

**Patient Treatment Estimate** — —

MRN: —

Insurer: **Medicare**Coinsurance: **20%****Insurance Summary** *(estimate only)*

PRIMARY INSURER	INITIAL	MET TO DATE	REMAINING	AFTER TREATMENT	INSURER RESPONSIBILITY
DEDUCTIBLE	—	—	—	<b>\$0.00</b>	
OUT-OF-POCKET MAXIMUM	—	—	<b>No max</b>	—	<b>\$22,140.69</b>

**TOTAL PATIENT RESPONSIBILITY****\$5,535.17**

OR

**1** payments of **\$5,535.17****Treatment** Alemtuzumab (10) IV D1-7 Q7D (Initial)**Regimen Financial Summary**

	INSURER RESPONSIBILITY	PATIENT RESPONSIBILITY
Drugs	\$8,820.90	\$2,205.22
Non-Drugs	\$13,319.79	\$3,329.95
Treatment Copay		—
<b>Total</b>	<b>\$22,140.69</b>	<b>\$5,535.17</b>

*Factoring in Out-of-Pocket Maximum*

**Note:** Patient responsibility factors in remaining deductible and out of pocket maximum but does not factor in office visit copays. Office visit copays are collected at the time of qualifying visits and are applied to your out of pocket maximum.

Office Visit Copay (per qualifying visit) —

Additional Funding -\$84.09

**Disclaimer:** The information presented in this document is time-sensitive and current as of the date of publication. It is an estimate of potential financial responsibility, and every effort has been made to ensure that the information contained herein is accurate, up-to-date and complete, but no warranty or guarantee is made to that effect. Actual amounts may vary depending on regimen changes, payer coverage rules, actual reimbursement and other factors.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Signature: \_\_\_\_\_

Date: \_\_\_\_\_