

Benefit Verification Assurance Program

Legacy Medical Consultants Medical Assurance of Benefit Verification and Prior Authorization Program (the “Program”) for Zenith Amniotic Membrane

Program Enrollment:

To enroll in the Program, the Provider must first complete steps 1-2.

1. Go through the Insurance Verification Request process
2. Go through Assurance of Benefit Verification and Prior Authorization Program steps below.

Program Summary:

In the event a third party payor or Medicare denies coverage due solely to an error made by Reimbursement Support Center in researching and summarizing whether and under what circumstances and criteria (e.g. prior authorization, FDA-approved use, etc.) product is covered by the patient’s insurance, Legacy Medical Consultants will credit the Provider for Provider’s actual costs paid for Zenith Amniotic Membrane in treating such patient, subject to the eligibility criteria and conditions/limitations of the Program below.

Eligibility Criteria:

In order to be eligible for a credit under the Program:

- 1) the Provider must have used the Reimbursement Support Center prior to use of the product on the patient.
- 2) the Provider must have provided the Reimbursement Support Center complete and accurate patient information on the Benefits Verification Request Form for each date of service;
- 3) the Reimbursement Support Center must have verified the patient's benefits with his/her insurance and obtained prior authorization on behalf of the Provider for the use of Zenith Amniotic Membrane for the patient, if such prior authorization is required by the patient's insurance;
- 4) the Provider's use of Zenith Amniotic Membrane for the patient must have been fully compliant with all of the patient's insurance and documentation criteria; and
- 5) the Provider must notify the Reimbursement Support Center of the third-party payor's denial of coverage within six months from the corresponding patient's procedure date and provide Reimbursement Support Center with all documentation related to such denial of coverage and as otherwise requested by the Reimbursement Support Center to evaluate coverage under the Program.

Legacy Medical Consultants does not, in any way, guarantee reimbursement for its products. However, Legacy Medical Consultants' Assurance of Benefit Verification and Prior Authorization can be utilized by a Provider to obtain a credit for its actual costs paid in acquiring the Zenith Amniotic Membrane for a patient if denied by a third party payor or Medicare due solely to an error made by the Reimbursement Support Center, subject to the eligibility criteria and conditions/limitations set forth in this policy.

Additional Conditions/Limitations:

- The claim and EOB must be submitted to the Reimbursement Support Center for review.
- First level of appeal must be filed within insurance requirements
- Denial of appeal from payers needs to be sent to Reimbursement Support Center.
- Provider must comply with all requirements related to the reporting of any refund to the appropriate government or third-party payer.
- All Medicaid cases (primary and secondary) are excluded from this Program.
- The Program is limited to cases that are on label and in accordance with the conditions of coverage notes in the applicable local coverage determinations (LCD's) and medical policies for Zenith Amniotic Membrane.
- Any credit issued to Provider is limited to the price actually paid for the product. In no event will Legacy Medical Consultants cover any additional patient care expenses or costs related to therapy.

For more information about the Assurance on Benefit Verification and Prior Authorization Program, including how to apply for a refund under the Program, contact the Reimbursement Support Center.

Sincerely,

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