



GREEN LIGHT™ Direct Billing Service

Introduction

If you or a family member has PKU or another inherited metabolic disorder, you may be eligible to receive reimbursement for your formula and low protein food purchases. This service is intended for direct billing to insurance providers only. If a state agency or non-profit organization is interested in becoming a customer, please contact us on our toll-free line at 866 4 LOW PRO /866 456 9776.

Below are the steps required for you to obtain direct billing for Cambrooke Foods' products through your insurance provider. The purpose is to save you the extra step and inconvenience of having to pay for the foods up front and then getting reimbursed by your insurance plan.

Please Note

Completing the application does not guarantee that a direct billing account will be obtained. Program eligibility requires your insurance plan to pay the provider (Cambrooke Foods®) directly.

Basic Steps

1 Ensure Eligibility

Ensure your insurance plan covers medically prescribed low protein foods or metabolic formula. You may verify if your state has current or pending legislation mandating reimbursement for foods and formula for people with inherited metabolic disorders by checking Virginia Shuett's website www.pkunews.org for a current listing.

2 Complete MIAF

Fill out the **Medical Insurance Assignment Form (MIAF)**. Because we have been experiencing extreme difficulty in getting paid by some insurance companies even after the appropriate paperwork has been received, we have instituted the following new policy regarding payment:

- If the insurance plan fails to pay Cambrooke Foods® forty-five days after an invoice has been submitted, Cambrooke will send you and your insurance plan a letter by mail. If this occurs, you should become proactive by contacting your Case Manager or Member Services to ensure timely payment and avoid having your account placed on hold.
- If the insurance plan fails to pay Cambrooke Foods® forty-five days after the date of the letter (90 days total), you will be responsible for full payment of the outstanding balance. *If necessary, a payment plan can be negotiated with Cambrooke Foods®.*
- **For plans with co-pays, co-insurance, and deductibles, the patient's or subscriber's valid major credit card information will be taken when an order is placed.**

Cambrooke Foods® is a small family-owned business and hopes its patrons will understand these extra measures to ensure the financial health of the business to continue serving the metabolic community.

3 Complete HCFA-1500

Fill out items 1-13 on the **Health Insurance Claim Form (HCFA-1500)**.

4 Letter of Medical Necessity

In order to meet your insurance plan's requirements, you will need to supply us with a **Letter of Medical Necessity** from your doctor or health care provider that states why the individual needs low-protein foods and/or Camino pro® metabolic formula. If you need a copy of a sample Letter of Medical Necessity, please download from our website www.cambrookefoods.com or contact Client Services.

5 Prescription Requirement

For Camino pro®, make a copy of your doctor's **prescription** for your specific Camino pro® Medical Food System. Note: Depending on your prescription you may need to update it yearly.

6 Insurance Card Information

Supply complete **insurance card** information for the patient and subscriber or provide a copy of the front and back of the insurance cards.

7 Mail/Fax Completed Items

Mail or fax all completed items.

Completed Items	Mail	Fax
<input checked="" type="checkbox"/> Medical Insurance Assignment Form	Cambrooke Foods, LLC	508 416 0067
<input checked="" type="checkbox"/> HCFA-1500 Form	4 Copeland Drive	Attention: Green Light
<input checked="" type="checkbox"/> Letter of Medical Necessity	Ayer, MA 01432	
<input checked="" type="checkbox"/> Prescription for Camino pro®		



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Application Receipt

Upon receiving your application packet, a letter will be sent acknowledging the receipt and the completeness of your application. *Please allow fifteen business days for your application's eligibility for the Green Light™ Direct Billing Service to be determined.*

Application Status

Be patient. If you have not received an acknowledgment letter within 15 business days, please feel free to contact the Green Light™ Direct Billing Service toll free 866 456 9776 x1018 for your application's status.

Insurance Tips

Some insurance administrators may not be familiar with the policies regarding medically prescribed foods and formulas. To help gain authorization quickly you should be armed with the facts. Cambrooke Foods® recommends the following:

Insurance Plan Requirements

Know the requirements of your insurance plan. In order to meet your insurance plan's requirements, you may need to supply us with a Letter of Medical Necessity and a prescription from your doctor or health care provider. Check with your insurance plan's representative to determine what steps need to be taken.

Insurance Plan Limits

Know the limits of your insurance plan. Review your insurance plan to determine if the benefit is covered, and to what extent it is covered. **Any coinsurance payments or deductibles that have not been met will be due at the time an order is placed.** Be aware that self-insured plans (example: ERISA policies) are not mandated to reimburse for low protein foods or metabolic formulas.

Claims Manager

Know your Claims Manager. Connect with the right person in your insurance company that follows special claims. Be sure to get their direct-dial line to avoid endless phone mail prompts. If we are unable to speak to a representative from your insurance plan within three attempts, we will contact you for a specific name and direct dial phone number in order to move your application through the approval process.

Flexible Spending Accounts

If using a Flexible Spending Account (FSA) debit card for co-payments, deductibles, or any other part of your order, you will need to have Cambrooke Foods® established as an approved vendor. Please contact your account's administrator.

More Information

Check our web site www.cambrookefoods.com for updates about our Green Light™ Direct Billing Service. When available, we will post additional information. Let us know what you learn; we can all work together to make managing a special diet easier.



GREEN LIGHT™ Medical Insurance Assignment Form

Introduction

Cambrooke Foods, LLC distributes low protein modified food products and metabolic formulas for use in the treatment of inherited metabolic disorders such as phenylketonuria (PKU). If your medical insurance policy or state legislation provides reimbursement for medically necessary food products and metabolic formulas, Cambrooke Foods® can provide direct billing to your insurance provider. By completing this form, you authorize your insurance provider to pay Cambrooke Foods® directly for products supplied on your behalf.

Select One

- Camino pro® Low Protein Foods Both

Patient Information

(please print or type, all fields must be filled in)

_____ <i>Patient's Name</i>	_____ <i>Insurance Card ID Number</i>
_____ <i>Street Address</i>	_____ <i>Relationship to Subscriber</i>
_____ <i>City, State, Zip</i>	_____ <i>Metabolic Disorder</i>
_____ <i>Home Phone Number (including area code)</i>	_____ <i>Date of Birth</i> _____ <i>Gender</i>

Subscriber Information

(please print or type, all fields must be filled in)

_____ <i>Subscriber's Name</i>	_____ <i>Employer</i>
_____ <i>Street Address</i>	_____ <i>Employer's Address</i>
_____ <i>City, State, Zip</i>	_____ <i>Work Phone Number</i>
_____ <i>Home Phone Number (including area code)</i>	_____ <i>Email</i>
_____ <i>Name of Insurance Provider</i>	_____ <i>Insurance Phone Number</i>
_____ <i>Foods / Camino pro® Insurance Authorization Numbers</i>	_____ <i>Policy#</i> _____ <i>Group#</i>
	_____ <i>Authorization# Effective & Expiration Dates</i>

Assignment of Insurance Benefits & Right of Recovery

In consideration of food products provided, I hereby irrevocably assign and transfer to Cambrooke Foods, LLC all rights, title and interest in the benefits payable for such foods, provided in the above mentioned policy(ies) of insurance. If I am covered under Medicare, I hereby certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. Said irrevocable assignment and transfer shall be for the recovery on said policy(ies) of insurance but shall not be construed to be an obligation of Cambrooke Foods, LLC to pursue any such right of recovery. Provided however, this assignment and transfer shall not take away my standing to make claim or sue for benefits individually should coverage be denied by an insurance carrier(s). I hereby authorize the insurance company(ies) herein listed above to pay directly to Cambrooke Foods® all benefits due under said policy(ies) by reason of product provided therein. **If full payment is not received within 90 days of billing your insurance provider, payment options must be negotiated with Cambrooke Foods®. Co-payment, co-insurance, and deductibles (for example, if you pay 20% and your insurance provider pays 80%) will be charged directly to your credit card per policy agreement (you will supply valid major credit card information when you place your order).** You will be notified by letter that will also include your receipt. Duplicate payments by your insurance provider to Cambrooke Foods® for any paid claim will be refunded to you. A photo static copy of this authorization shall be considered as effective and valid as the original.

Subscriber's Signature

_____ *Date* _____

