# PfizerCopay.com User Guide for Patients



### Introduction -

Welcome to PfizerCopay.com. This guide will help you with the Pfizer Co-Pay Portal by showing you how to:

- Register and enroll in a Pfizer co-pay program
- Access and use the SmartCard
- Submit co-pay claims
- See claim/payment status and history
- See your account details and get help

### How a Patient Can Register and Enroll

You will need to register to get started. To register:



Visit <u>www.PfizerCopay.com</u> and click "Patient"

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Click "Create Account"

 If you have already enrolled in a co-pay program, choose your RxGrp and enter your RxID. This information can be found on your co-pay card. If you are not already enrolled, select "I don't have a card," then select the name of your medication from the drop-down list

*Scan this code to get started* 



You will need the following information in order to register and enroll:

- Co-pay card, if you are enrolled
- Insurance information (prescription and/or health)
- Personal information (name, date of birth, gender, and contact information)

Pfizer	
	Enter Your Card Information Select Your Brand > Verify Your Insurance > Personal Information > Create Your Account
	Welcome to Pfizer Co-pay Patient Portal. Please enter the RxGrp and RxID from your co-pay card below. If you do not already have a card, one will be issued to you when you complete registration.          RxGrp         RxID
	Next I don't have a card

- 2. Enter your insurance information. This may include your prescription and/or health insurance information
  - a. Prescription insurance information includes the BIN, Group Number, and PCN (optional)
  - b. Health insurance information includes the payer and Group Number
- 3. Enter your name, date of birth, gender, phone number, and address



MEMBER SERVICES: 1-800-XXX-XXXX CLAIMS/INQUIRIES: 1-800-XXX-XXXX



Please confirm that your address and email address listed in the co-pay portal and on any forms you submit is correct

## PfizerCopay.com User Guide for Patients (continued)





#### Next, to create your account on the patient portal:

- 1. Enter your email address and create a password
- 2. Review and agree to all program requirements, and answer the questions
- Click "Finish" to create your account. You will receive an email from <u>noreply@pfizercopay.com</u> with a link to activate your account

Create Your Ac Select Your Brand > Verify Your In	Count surance > Personal Information > Create Your Account
We will use your email address Email Address	and password to sign you into Pfizer Co-pay Patient Portal.
Password	Your password should have: • at least 8 characters • at least 1 lowercase letter (a-z) • at least 1 uppercase letter (A-Z)
Confirm Password	<ul> <li>at least 1 number (0-9)</li> <li>at least 1 special character, such as 1 @ # \$ % ^ &amp; + =</li> </ul>

4. Once completed, you will receive your SmartCard information. If you have already enrolled, you can now access your SmartCard. See SmartCard section for more information

### How a Patient Can Access and Use Their SmartCard

Once you are approved for co-pay support, you can pay your co-pay using the SmartCard. The SmartCard will be emailed to you, and you may print it out or email it to your doctor's office or pharmacy.

If you need another copy of your SmartCard, you can access it through your co-pay portal account.

- 1. Go to "My Account"
- 2. Select SmartCard in the "My Cards" section
- 3. A pop-up will provide you with a one-time security token; please copy token for later use
- 4. Click "View SmartCard" and a new window will open
- 5. Enter date of birth, last name, ZIP code, security token, and select "Submit"
- 6. Your SmartCard will open, and you will be able to export as a PDF and save on your computer.

You can give this SmartCard (printed or email copy) to your doctor or specialty pharmacy for payment. You can also give the SmartCard to your retail pharmacy to use as a co-pay card.

If you are submitting your own claims for reimbursement, you may receive funds on the SmartCard (see the "How a Patient Can Submit a Claim" section on page 3 for more information). These funds can be used to pay your doctor or specialty pharmacy.

	TransCard
	Please Answer the Following
Da	te of Birth
	Date of Birth
La	st Name
	Last Name
Zij	p Code
	Zip Code
En	rollment Security Token
	Enrollment Security Token
	Submit
	Need help? Call us at 1-800-416-6373



A co-pay claim must be submitted and approved before funds are loaded onto the SmartCard.

# PfizerCopay.com User Guide for Patients (continued)



### How a Patient Can Submit a Claim

On the Home Page of the patient co-pay portal, you can submit a new claim or check the status of a claim you already submitted. To submit a new claim, you will need electronic copies of the Pfizer Co-Pay Claim Form and your Explanation of Benefits (EOB) statement provided to you by your insurance company.

- Click "Submit a Claim" on the portal Home Page
  If your prescription was filled at the pharmacy, click "Pharmacy," and click "Attach File" to upload the receipt given to you by your pharmacist. The receipt should show:

  You will informat

  A complexity of the pharmacy's name, address, and phone number
  The prescription number, fill date, drug name, strength, NDC number, and quantity
  The price and/or co-pay amount you paid for the drug
  - 5. Date of purchase
  - If your prescription was filled at your doctor's office, click "Prescriber's Office," and click "Attach File" to attach the copy of your EOB

### You will need the following information to submit a claim:

- A completed Pfizer Co-Pay Claim Form within 180 days from the treatment date shown on the patient's FOR
- A copy of the EOB (or dated pharmacy receipt if the prescription was filled by a pharmacy)
- The group and member
   ID information on the identification card (provided on the approval letter)
- The portal will ask you if you have paid your co-pay amount before submitting your claim. Answer "Yes" or "No"

Pfizer Submit a Claim My Account	Contact Us		Johndoe@email.com Sign Out
	Submit a Claim		
[	To process your claim, we need to verify what you purchased and how much you p Work this prescription filled at a pharmacy, or your prescriber's office? Pharmacy @ Prescriber's Office Please provide your DDB. @ Attach File Please provide your damin a genproved in a timely manner, your document must include the bedow where applicable. Pherman and adversa: Pherminghon murcher (Roth) fill date, drug name, strength, NDC and aparticity and where applicable. Phere and/or copy amount paid Pherma mount Poter a mount Poter a mount Particity and and you all for the rop-py for this prescription out of your own pocket before submitting this co-pay claim? VerN	andi And Castomer Support 2005 SS-4020 Plaase make sure your images are legible and classe of the Mark Star Port Andre Star Ander Star Port Star Ander Star Port Star Ander Star A	

Click "Submit." You will receive a confirmation number

- Claims can take 2 to 3 business days (Monday–Friday) to process. Once your claim has been approved, your payment will be processed. If you have not paid for your drug, you can expect funds to be immediately added to your SmartCard. Funds on the card must only be used to pay your co-pay with your doctor's office. For more information about SmartCard, please see the SmartCard section above
- 2. If you have already paid for your drug, you will be sent a check. You should receive the check within 14 business days of claim submission





### How a Patient Can Review Account Details

My Account	
Name JOHN DOE	Change My Password
Date of Birth         Gender         Home Phone           09/01/1981         Male         (555) 555-5555	My Insurance Bite: 123456 Group: 009876
Address 123 MAIN ST. ATLANTA GA 99999	Insurance Payer: Insurance Company Insurance Group:
Email Address john.doe@email.com	Insurance Group Edit Insurance
Edit	My Cards Ruxience RUP100100763 SmartCard <sup>67</sup>
	Add or Edit Cards

On the "My Account" page, you can see your personal information, insurance information, and co-pay card details. You can change your information by clicking the "Edit" option at the bottom of the page.

You can change your password by clicking "Change Your Password" on the "My Account" page.

#### Help for the Patient Portal -

If you have problems uploading claim forms, you can also submit claims by:



When mailing or faxing claims, you will need to download and complete the Pfizer Co-Pay Claim Form and include a copy of your EOB (or dated pharmacy receipt if the prescription was filled by a pharmacy).

For help, contact PfizerCopay.com Patient Support: Phone number: (800) 555-4820, Monday–Friday, 8 AM–8 PM ET

<b>P</b> fizer	Submit a Claim My Account Contact Us		johndoe@email.com Sign Out	
	Contact Us			
	Can't upload documents? No problem! You can also submit your claim in the	e following ways:		
	Submit by Mail: P.O. Box 6875 Bridgewater, NJ 08807	Submit by Fax: (877) 847-3291	,	
	Send a copy of your receipt plus a cover page with your full name and contact information, or download submission form for fax or mail to help make sure you include all the necessary information.			
	For any assistance please contact Patient Support.			
	Support Phone Number:			
	(800) 555-4820 8:00 AM-8:00 PM ET Mon-Fri			
	Pfizer Co-pay Program Terms and	Conditions   Pfizer Privacy Policy		
	Privacy Policy   Terms of Use   FAQ   Contact Us			
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