Simple Steps for Enrolled Patients to Receive Their Dysport Assistance

1. Provider and patient complete enrollment form and send to IPSEN CARES® and patient receives treatment with Dysport.

2. Provider submits claim to patient’s insurance company.

3. Provider adds IPSEN CARES as a secondary or tertiary in EMR system. Provider submits claim to Ipsen utilizing EMR submission to Change Healthcare using CPID 26227; the payer name will be displayed as MSH REIMBUR and the patient’s unique ID information.

4. Electronic claims should be submitted to the patient’s primary and secondary insurance and the EMC process will occur in the background. When the claim is electronically submitted to the patient’s primary insurance, it will also be sent to secondary/tertiary insurances to be electronically processed for payment.

5. IPSEN CARES processes claim payment to patient’s provider within 7 business days via either ACH (wire transfer) or check.

Note: For fax submission of claims, submit the following documents via fax to 888-525-2416: a) completed claim form (Universal, UB or CMS-1500 Claim Form) and b) Primary EOB showing itemized claim from the patient’s private insurance company with the cost for products and services listed separately.
Frequently Asked Questions

Q: How do patients receive Dysport Copay Assistance?
A: First, a patient must satisfy the requirements of eligibility and then be enrolled in IPSEN CARES. Once a patient has successfully enrolled in the program, their doctor’s office can then submit a secondary copay assistance claim to IPSEN CARES following treatment.

Q: Where can the Dysport Copay Assistance Program be used?
A: The Dysport Copay Assistance program is available to be used in the physician’s office/practice or hospital when utilizing the patient’s medical benefits. The copay assistance program is also available when utilizing the patient’s pharmacy benefit and obtaining the prescription via Specialty Pharmacy.

Q: A patient is enrolled in Medicaid. Are they eligible* for the Dysport Assistance Copay Program?
A: No. Patients are not eligible for copay assistance if they are enrolled in any state or federally funded programs for which drug prescription or coverage could be paid in part or in full, including but not limited to Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, DoD, or Tricare (collectively, “Government Programs”).

Q: A patient does not have insurance. Are they eligible* for the Dysport Copay Assistance Program?
A: Yes, uninsured patients who are not eligible to participate in state or federally funded programs are eligible for the Dysport Copay Assistance Program. For cash-pay patients, the maximum copay benefit amount per treatment is $1,250, subject to the annual maximum of $5,000 in total.

Q: What if the patient is unable to use the Dysport Copay Assistance Program at their physician’s office/practice or pharmacy?
A: The patient must submit Dysport Member Reimbursement Form and a valid Explanation of Benefits (EOB) which includes, but is not limited to, quantity dispensed, days’ supply, drug name and NDC, and patient’s copay. This information can be faxed to 888-525-2416 or mailed to IPSEN CARES, 11800 Weston Parkway Cary, NC 27513. Once verified, a check for the patient’s savings amount will be mailed to the patient within 7-10 business days.

Q: A patient has multiple EOBs that need payment. Can multiple EOB submissions be sent for payment at one time?
A: Yes. Subject to the maximum annual cap and other program restrictions, multiple EOBs can be submitted for consideration at one time, including EOBs 180 days prior to the patient’s enrollment date.

Q: I have a patient who has two separate documentations (i.e., an EOB and a Specialty Pharmacy receipt) for the same date of service. Will this patient be paid for both documents?
A: This depends on which services were provided to the patient. Subject to the maximum annual benefit and other restrictions, the Dysport Copay Assistance Program will cover the cost of the drug and injections (this also includes the physician’s visit the same day of injection) where allowable by the state. Our processors will calculate the associated Dysport costs and reimburse accordingly. Any surgical, physician, and/or laboratory expenses will be excluded from payment.

Q: What if the physician has already been reimbursed in full for cost of the drug and the service but later the patient receives an EOB indicating out-of-pocket expenses are due; can they submit this for reimbursement?
A: Yes, our processors can adjust previous claims if the documentation is valid. The patient should submit this information along with a new Member Reimbursement Form for the adjustment changes.

Q: How does the physician receive funds for the program?
A: A payment will be made directly to the physician on the patient’s behalf. Payments will either be via ACH (wire transfer) or check.

Q: What if a provider cannot submit the claim electronically?
A: The physician’s office can fax a completed claim form (Universal, UB or CMS 1500 Form) and the primary insurance’s Explanation of Benefits (EOB) into IPSEN CARES for processing. The EOB must be itemized and show the cost break out for each line item (both product and services). The fax number is 888-525-2416.

*For additional patient eligibility and terms, see reverse side.

For questions about the Dysport Copay Assistance Program, call: 1-866-435-5677
Monday – Friday 8:00 AM – 8:00 PM ET
For additional information, visit us online at www.ipsencares.com

Please see accompanying full Prescribing Information, including Boxed Warning.