

evaluate the request and make the final determination regarding whether the medication will be added to the approved medication list.

Are off-label medications eligible if they are insurance-approved or commonly used in practice?

- Yes, there may be cases where off-label medications are included on the approved medication list for a fund so long as they meet the established clinical and regulatory standards, including approval by the U.S. Food and Drug Administration (FDA), inclusion in recognized official compendia, and/or support through published evidence-based clinical guidelines related to the patient's approved disease state and are covered by your insurance.

If a medication is on the approved list but not covered by the patient's insurance, can it still be covered?

- TotalAssist does not cover medications or products that are not covered by insurance, or that have been paid by insurance at 100%.

4. Covered expenses and supported services

Besides medication copays, what expenses are covered by TotalAssist?

- In addition to medication copays, coinsurance, and deductibles, patients can also use their TotalAssist grants for:
    - Health insurance premiums
    - Office visit charges the day of treatment
    - Administration charges related to treatment
- TotalAssist does not limit how grants can be used. Instead, TotalAssist allows patients to apply their grant toward multiple healthcare expenses, helping reduce gaps in care.

Which healthcare expenses are not covered by TotalAssist, and why?

- TotalAssist does not cover:
    - Medications not listed on a fund's approved medication list (support medications are generally not covered)
    - Products not covered by insurance or those that have been paid by insurance at 100%
    - Products billed only to pharmacy discount cards
    - Medical devices

  - Lab work
  - Surgeries
  - Radiation therapies and scans
- These expenses are currently not included in PAF's OIG Opinion and therefore cannot be covered by the program.

What counts as an administration charge, and are infusion-related nursing or service fees included?

- Administration charges are the medical service fees associated with preparing, delivering, monitoring, and administering a medication or treatment. These charges may include services related to injections, IV infusions, chemotherapy administration, hydration, catheter maintenance, and other clinically necessary administration procedures.

Are office visit copays covered only on treatment days, and what does "day of treatment" mean?

- Office visit copays are covered on the day of treatment only. The definition of "day of treatment" includes the day you receive an injection or infusion at your doctor's office or infusion center that is on the approved medication list. It also includes the day you see your treating physician for ongoing monitoring of your disease or condition when watchful waiting or active surveillance is your treatment plan.

Can grants be used for insurance premiums, including Medicare premiums deducted from Social Security checks?

- Yes. Grants may be used to help cover eligible insurance premiums, including Medicare premiums that are deducted directly from Social Security benefit payments.

Are transportation costs covered, and if so, what types of travel are eligible?

- TotalAssist offers a standalone transportation fund. This fund is meant to help pay for transportation and lodging expenses (e.g., gas, parking, tolls, taxi, uber, airfare, and hotels) to and from activities that improve your overall health (e.g., medical appointments, pharmacy visits, and the grocery store).
- The TotalAssist transportation grant cannot be used for purchases made at restaurants, retail or grocery stores, or for medical or pharmacy expenses.
- You do not need to be enrolled in a disease-specific TotalAssist fund in order to be eligible for a TotalAssist transportation grant. However, you must meet all other

eligibility criteria for the fund and have a diagnosis covered by the TotalAssist program.

Is transportation the only non-medical support service offered?

- No. In addition to the transportation fund, we also offer funds for:
    - **Cancer genetic and genomic testing**: Helps cover out-of-pocket healthcare costs associated with certain genetic and genomic tests for cancer that are prescribed by a healthcare provider. This includes copays, coinsurance, and deductibles related to diagnosing cancer, identifying genetic mutations that may cause cancer, determining appropriate treatment options, and monitoring cancer progression.
    - **Social needs assessment and intervention**: Helps cover out-of-pocket healthcare costs for related to the identification and management of unmet Social Determinants of Health (SDOH) needs. This includes copays, coinsurance, and deductibles related to administration of SDOH assessments and screenings initiated by your physician, Community Health Initiating (CHI) services, Principal Illness Navigation (PIN) services, and navigation services that are covered by your insurance.
    - **Virology testing health equity**: Helps cover out-of-pocket healthcare costs related to prescribed laboratory services prescribed by a healthcare provider. This grant supports a defined group of eligible laboratory services and coverage only applies to expenses that meet the program's eligibility criteria.
- Patients interested in TotalAssist's non-medical support service funds must meet all fund-specific eligibility criteria, and funding must be available.

Can patients receive both disease-fund support and non-disease support services at the same time?

- Yes, if a patient meets all the eligibility criteria for each fund, they may receive more than one TotalAssist grant at the same time—including both disease-fund support and non-disease support services.

Can unused funds from one category be applied to another category of need?

- TotalAssist does not limit how grants can be used. Instead, TotalAssist allows patients to apply their grant toward multiple healthcare expenses, helping reduce gaps in care.
- Patients can use their TotalAssist grants for:
    - Medication copays, coinsurance, and deductibles

  - Health insurance premiums
  - Office visit charges the day of treatment
  - Administration charges related to treatment
- If a patient has more than one TotalAssist grant, unused funds from one grant cannot be used or transferred over to another TotalAssist grant.

Are expenses such as radiation therapy, surgeries, scans, mental health services, past medical debt, or day-to-day living costs ever eligible?

- Expenses including radiation therapy, surgeries, scans, and mental health services are not covered under the TotalAssist program. Covered expenses include medication copays, coinsurance, and deductibles, health insurance premiums, administration charges related to treatment, and office visit charges incurred on the day of treatment.

5. Portal access, login, and account consolidation

Will users need to create a new username and password for TotalAssist, or will existing PAF CPR and PAN credentials still work?

- If you have a current PAF CPR portal account, you will login to the TotalAssist portal starting July 1 using your same CPR username and password.
- If you have a current PAN portal account, you will login to the TotalAssist portal starting July 1 using your same PAN username and will be asked to reset your password.
- If you have both a current PAF CPR portal account and a current PAN portal account, you will login to the TotalAssist portal starting July 1 with your current CPR portal account username and password.

Will PAN and PAF accounts, patient accounts, and user profiles be consolidated into a single account?

- Yes, existing PAN and PAF CPR portal data accounts will be migrated into the TotalAssist portal environment. For individuals who have active accounts in both portal environments, this data will be consolidated into a single account.
- All patient information from the PAF CPR portal accounts will be migrated into the TotalAssist portal. Patient information from the PAN portal accounts that were active as of January 1, 2025, and those recently expired (on or after January 1, 2026) will be migrated into the TotalAssist portal.

Can users create accounts or preload patient profiles before July 1?

- No, the TotalAssist portal will not be available until July 1.

Will the existing portals redirect users to the new TotalAssist portal?

- Yes, the existing portal websites will redirect users to the new TotalAssist portal login page at TotalAssist.org.

Which website should users access now and after launch?

- Between now and June 26 at 5:30 PM ET
    - Users can continue using existing PAF CPR and PAN websites and portals:
        - PAF Copay Relief program: copays.org
        - PAN Foundation: panfoundation.org; panapply.org
- June 27 through June 30
    - PAF CPR and PAN portals and call centers will be unavailable during this time.
- Beginning July 1
    - Users can begin using TotalAssist.org to access all TotalAssist related information, including the TotalAssist portal.
- Prior to launch, you can visit Uniting.PatientAdvocate.org for updates about TotalAssist and the strategic merger between PAF and PAN.

6. Application process and verification

How does someone apply for TotalAssist?

- You can apply online or by phone for TotalAssist grants.
- Our online portal application, which will be available at TotalAssist.org starting July 1, is secure and takes about 10 minutes to complete. You'll find out instantly if you're approved in most cases and can begin using your TotalAssist grant immediately.
- Or, starting July 1, you can call us to apply by phone at 866-512-3861, Monday – Friday, 8:30 – 5:30pm ET. Language interpretation is available.

Can providers, pharmacies, caregivers, advocates, or case managers complete applications on behalf of patients?

- Yes, anyone can apply to TotalAssist on the patient's behalf. However, if the person completing the application is not the patient, they must sign the application

attesting to the fact that the patient has given them the authority to complete the application on behalf of the patient.

What documents are required for application, including diagnosis verification, proof of income, and insurance information?

- During the application process, we will collect your diagnosis and insurance information. Diagnosis verification is required for all applications.
- Proof of household income is only required if our third-party verification service is unable to confirm that your household income meets program eligibility requirements.
- You do not need to submit insurance cards

Will artificial intelligence (AI) be used in application processing?

- No, AI will not be used in application processing.

Can diagnosis verification be completed electronically in the portal, or will signed forms via fax or portal upload still be required?

- **Provider and pharmacy team members** will have the option to verify the patient's diagnosis while completing the TotalAssist application in the portal. If they elect not to verify the diagnosis at that time, a fax will be automatically sent to the treating provider indicated on the application. This must be completed and returned in 30 days.
- **Patients, caregivers, and advocates** are unable to independently verify a diagnosis. After completing their application, a fax will be automatically sent to the treating provider indicated on the application. This must be completed and returned in 30 days.

Will current diagnosis and physician verification forms stay the same after the transition?

- The diagnosis verification form will be updated to reflect the new TotalAssist program. However, the document will require the same information to be completed.

Can pharmacies submit diagnosis verification, or must it come directly from the provider?

- Yes, pharmacy team members can verify the patient's diagnosis directly in the TotalAssist portal at the time the application is made. If the pharmacy team member elects not to complete this step, however, the diagnosis verification form will be

automatically faxed to the treating provider. This form must be completed and returned within 30 days.

Will physician electronic signatures be transferred to the new system?

- Electronic signatures are not transferred to the new system. Each portal user's information will transfer; however, providers will attest and electronically sign the application and diagnosis verification at the time of application submission for each patient.

How does income screening through Experian work, and how does it affect privacy, credit reports, or credit freezes?

- Income and identity screening performed by Experian is a "soft check" and does not impact your credit score or require your credit report to be unfrozen.
- The soft check within the Experian system is completed only once the applicant completes the program agreement, providing their consent or confirming their authorization to provide consent on behalf of the patient. PAF adheres to its Privacy Policy and has implemented practices to protect the personal information collected through the application process.

What is the expected turnaround time for manual review and approval once documents are submitted?

- All application documents are processed in the order they are received. Reviews generally take less than 3 business days. To check application status, you can visit TotalAssist.org and use the chat feature. You can also log in to the portal. You can use the automated feature for the call center.

7. Fund openings, notifications, and waitlists

Will TotalAssist still use waitlists, or will funds be first-come, first-served only?

- No, waitlists will no longer be used under TotalAssist. Instead, financial assistant through TotalAssist will be provided on first-come, first-served basis.

How will users know when a disease fund opens?

- To ensure you are notified as soon as a disease fund opens under TotalAssist, we will offer a user-friendly TotalAssist Fund Notification System.
- This new system will allow you to:

  - Select the communication delivery method(s) you prefer, from email, text (SMS), and/or automated phone call. You can select multiple communication options.
  - Receive notifications for one fund, multiple funds, or all funds.
  - Update your settings and preferences at any time.
  - Unsubscribe at any time.
- To sign up today, visit TotalAssist.org/notify.

How do users sign up for alerts, and will existing alert subscriptions carry over automatically?

- To get notified when a TotalAssist fund opens, anyone can sign up for our free TotalAssist Fund Notification System.
- To sign up, visit TotalAssist.org/notify. Once there, you can choose to receive fund notifications by email, text (SMS) or automated phone call—or any combination that works for you.
- You can sign up for one disease fund, multiple disease funds, or all TotalAssist disease funds.
- You can also update your preferences or unsubscribe at any time.

How quickly do funds open and close, and is there a standard application window or opening time?

- Patient Advocate Foundation is a 501(c)3 nonprofit organization. Funding for TotalAssist disease funds is made possible by charitable donations, and our fundraising teams work year-round to secure donations to support existing and prospective funds. For this reason, we are unable to predict how quickly funds will open or close. Patients, caregivers, and providers are encouraged to sign up for our TotalAssist Fund Notification System at TotalAssist.org/notify.

What happens to patients currently on PAN waitlists when TotalAssist launches?

- Once TotalAssist launches, all patients currently on PAN waitlists will automatically be enrolled in the TotalAssist Fund Notification System.
- Patients will be signed up to receive email notifications only for their specific fund.
- They are encouraged to update their communication and disease fund preferences, as appropriate, by going to TotalAssist.org/notify and clicking on the ‘Manage your preferences’ button at the bottom of the form.

Will current PAN waitlist patients need to reapply when funds reopen?

- Yes, all TotalAssist grants will be provided on a first-come, first-served basis.
- That means that anyone on a PAN waitlist will need to apply for their fund once it reopens. They will not receive any advanced notice of the fund opening to the public, nor will there be a separate application period.

If waitlists are going away, when will patients stop being allowed to join them?

- Beginning May 27, patients can no longer be added to a PAN disease fund wait list. Patients already on a wait list will remain on these lists until July 1. If a fund opens before July 1, all patients currently on a disease fund wait list will be able to apply as normal under PAN legacy grant terms. For funds not opening before July 1 and the launch of TotalAssist, patients on the wait list will be automatically added to the TotalAssist Fund Notification System to receive alerts when their fund opens.

If there is no waitlist, can users preload patient information before a fund opens?

- The Patient Advocate Foundation is committed to adhering to its first-come, first-served approach to funding, as required by its OIG Opinion. At this time, users are unable to preload patient information into an application before a fund opens.

8. Current PAF CPR and PAN grants, renewals, and transition to TotalAssist

What happens to current PAF CPR and PAN grants when TotalAssist launches?

- PAF CPR and PAN grants awarded on or before June 26, 2026, will remain active throughout the entire grant period as long as grant use requirements continue to be met.
- For PAF CPR grants:
    - There will be no change to the eligible expenses that the grant can be used for and there are no changes to the grant use requirements.
    - Claims will continue to be processed using the existing pharmacy card information that was issued at approval for the full eligibility period of your grant.
    - Starting July 1, you will use the TotalAssist portal (TotalAssist.org) and call center (1-866-512-3861) to manage your PAF CPR grant.
- For PAN grants:

  - PAN premium grants and transportation grants will see no change to the eligible expenses the grant can be used for and there is no change to the grant use requirements.
  - PAN copay grants are eligible for expanded covered expenses starting July 1 to include:
    - Medication copays, co-insurance, and deductibles
    - Health insurance premiums
    - Office visit copays the day of treatment
    - Administration charges related to treatment
  - We will no longer be operating disease fund wait lists starting July 1 with the launch of TotalAssist. Instead, anyone can sign up for the TotalAssist Fund Notification System at TotalAssist.org/notify.
  - Claims will continue to be processed using the existing pharmacy card information that was issued at approval for the full eligibility period of your grant.
  - Starting July 1, all PAN legacy claims can be submitted via:
    - Online portal: TotalAssist.org
    - Fax: (757) 952-0119
    - Mail: TotalAssist, 421 Butler Farm Rd., Hampton, VA 23666
  - Starting July 1, you will use the TotalAssist portal (TotalAssist.org) and call center (1-866-512-3861) to manage your PAN grant.
- Please note that renewals and re-enrollments will be unavailable for both PAF CPR and PAN grants from June 27-June 30.

Will existing grants automatically transfer to TotalAssist if they extend past July 1?

- No, you will not automatically be enrolled in TotalAssist.
- Existing legacy grants (PAF CPR or PAN) will be honored through the end of their original eligibility period.
- If you have an active legacy grant, you can apply for a TotalAssist grant for that same disease type when your legacy grant's eligibility ends. You also CAN apply for other TotalAssist disease funds, if you meet the fund's eligibility criteria.

Will current grant recipients need to reapply or go through verification again after the merger?

- If you are currently enrolled in a PAF Co-Pay Relief program or PAN Foundation grant, you do not need to reapply or go through verification again.

- PAF CPR and PAN grants awarded on or before June 26, 2026, will remain active throughout the entire grant period as long as grant use requirements continue to be met.

Should patients with grants expiring before July 1 reapply now through PAN or PAF, or wait until TotalAssist launches?

- This decision is up to each individual patient. However, if a fund is currently open and accepting applications through PAF's CPR program or PAN, we cannot guarantee that it will be open and accepting applications starting July 1 through TotalAssist.

Will member IDs, BIN, PCN, GRP numbers, payer information, payment methods, mailing addresses, or pharmacy billing information change?

- Patients enrolled in a PAN legacy grant will have their numbers change. Each patient will receive a new patient ID number on July 1. Patients and providers currently enrolled in electronic funds transfer (EFT) will need to re-enroll under the TotalAssist program. If they do not re-enroll, payments and patient reimbursements will be issued by check.
- Using the pharmacy card for electronic pharmacy claim submissions, claims will continue to be processed using the existing pharmacy card information issued at approval for the full eligibility period of all legacy grant awards.
- Starting July 1, manual pharmacy claims should be submitted by fax, mail, or uploaded through the TotalAssist pharmacy portal.

Will existing provider insurance premium claims and reimbursement workflows remain in place until current grants expire?

- Existing provider insurance premium claims and reimbursement workflows for PAN and PAF CPR legacy grants will remain in place until July 1.
- Beginning July 1, all provider insurance premium claims can be submitted using any of the following methods:
    - Online portal: TotalAssist.org
    - Fax: (757) 952-0119
    - Mail: TotalAssist, 421 Butler Farm Rd., Hampton, VA 23666

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9. Renewals, reapplication, and timing rules

Can patients renew early, or must they wait until a grant expires?

- There are no early renewals. All renewals will open the day after a grant expires, pending available funding.
- This follows the PAF CPR renewal model.

If a patient's funds are exhausted before expiration, can they reapply early or request additional funds?

- Each patient enrolled in a TotalAssist fund is provided with an initial grant amount that is guaranteed. Once they've exhausted that guaranteed grant amount during their 12-month eligibility period, they will automatically have access to additional funding up to the maximum grant amount for the fund, if it's available.
- If a patient exhausts the maximum grant amount for the fund, they can reapply for assistance once they reach the end of their 12-month award period.

If a disease fund is open before a patient becomes eligible to reapply, will they lose the opportunity?

- Each grant is offered on a rolling 12-month eligibility period. A patient's full 12-month eligibility period must expire before they can reapply for the same disease fund.

Is automatic renewal possible for chronic or incurable diseases?

- No, automatic renewal is not possible. We provide grants on a first-come, first-served basis, depending on the availability of funding. We also need to confirm that each patient still meets all fund eligibility criteria, and there have not been any changes to insurance coverage, income, or other factors that may impact their eligibility.

How does the six-month lookback work for new applications and renewals?

- Patients receiving a TotalAssist grant are eligible to submit claims for covered expenses up to six months in the past (or the date of diagnosis, whichever is sooner). Claims for these past expenses can be submitted via the TotalAssist portal, fax, or mail. If eligible, these expenses will be reimbursed or paid directly to your provider.

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If a renewal is approved after a gap, can expenses from the gap period be covered retroactively?

- Yes, under TotalAssist, we offer a 6-month lookback period. This means that a patient's TotalAssist grant can be applied to eligible expenses incurred up to six months prior to their enrollment date or the date of diagnosis, whichever is sooner.

10. Grant amounts, additional funds, and exhaustion guidelines

What will grant amounts be under TotalAssist compared with PAN and PAF?

- While assistance amounts vary by disease, our guaranteed grant model is designed to cover 100% of out-of-pocket costs for most patients within each covered disease.
- Grant amounts for each TotalAssist fund be found by visiting TotalAssist.org.

If additional services are included, will grant amounts increase?

- While assistance amounts vary by disease, our guaranteed grant model is designed to cover 100% of out-of-pocket costs for most patients within each covered disease.

What happens if a patient exhausts the guaranteed amount or total grant before the end of the coverage period?

- If a patient uses their initial (guaranteed) grant amount before the end of their 12-month eligibility period, they may automatically receive additional funding from the unguaranteed portion of their award, up to the maximum grant amount for the fund, by submitting a claim, based on availability of funding.
- There is no need for the patient or provider to make a call to the program to request additional support.
- If a patient exhausts the maximum grant amount for the fund, they can reapply for assistance once they reach the end of their 12-month award period.

If there is an unguaranteed amount, can providers continue submitting claims in case funding becomes available?

- If a patient uses their initial (guaranteed) grant amount before the end of their 12-month eligibility period, they may automatically receive additional funding from the unguaranteed portion of their award, up to the maximum grant among for the fund, by submitting a claim, based on availability of funding.
- There is no need for the patient or provider to make a call to the program to request additional support.

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When a grant moves from guaranteed to unguaranteed status, is the patient notified?

- Once the patient uses their guaranteed funding, they automatically can begin using the unguaranteed funding without any interruption. Patients will only be notified once they exhaust their total maximum award. At that time, patients will receive either an email or mailed letter (based on their communications preferences) that they have used all available funding and when they can reapply for additional assistance, if needed.

Can grant money run out in the middle of treatment or mid-year?

- Yes, grant funding can run out either mid-year or during a patient's treatment if:
    - The patient exhausts the maximum grant amount for the fund, or,
    - The patient does not submit claims at least once every 120 days, or
- All grants are partially reserved. The guaranteed portion of a patient's award is reserved for them, and while additional unguaranteed funding is most always available, it is subject to funding availability. If additional assistance is still needed, patients may reapply for funding beginning the day after their 12-month award period ends, subject to funding availability.

Can one patient apply for multiple funds if they have multiple diseases or multiple needs?

- Yes, an individual patient may apply for and receive more than one TotalAssist grant as long as they meet all the eligibility requirements for each fund.

11. Claims, billing, and reimbursement

How are claims submitted under TotalAssist?

- Claims can be submitted in multiple ways:
    - By using your virtual pharmacy card
    - Via the portal: TotalAssist.org—simply upload required documents for each claim type
    - Via Fax: 1-757-952-0119* (include patient's unique barcode cover sheet; this is provided in the approval packet each patient receives via mail or email, and is also available on the TotalAssist portal in the patient's account)
    - Via Mail: 421 Butler Farm Rd, Hampton, VA 23666*

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**For claims submitted via fax or mail, be sure to include the patient's unique claim form (Proof of Expenditure form); this is provided in the acceptance packet each patient receives via mail or email and is available on the TotalAssist portal.*

Do patients receive a pharmacy card or debit card, and how is it used?

- Patients will receive a virtual pharmacy card on approval, and it will be accessible on the portal and included in their welcome packet. Depending on their preferences, their welcome packet will be delivered via mail or email.
- To use the card, the patient should present it to their pharmacy or specialty pharmacy.

Who issues payments to pharmacies and providers under TotalAssist?

- For pharmacy claims using the virtual pharmacy card, Patient Advocate Foundation uses PDMI, a Pharmacy Benefit Manager, to process medication payments in real-time at the pharmacy.
- For provider, hospital, insurance premium, and patient reimbursement payments, claims are processed in-house by TotalAssist expenditure specialists. Payments are made either by check or by ACH.

Will payer IDs, billing addresses, EDI details, or pharmacy card processing information change?

- Those enrolled in a TotalAssist fund will receive a pharmacy card that may be used at pharmacies and/or specialty pharmacies.
    - Pharmacy cards for legacy PAN and CPR grants can continue to be used for the duration of the grant eligibility period.
- Beginning July 1, all claims can be submitted using any of the following methods:
    - Online portal: TotalAssist.org
    - Fax: (757) 952-0119
    - Mail: TotalAssist, 421 Butler Farm Rd., Hampton, VA 23666
- Electronic submissions for medical claims will no longer be accepted starting on July 1. Providers will need to submit manual claims through the TotalAssist portal, via fax, or by mail.

How are insurance premium claims submitted, especially for Medicare?

- You can use TotalAssist to be reimbursed for medical or prescription insurance costs, or to have us pay your insurance company directly.

- **If you want us to pay your insurance company directly, send your bill/invoice to us at least 15 days before the premium due date.** Medical insurance premiums can be paid directly to the patient's insurance plan if the plan accepts third-party payments.
- **If we pay your insurance directly**, we can cover the current month (including any previous months within your eligibility period) and up to two months in advance.
- **For reimbursement requests**, we can reimburse the current month (including prior months within your eligibility period) and up to two months in advance if you have paid and submit proof of payment.
- Beginning July 1, all insurance premium claims can be submitted using any of the following methods:
    - Online portal: TotalAssist.org
    - Fax: (757) 952-0119
    - Mail: TotalAssist, 421 Butler Farm Rd., Hampton, VA 23666
- Click here to access and review the TotalAssist Claim Guide.

Can reimbursements and direct payments to carriers for insurance premium claims be automated rather than requiring monthly uploads?

- At this time, Patient Advocate Foundation does not have a feature that enables automated reimbursement requests or direct payments to carriers.
- Beginning July 1, all claims can be submitted using any of the following methods:
    - Online portal: TotalAssist.org
    - Fax: (757) 952-0119
    - Mail: TotalAssist, 421 Butler Farm Rd., Hampton, VA 23666

Can patients submit receipts for eligible out-of-pocket payments already made and receive reimbursement?

- Yes. All new TotalAssist grants include a six-month lookback period. This means you can submit claims for eligible expenses you paid for out-of-pocket up to six months before your grant was approved. Please note that if your diagnosis date is less than six months before your grant approval date, your eligible lookback period will only include the time since your diagnosis, not the full six months.
- You can also submit a reimbursement request for an eligible expense that you have paid for at any time during your award period.

What is the timeline for approval or denial of claims?

- All claims are processed in the order they are received. Pharmacy claims submitted via the pharmacy card are approved or denied instantly. Medical claims, insurance premiums, and patient reimbursement requests generally take 7-10 days to process.
- To check claim status, you can visit TotalAssist.org and use the chat feature. You can also log in to the portal. You can use the automated feature for the call center by asking "What is the status of my claim" or "Claim status".

Will claims still be processed during the short transition shutdown period?

- During the short transition period, patients can continue to use their pharmacy card to fill prescriptions at retail or specialty pharmacies.
- Medical claims will not be processed during the downtime window but will resume on July 1. To submit claims between June 27-June 30, you can mail or fax them.
- Beginning July 1, all claims can be submitted using any of the following methods:
    - Online portal: TotalAssist.org
    - Fax: (757) 952-0119
    - Mail: TotalAssist, 421 Butler Farm Rd., Hampton, VA 23666

Do I need to do anything special if I'm enrolled in the Medicare Prescription Payment Plan?

- If you are enrolled in a Medicare Prescription Payment Plan, you will need to submit several documents during the claims process, including a Claim Form, a copy of the bill, and proof of payment. Our TotalAssist Claim Guide provides a list of all required documentation.
- In general, if you are receiving assistance from a charitable patient assistance program like TotalAssist, the Medicare Prescription Payment Plan may not be useful and adds administrative complexity for both you and the foundation.

12. Grant use policy (120-day rule) and keeping grants active

Will the 120-day usage or inactivity requirement still apply under TotalAssist?

- Yes, the 120-day grant use policy (or inactivity requirement) will still apply under TotalAssist. Patients should submit a claim at least once every 120 days in order to keep their grant active.
- Depending on their communication preferences, patients will receive an email or letter after 60-days of non-use to remind them of the grant use policy guidelines.

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How should patients keep grants active if they receive treatment only every six to eight months? Can the 120-day rule be extended for infrequent therapies or other long-interval treatments?

- For patients receiving treatments given at intervals longer than 120 days, simply reach out to our team to let them know before you reach the 120-day limit.
- Patients can also keep their grant active by submitting claims for other covered expenses, including health insurance premiums, office visit copays on the day of treatment, or treatment-related administration fees.

Does a rejected claim still count as activity under the 120-day rule?

- Even if a claim is ultimately denied, any claim submission will count as activity under the grant use policy (120-day rule).
- Grant recipients, providers, and pharmacists should keep in mind that even if the grant is not needed for medications or treatments, claims can also be submitted for other covered expenses (e.g., health insurance premiums) and will help ensure a grant remains active.

Does the June 27–30, 2026 transition shutdown count toward the 120-day grant use policy?

- Yes, the June 27-30 transition shutdown does count toward the 120-day grant use policy. During the downtime period, patients can continue to use their virtual pharmacy card, and claims can be submitted via mail and fax by patients, providers, and pharmacists. Beginning July 1, patients, providers, and pharmacists can use the new TotalAssist portal to submit claims, including any claims incurred during the transition shutdown period.

If patients meet their out-of-pocket maximum and no longer have claims to submit, how can they keep grants active?

- For patients who meet their out-of-pocket maximum for the year and no longer have medication claims to submit, we recommend submitting claims for other covered expenses to keep your grant active. This can include health insurance premium payments (including medigap policies), office visit copays the day of treatment, or administration charges related to treatment.

Can inactive grants be reactivated or extended?

- PAN's patient assistance program, the PAF Copay Relief program, and TotalAssist all operate a grant use policy. This policy states that grants should be used at least once every 120 days to remain in an active status.
- Inactive grants can be reactivated (depending on fund availability) by submitting a claim to the program. This includes filing a medical claim or submitting a reimbursement request for health insurance premiums. If you need to fill a medication using your pharmacy card, contact the program and we can restore your award, based on available funding.
- If you have any questions about inactive grants or the grant use policy, please use our chat feature at totalassist.org or call 1-866-512-3861.

13. Customer service, technical support, and user experience

Will TotalAssist have sufficient customer support and call center staffing to respond to an increase in demand, especially at launch?

- We are working hard to prepare customer support materials, ensure higher levels of staffing, increase the number and type of support channels, reduce call times, and provide a positive customer support experience for patients, caregivers, and healthcare professionals. We will evaluate program utilization as we launch the program and adjust as needed to maintain a positive user experience where possible.

Will support be available by phone only, or also through email or chat?

- In addition to phone support at 1-866-512-3861, assistance is available through the following channels:
  - Chat: TotalAssist.org
  - Email: Providers + Pharmacies: providerhelp@patientadvocate.org
  - Email: Patients + Caregivers: totalassist@patientadvocate.org

Do you offer call backs when call volume is high?

- When we have high call volume and there are long wait times, we offer call-backs to all incoming callers.

Will the new portal be easy to use?

- We're building our new TotalAssist portal with a focus on user experience, security, and compliance.

- We're also developing more tools and resources, including a dedicated help center, our online chat feature, and phone-based self-service tools, to help you manage your grant and navigate the TotalAssist portal.
- We always welcome user feedback, so if you have questions or feedback about the portal experience after July 1, we welcome your input.

Is the system prepared for a surge in users at launch?

- Yes, our team is working to prepare the system for the surge in users expected at launch, and we are confident in our ability to meet the demand.

How easy will it be to resolve claims questions and technical issues under TotalAssist?

- We've designed our claims process to be as simple as possible. Pharmacy claims can be made by using your TotalAssist virtual pharmacy card. All other claims (provider, hospital, insurance premium, and patient reimbursements) will be handled in-house by Total Assist expenditure specialists.
- If you would like to check the status of a claim, you can use automated chat at TotalAssist.org, use 1-866-512-3861 for self-service, or login to the TotalAssist portal.
- For other questions or technical assistance related to a claim, you can call 1-866-512-3861. Healthcare providers and pharmacists can also email our dedicated support email, providerhelp@patientadvocate.org.

Where can patients get help if technical issues cause them to miss a fund opening?

- If technical issues cause you to miss a fund opening, please reach out to our patient support specialists by calling 1-866-512-3861 or using the chat feature on TotalAssist.org.

14. Program structure, communications, and additional topics

Is TotalAssist replacing PAN Foundation's financial assistance programs and PAF's Co-Pay Relief program?

- Yes, TotalAssist is a consolidation of current financial assistance programs from the PAN Foundation and Patient Advocate Foundation's Co-Pay Relief program. Patients will no longer be able to enroll or re-enroll in these programs. Instead, they will enroll in the TotalAssist program for all future grants. Active grants from both legacy programs will be honored through the end of their original eligibility term.

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Is TotalAssist funded strictly by charitable donations, and will the merger affect overall funding levels?

- The Patient Advocate Foundation is a charitable nonprofit, and the TotalAssist program is funded by charitable donations. Our organization receives no public funding for the TotalAssist program.
- The Patient Advocate Foundation's development team works year-round to secure funding for the TotalAssist program. We are hopeful this merger enables us to increase support for new and more frequent fund openings in the future, so we can serve more patients.

Will TotalAssist work with specific partner organizations or foundations?

- While we work together with other partner organizations and foundations on specific programs and projects, TotalAssist is an independent program of Patient Advocate Foundation.

How does TotalAssist compare with prior or other assistance models?

- TotalAssist represents the most comprehensive patient assistance program in the United States, covering nearly 150 diseases and conditions. To review coverage and eligibility criteria, visit TotalAssist.org.
- Details on other nonprofit patient assistance grant programs, including eligibility and coverage, can be found on their respective websites:
    - Accessia Health
    - The Assistance Fund
    - Blood Cancer United
    - CancerCare
    - Good Days
    - HealthWell Foundation
    - National Organization for Rare Disorders

Will Patient Advocate Foundation still offer case management services and how will case management change?

- Case management services provided by Patient Advocate Foundation are not changing. To request case management services, call **1-800-532-5274**. PAF Case Management assistance is provided on a first come, first served basis, and the program has daily capacity limits for new patients to provide a high level of support to every patient. For more information on PAF Case Management programs, visit PAF Case Management - Patient Advocate Foundation

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Where can users sign up for future webinars, alerts, or updates?

- To sign up for future webinars, alerts, or updates, please visit TotalAssist.org.

Can advocates, pharmacies, or community groups share webinar information (e.g., slides, recordings) publicly?

- Yes, all information provided during our public webinars may be shared.

What happens to existing tools such as FundFinder after the transition?

- FundFinder will continue to be available for use by both patients and providers. To access your current account or sign up for this free tool as a new user, visit FundFinder.org.