

# INSURANCE REIMBURSEMENT FOR CANASSIST BREAST



We understand that cancer treatment can be difficult to cope with physically, mentally and financially. In our constant endeavor to do our best for patients, OncoStem has worked with insurance consultants to help insured patients get reimbursement for CanAssist Breast. This involved a survey of close to 150 oncologists and CanAssist Breast patients, and a comprehensive review of Insurance Regulatory and Development Authority of India (IRDA) guidelines.

Our consultants have created a framework and ready-to-use template for a letter of medical necessity, based on their in-depth understanding of the claims review process.

## BENEFITS OF THE READY-TO-USE TEMPLATE

Standardized  
Template

Expert  
Insights

Time  
Saving

Hassle  
free claim  
process

Patients must apply for the reimbursement as a post-hospitalization expense within 60 days of discharge after surgery. As the treating clinician, you will have to provide your patient with a letter stating the medical necessity of performing CanAssist Breast.

The consultants are confident that patients can get reimbursement for CanAssist Breast (TnC apply\*).

The claim template can be downloaded by using this QR code or reaching out to us via WhatsApp or email.

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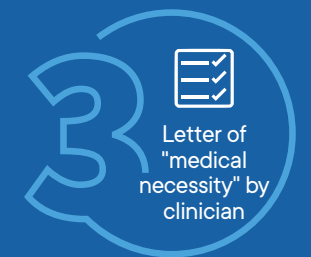
canassist@oncostemdiagnostics.com



Surgery +  
ER/PR  
testing



CanAssist  
Breast  
testing



Letter of  
"medical  
necessity" by  
clinician



Claim  
submission  
within 60  
days

**Eligibility Criteria for CanAssist Breast:** Stage I & II breast cancer patients with invasive breast carcinoma who have hormone-positive (ER+ or PR+) and HER2-negative tumour / disease.

**Turn around time:** 10 working days

\*Terms and Conditions: Reimbursement is dependent on the patient's policy and coverage. Claim templates are provided by OncoStem on a best-efforts basis. Submission of a claim using the provided template does not guarantee that the claim will get approved.

**OncoStem**<sup>®</sup>  
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