

**AMS** MENS HEALTH  
PENILE PROSTHESIS

**IF YOU HAVE ANY QUESTIONS**

Please call 1.855.284.1676  
Monday through Friday  
9 AM – 5 PM CDT

REIMBURSEMENT AND ACCESS PROGRAM

SUPPORTING PROVIDERS WITH  
REIMBURSEMENT NAVIGATION

**REIMBURSEMENT**  
AND ACCESS PROGRAM

**Next Steps**

Fax a completed Service Request Enrollment form to the Reimbursement and Access program at:

Fax: 855.861.0044

For more information or to speak to a program representative call: 855.284.1676

**Process Overview:**

1. Submission of a completed Service Enrollment Request form to the program.
2. Benefit Investigation conducted with the insurer.
3. Typically coverage and benefits will be provided to your office within 48 hours.
4. You will receive a summary of the patient benefits, copay and deductible requirements.
5. The patient can then make an informed treatment decision based on his current medical coverage.

**For complete Product Information, please visit:**  
[www.americanmedicalsolutions.com](http://www.americanmedicalsolutions.com)

AMS serves patients and physicians across the globe. Our world headquarters are located in Minnesota. Connect with us today.

For more information about AMS products or if you would prefer to talk with someone directly at AMS, please contact our patient liaison at:

800.328.3881, extension 6261  
Monday through Friday, 9 AM - 5 PM CDT



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855.284.1676 Toll Free Line

### WHAT is AMS' Reimbursement and Access Program?

The AMS Reimbursement and Access Program is designed to verify coverage and benefits for the insertion of a penile prosthesis.

After receiving a completed Service Request Enrollment form, from your office, the Reimbursement and Access Program will conduct a benefit inquiry.

You will then receive a summary of the patients' benefits, including coverage availability as well as current copay and deductible requirements.

### WHY is this service available to your office?

The AMS Reimbursement and Access Program is being offered to assist patient access for a penile prosthesis procedure.

Your patient can make an informed treatment decision based on his current medical coverage, and have a clearer understanding of his coverage options.

### Frequently Asked Questions

What does the AMS Reimbursement and Access Program offer?

Assist with benefits and coverage questions:

- Benefit Investigation
- Prior Authorization Information
- Billing and Coding Information

What are the expectations of my office staff?

- Completion of a one page Service Request Enrollment form (SRE) – this form provides the patient insurance information, diagnosis and procedure to be completed.

What can I expect from the Reimbursement and Access Program?

- Verification of insurance coverage in a timely manner – typically you will have a benefit investigation completed within 48 hours, including a general summary of out of pocket expenses, copay requirements, deductibles, in-network and out of network benefit designs.
- Educational information on your patients benefit design and policy criteria if indicated.
- Assistance with general reimbursement questions.

What insurers will be reviewed?

- Commercial, Medicaid and Medicare benefit designs will be investigated.

Can you assist with Prior Authorizations?

- The Reimbursement and Access Program can provide prior authorization information related to the insurer policy guidelines.
- The Reimbursement and Access Program cannot complete any paperwork for your office.

What happens if the claim is denied?

- The Reimbursement and Access Program can investigate the nature of the denial.

Is there a cost associated with the utilization of the program?

- There is no cost associated with utilization of the program.

Is this program HIPAA compliant?

- Yes, the Reimbursement and Access Program is completely HIPAA compliant, acting as a third party, investigating the benefit design on your patients behalf.