



NOTICE TO PATIENT

Infuserve America's goal is to provide you with top quality, low-cost therapy as prescribed by your physician. In furtherance of this goal, Infuserve America has elected to be a self-pay pharmacy.

Infuserve America will be considered a non-participating or out of network provider under most insurance plans including but not limited to Medicare, Tri Care, or any state funded Medicaid. Many insurance plans do not guarantee payment for services, equipment, and medication provided by pharmacies. Patients should not assume their insurance covers any of the services provided by Infuserve America. Patients are advised to inquire with their insurance company as to the perimeters of your policy.

INFUSERVE AMERICA MAKES NO GUARANTEES THAT PAYMENTS MADE FOR SERVICES, EQUIPMENT OR MEDICATION PROVIDED BY INFUSERVE AMERICA TO PATIENTS WILL BE REIMBURSED BY ANY INSURANCE CARRIER, INSURANCE COMPANY OR INSURANCE PROVIDER.

Patients who have Medicare, Tri Care, or any state funded Medicaid are responsible for securing potential reimbursements for any services provided by Infuserve America. Medicare, Tri Care, or state funded Medicaid only reimburses patients for services rendered by non-participating providers such as Infuserve America in limited circumstances. Medicare may consider Infuserve America to be a non-Medicare enrolled supplier of Durable Medical Equipment. Medicare does not reimburse patients for Durable Medical Equipment provided by a non-Medicare enrolled supplier. Infuserve America will be happy to provide patients who file claims with Medicare, Tri Care, or any state funded Medicaid with the information necessary to file said claim.

Patients who have insurance other than Medicare, Tri Care, or any state funded Medicaid, Infuserve America will be happy to assist patients in securing potential reimbursement from their insurance carrier. In the event Infuserve America is able to secure reimbursement from patients' insurance provider, Infuserve America will require patients to provide a copy of their insurance card, front and back, a signed assignment of benefits and any diagnostic codes provided by the patients' primary care physician. In addition, as insurance carriers may request additional information, it is advised that patients provide Infuserve America with a letter of medical necessity along with any other pertinent documents.

In the event of reimbursement from a patient's insurance carrier, once Infuserve America establishes that all required deductibles, co-pays and out of pocket expenses have been met, Infuserve America will reconcile the amount that has been reimbursed from the insurance carrier and then refund to said patient all out of pocket expense, less shipping and surcharges.