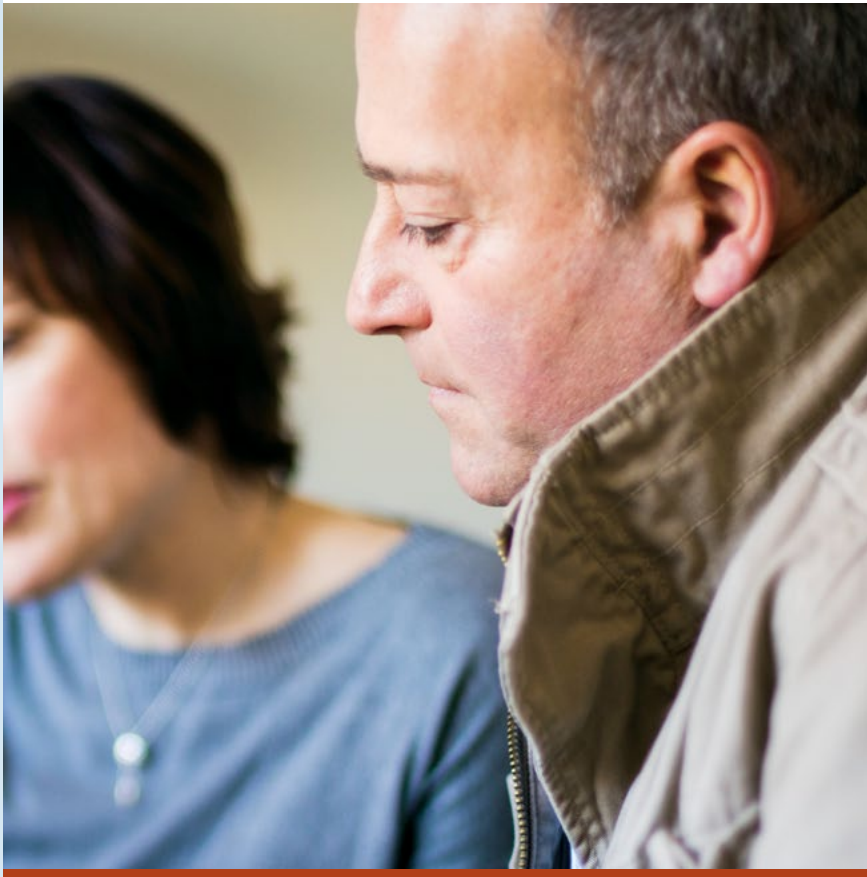
For more information or to speak to a Procedure Access Program specialist call:

1-855-284-1676

7 a.m. – 5 p.m. PST

Boston Scientific Corporation
300 Boston Scientific Way, Marlborough, MA 01752
www.amsmenshealth.com



Procedure Access Program

- Patient and provider focused
- Benefit verification service
- Pre-authorization service and appeal support
- Excluded benefit support
- Financial Assistance Program

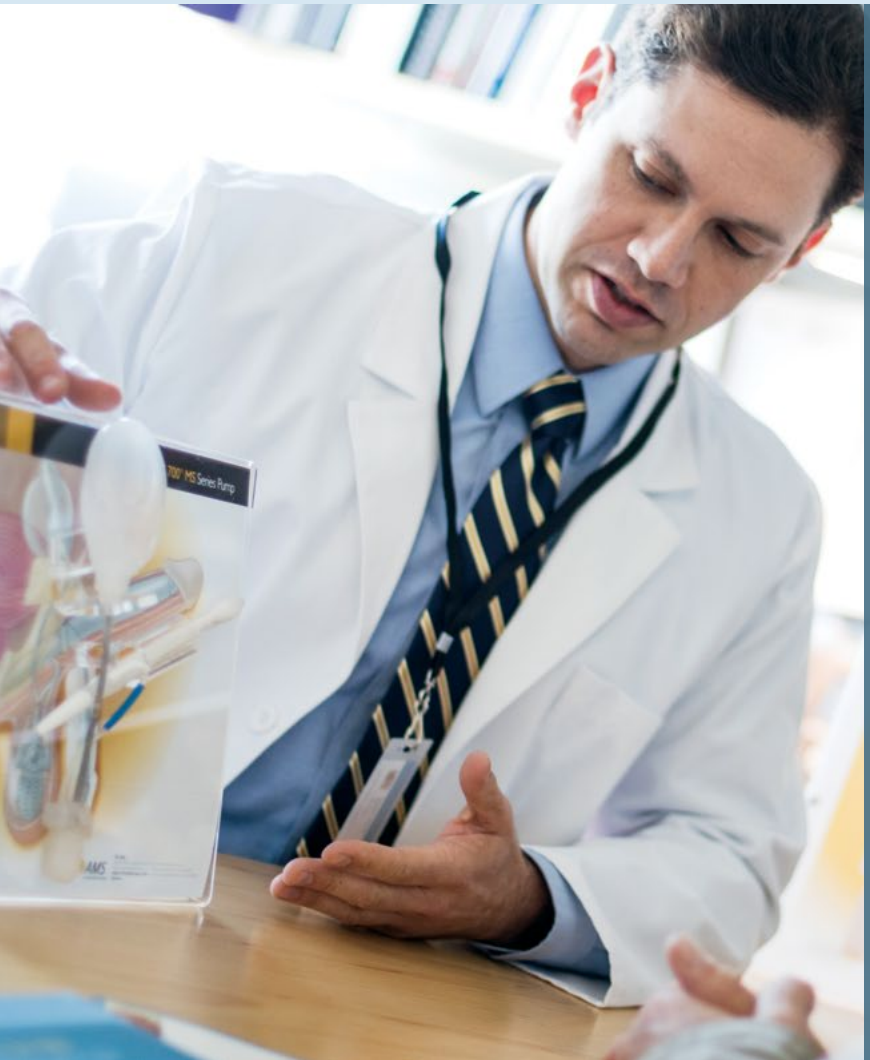
AMS Men's Health procedures

Benefit verification

The benefit verification service verifies coverage and benefits for penile implants and male incontinence procedures.

Pre-authorization

The pre-authorization or pre-determination support services are offered to help substantiate medical necessity requirements are met.



Process

After receiving a completed benefit verification request form from your office, we will conduct the benefit verification. You will then receive a summary of the patient's benefits, including coverage availability as well as current copay/coinsurance deductible and pre-authorization requirements. If pre-authorization or pre-determination is required, we can assist by:

A. Submitting supporting documentation to the insurance company to obtain pre-authorization

B. Providing pre-authorization instructions (if you choose to do so directly)

Frequently asked questions

What does the benefit verification and pre-authorization services offer?

- Benefit verification
- Pre-authorization submission and follow-up with the insurance provider
- Assist with benefits and coverage questions
- Appeal support

What are the expectations of my office staff to use the benefit verification service?

- Complete and submit the Provider Intake Form (one time only)
- Complete and submit a Benefit Verification Form for each patient
- Submit a copy of the patient's demographic information and a front and back copy of their insurance card(s)

Please note: all of the above are required to process the request

How does my office request pre-authorization service?

- On the Provider Intake Form, mark the field requesting pre-authorization service
- Provide documentation supporting medical necessity as requested *(requirements will vary based on health plan)*. A general medical necessity checklist for penile implant patients is available upon request.

What is the timeline for receiving back your patient's benefit verification request?

Average turnaround time for a completed benefit verification request detailing your patient's insurance status is 2 business days.

What is the timeline for receiving back your patient's pre-authorization request?

Although times may vary by insurance company, once we have submitted the pre-authorization, we will follow-up every 2 business days on the status of the request. Average turnaround for pre-authorization is 14 business days.

Are there fees associated with the utilization of the services within the Procedure Access Program?

There are no costs to use the services within the Procedure Access Program.

What if our patient has an exclusion in their insurance policy for a penile implant and/or male incontinence device?

An AMS Men's Health reimbursement specialist will guide your patient(s) through the excluded benefit appeal process. Have your patient call 1-855-284-1676 to begin the process.

Are the services within the Procedure Access Program HIPAA compliant?

Yes, the benefit verification and pre-authorization services meet HIPAA requirements.

To check the status of your benefit verification and/or pre-authorization requests please call 1-855-284-1676 from 7 a.m. – 5 p.m. PST.

Next steps for utilizing benefit verification and pre-authorization services

Fax or email a completed Provider Intake Form *(one time only)*, the Benefit Verification Form, the patient's demographic information, and a front and back copy of their insurance card.

Fax: 1-855-861-0044
Email: BSC.MensHealthIntake@bsci.com

Cost shouldn't stand in your patient's way

The AMS Men's Health Financial Assistance Program is designed to provide financial assistance for eligible patients who have difficulty paying their initial out-of-pocket expenses associated with receiving an AMS Men's Health penile implant and/or male incontinence device. It assists eligible patients with their copay, coinsurance and/or deductible amounts due prior to or after insurance payments. The program can also financially assist eligible patients that have an exclusion clause for these procedures in their insurance policy.

Here's how it works:

Have your patient call toll-free 1-844-295-2745, Monday through Friday, from 8 a.m. to 6 p.m. EST

Non-English-speaking patients may call 1-866-874-3972, when prompted enter client I.D. 791044

A Financial Assistance Specialist will help your patient determine his eligibility for financial assistance, based on income and out-of-pocket expense guidelines.

Your patient may be eligible to spread his initial out-of-pocket expenses out over time. In addition, he may be eligible for a grant covering a certain portion of his initial out-of-pocket expenses.

If your patient qualifies, the Financial Assistance Specialist will help him take the next steps to process his enrollment in the program.

Some restrictions apply:

Maximum income guidelines for eligibility

Not available for patients with Medicaid, Medicare or other federal or state insurance plans

Not available in **Massachusetts**, **Michigan**, **Minnesota**, **Missouri**, **Rhode Island**, **Vermont** or anywhere prohibited by law

This program covers only procedures using AMS Men's Health devices