



PAF Mission

Patient Advocate Foundation (PAF) is a national 501(c)3 non-profit organization which provides case management services and financial aid to Americans with chronic, life-threatening, and debilitating illnesses.

What is PAF Case Management?

Patient Advocate Foundation Case Management program that helps you understand health insurance coverage options, address problems you run into with your coverage and connecting you to resources that may help with financial challenges you have with paying for care, household expenses and income replacement benefits such as disability.

PAF Case Managers Provide Navigation To:

- Accessing prescribed healthcare services and medications including understanding their healthcare benefits
- Issues related to their health insurance benefits, including denials of care, out-of-pocket costs, network issues and insurance options
- Financial concerns including cost-of-living expenses and medical expenses
- Practical needs including transportation and nutritional needs
- Assistance with filing an application for disability
- Assistance with investigating options to get medical insurance coverage

How PAF Case Management Help

Reduce Financial Burden:

- Identify and help you enroll in available local, regional, and national programs that offer financial assistance for cost-of-living needs like transportation, housing, food and utilities
- Locate and help you enroll in programs that assist with out-of-pocket medical costs including charitable co-pay programs, manufacturer patient assistance, free drug programs and charity care that may be offered by your treatment facilities.
- Work to help you resolve unpaid medical debt by negotiating payment plans, write-offs, and discounts with your providers.
- Link you to available emotional support groups and review your health insurance coverage to help you understand your mental health benefits.

Educate about, screen for, and enroll into appropriate insurance and social programs for patients:

- Provide eligibility, enrollment and appeal help with Medicare, Medicaid, SSI and SSDI and other insurance products
- Offer critical education and help you access workplace protections including COBRA, FMLA, ADA and employer-based disability benefits
- Assist with Marketplace plan evaluation, comparison, and enrollment
- Connect you to insurance related financial support for co-pays, premiums, deductible and other out of pocket medical expenses

Insurance Navigation:

- Help support and secure prior authorization for prescribed care
- Provide help with the health insurance appeal process at all levels
- Assist with the resolution of coding and billing issues
- Offer you clinical trial screening and enrollment assistance
- Our case managers conduct health insurance benefit reviews for second opinions and network providers, facilities, and coverage **We cannot recommend specific providers, facilities or treatments*

PAF Case Management Eligibility

Patient Eligibility Requirements:

- You must have a confirmed diagnosis of a serious health condition or getting testing for the condition.
- Be in active treatment for the health condition, including active surveillance or follow-up
- Be a U.S. citizen or a permanent resident of the United States.
- Be receiving treatment in the United States or a U.S. territory.
- Need help with a qualifying access or affordability issue that is related to their diagnosis

Connect for PAF Case Management Help

- Submit a request help from case management [online](https://patientadvocate.org) at patientadvocate.org through a “get help” image
- Call toll free phone number: 1-800-532-5274; Select case management prompt during business hours

What PAF Case Management Cannot Do

While our case managers solve many complex issues experienced by patients and these interventions can provide significant relief to patients, it is also important for patients and their caregivers to understand that our case managers are not equipped, nor expected to handle every issue a patient may face. Specifically, our case managers cannot to intervene with certain issues including:

Financial Assistance. We cannot:

- Provide direct financial assistance
- Negotiate to resolve a medical bill older than 1 year.

Legal representation and/or accident/work-related compensation. We cannot provide support for:

- Cases that are in active litigation and/or have retained counsel
- Requests for personal recommendations or referrals for legal representation
- Worker's compensation
- VA Benefit eligibility and ratings
- Victim Compensation Funds or class action lawsuits

Medical Provider/Facility Disputes or Medical Advice. We cannot provide support for:

- Disputes resulting from a provider releasing/terminating a patient from their practice
- Requests for us to ask a medical provider/ facility to accept a patient or insurance
- Dissatisfaction with patient rights, or claims for malpractice or negligence
- Dissatisfaction with an in-patient facility, or coordinate transfers due to dissatisfaction
- Mental health services, counseling, or psychiatric hospitalization admissions assistance
- Recommendations for specific providers, facilities, treatment; or express any medical opinion
- Disputes with a provider related to diagnosis, treatment options, or medication frequency or dosage

Health Insurance Benefit Disputes and Exclusions. We cannot support for:

- Insurance appeals for payment to a specific facility/doctor, medication or treatment *that is not medically supported*
- Insurance appeal or financial support for medical marijuana or CBD products
- Insurance appeal or financial support for holistic medicine or homeopathic treatment

Non-U.S. Lawful Resident or Treatment outside the United States. We cannot support:

- Requests for help accessing treatment outside of the United States.
- Patients who are **not** legal permanent residents of the United States.