



PATIENT ADVOCATE FOUNDATION

Solving Insurance and Healthcare Access Problems | *since 1996*



ANNUAL REPORT 2010-2011

A white lighthouse with a glass-enclosed lantern room sits atop a weathered, moss-covered stone pier. The pier extends into a blue body of water under a clear sky. The lighthouse has a small circular window on its side.

Mission Statement

Patient Advocate Foundation was established in 1996 as a national 501(c)3 organization with a mission of “safeguarding patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability.” PAF serves as an active liaison between patients and their insurer, employer and/or creditors to resolve insurance, job retention, and/or debt crisis matters relative to their diagnosis through case managers, doctors and health care attorneys.

Patient Advocate Foundation has been helping patients solve their insurance and health access problems through our Direct Patient Services Division for over 15 years. During its first year of operations, PAF assisted 157 patients in a 10x10 foot warehouse space. In FY 2010/2011, PAF assisted 88,233 patients in an over 37,000 square foot national headquarters located in Hampton, Virginia and by staff located in Queens, NY, Molville, IA, Orlando, FL, Outer Banks, NC, San Diego, CA, San Antonio, TX and Austin, TX. Services are provided by our professional case management staff, the Co-Pay Relief (CPR) staff and the MedCareLine staff. Case management was and continues to be PAF’s main core competency with Co-Pay Relief emerging as a second core competency in 2004.



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Greetings from our Chief Executive Officer

Nancy Davenport-Ennis

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Annual Reports are documents that provide an opportunity to share highlights of the year's financial, operational and mission delivery performance. For one and one half decades, it has been my privilege to join my colleagues at Patient Advocate Foundation in sharing with you our story. It does indeed sound so simple to summarize achievements in each of these areas; however, at Patient Advocate Foundation, it is difficult to summarize the highlights, for through the strong leadership of the Executive Roundtable Leaders of PAF that is comprised of the Chief Operating Officer, Bill Nason, Chief of Human Resources, Angela Walker, Chief of Patient Services, Pat Jolley, Chief of Mission Delivery, Nick Estep, Chief of External Affairs, Erin Moaratty, Chief of Corporate Development, Jack Ennis and Chief of Corporate Development Operations, Alan Richardson, and chaired jointly by Fran Castellow, President of Operations and Beth Patterson, President of Mission Delivery, the PAF team has excelled in sound fiscal management as evidenced by the Worth magazine's acknowledgement earlier this year of PAF as the second leading charity in the nation based on our fiscal management and implementation of mission. As well, PAF experienced financial growth in revenues of 26.9% while holding Administrative overhead to 8.6 cents per dollar donated. Operationally, PAF responded to demand for services that represented a 37% increase over the figures illustrated in our 2009/2010 Annual Report with expansion of staff, digital infrastructure including expansion of portals to enhance access to all PAF programs for patients and their caregivers, healthcare providers and pharmacists. Mission Delivery's existing PAF programs expanded to meet patient demand with the implementation of new services, as well. Later in this report, please review the Operational Highlights and Mission Delivery Highlights reported with additional detail.

To summarize, fiscal year July 1, 2010 through June 30, 2011 has been a year of improved services to patients, expanded relationships with our healthcare provider community and non-profit patient organizations across all disease categories as PAF handled cases representing 278 chronic, debilitating, life-threatening diseases and a testimony to teamwork internally to handle a 37% increase in demand for services over last year. Every donor who made contributions to PAF contributed to these successes for which we express our deep and abiding gratitude. The intellectual exchange of ideas shared by so many of our Partners in Progress, our non-profit patient organizations and government agencies and the US Congress who have chosen to lend financial support to PAF such as the American Cancer Society, LIVESTRONG, Susan G. Komen for the Cure and Leukemia & Lymphoma Society, Centers for Disease Control and the State of Virginia have shaped our successes and defined who we are in the marketplace today. To each of you, thank you.

This fiscal year is our Fifteenth Anniversary Year of Patient Advocate Foundation. In 1996, PAF was established in a small office with one rented desk and chair, one seven year old computer and no staff, but a very dedicated Executive Board of Directors with 18 members. We served 157 patients through one program and raised \$118,725.00. PAF has averaged a 22% to 33% growth annually in revenues and patients served. This year, 88,233 patients received professional services with an additional 4 million patients provided information through 27 programs and services with revenues of \$45,136,899.00.

Through the leadership of our outstanding Executive Board of Directors, presided over by Dr. Dennis Gastineau as President since February 2011 and with Christian Downs, serving in that capacity for two years prior to February 2011 and the capable service of the Scientific Committee, chaired by Dr. Rob Rifkin, Patient Advocate Foundation has continued to anticipate marketplace demands for patient services, develop operationally and programmatically with staff at PAF effective programs and services to meet the needs and have been provided the opportunity to partner with our nation's finest organizations both in the for-profit and not-for-profit communities to address the increased demand for services.

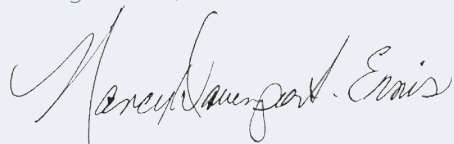
Recently, Kantar Health highlighted the results of their survey of physicians and practice managers who utilize co-pay programs. In response to question 11.8 in the Oncologist Survey and in the Practice Manager Survey which asked "which of the following co-pay foundations do you consider best regarding helping your patients?" Patient Advocate Foundation's Co-Pay Relief Program has been rated number 1 in the nation by practice managers.

The survey findings further cite that "Practice Managers had much more familiarity with financial support foundations. The high number of cancer programs offered by PAF is a key factor in its lead ratings among practice managers. Practice manager preference for PAF demonstrates their need for familiarity, consistency and regularity of processes across multiple tumor types." (Source: 2011 Kantar Health Oncologist and Practice Manager Survey.)

It is through comments such as the one expressed above that PAF is again at the forefront of addressing patient access with the creation and development of the Prescription Access Point project which will provide a single point of contact for patients seeking to apply to multiple manufacturers' patient assistance programs simultaneously. An online, dynamic application will enable patients, providers and caregivers to efficiently apply for free drugs from all participating pharmaceutical manufacturers, removing barriers from patients accessing free drug programs.

With appreciation for your readership, we present the FY July 1, 2010/June 30, 2011 PAF Annual Report that is the result of the tireless service of the PAF professional patient services staff, our operations staff members and Alan Richardson's outstanding leadership as the editor of this publication and the written contributions of Alan, Beth Patterson and Fran Castellow.

With gratitude,



Nancy Davenport-Ennis
CEO





A LETTER FROM BOARD PRESIDENT Dr. Dennis Gastineau

As an organization whose primary mission is to serve people with cancer and chronic diseases I am pleased that Patient Advocate Foundation has been able to not only sustain but expand services in the face of very difficult economic times and great uncertainties. From a financial standpoint, the organization continues to enjoy excellent stewardship that has seen revenue growth continue to exceed the growth in expenses with ever-increasing efficiency of delivering services and dollars to those it serves.

As dramatic changes in the structure of healthcare financing continue, the need for the services of PAF, unfortunately, appears to remain strong, particularly for individuals who might be quite distant from the accountable care organizations that survive the culling of organizations unable to adapt to the changing landscape. These changes do not favor rural areas and rural organizations, so the needs for assistance will likely grow with time. To that end, rural initiatives are underway that may serve as models for future directions for service to patients.

The number of partnerships with other non-profit organizations attests to the strength of PAF, its efficiency, and its objective evaluation of issues and trends in the needs of people with significant and chronic health care issues.

New models of distributing help to those in need have the potential to increase the interest of supporters while increasing the rate of help to individuals applying for aid.

PAF has passed a milestone of a decade-and-a-half of service to patients, and is poised to continue its remarkable growth while maintaining conservative fiscal management.

Dennis Gastineau
President, Board of Directors

PATIENT ADVOCATE FOUNDATION

Board of Directors

Executive Board

Nancy Davenport-Ennis

CEO, President
Patient Advocate Foundation

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Chair, Division of Hematology
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Co-Founder, Chief Development Officer
Patient Advocate Foundation

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Center of Excellence in Partnerships for Community Outreach
and Research on Disparities in Health and Training (EXPORT)
Health Disparities Education, Awareness, Research & Training
(HDEART) Consortium
Department of Health Disparities Research
The University of Texas
M. D. Anderson Cancer Center

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Assistant Surgeon General
Associate Administrator for HIV/AIDS
Health Resources and Services Administration
U.S. Department of Health and Human Services

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Clinical Professor of Law
University of Wisconsin

Bruce Avery, MD

Hematology-Oncology Knoxville

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Scientific Advisory Committee Chair
Director, NMDP Collections
Rocky Mountain Blood & Marrow Transplant Program
Rocky Mountain Cancer Centers

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University of Texas,
MD Anderson Cancer Center

David Brizel, MD

Leonard R. Prosnitz Professor of Radiation Oncology
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Duke University Medical Center

F. Marc Stewart, MD

Professor of Medicine, University of Washington
Fred Hutchinson Cancer Research Center

Pamela S. Becker, MD, PhD

Associate Professor of Medicine/Hematology
Institute for Stem Cell and Regenerative Medicine
University of Washington

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Professor of Surgery
Division of Surgical Oncology
University of Texas Southwestern Medical Center

Al Benson III, MD, FACP

GI Medical Oncology (Professor of Medicine)
Associate Director for Clinical Investigations
at the Robert H. Lurie Comprehensive Cancer Center
Northwestern University, Feinberg School of Medicine

Nicholas J. Petrelli, MD, FACS

Medical Director
Helen F. Graham Cancer Center

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Oncology Nursing Society

Leo Sands

Executive VP & Chief Administrative Officer
US Oncology (Retired)

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Virginia House of Delegates (Retired)

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Mother of Cheryl Grimmel

The Honorable Pat Dougherty

Missouri State Senate (Retired)

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Richard D. Carter, PLLC

Sheldon Weinhaus, Esquire

Weinhaus & Potashnick

Edward G. Connette, Esquire

Essex Richards, PA

William T. "Bill" McGivney, PhD

Chief Executive Officer
National Comprehensive Cancer Network

Jonathan B. Perlin, MD, PhD, MSHA, FACP, FACMI

President, Clinical Services and Chief Medical Officer
HCA, Inc. (Hospital Corporation of America)





A WORD FROM THE PRESIDENT, MISSION DELIVERY

Beth Patterson

It has been my privilege to lead Patient Advocate Foundation's Mission Delivery division over this past year, which has proven to be one of significant growth, new partnership opportunities and the delivery of direct, sustained services to more than 88,000 patients nationwide. Contained within Mission Delivery are three primary divisions, our Case Management Division, Co-Pay Relief Division and Contract Vendor Services Division with multiple programs falling under this global umbrella as well. While we continue to expand our programs and our relationship with new and diverse partners, our commitment to PAF's original mission never wavers and newly implemented initiatives are designed specifically to address unmet needs within the vulnerable patient populations that we seek to support.

During fiscal year July 1, 2010 through June 30, 2011 we have launched several exciting new programs, such as the National Hispanic/Latino and African American Breast Cancer Outreach Program (sponsored by Susan G. Komen for the Cure), the LIVESTRONG Austin Navigation Project, the PAF Data Sales Division and the Nurse Coach CareLine. Many other PAF programs have expanded due to additional support from partners such as the OBICI Healthcare Foundation which funded our Virginia Cares for the Uninsured Program, the American Cancer Society who provided new funding to our Co-Pay Relief Program, the Susan G. Komen for a Cure who provided increased funding to our Co-Pay Relief Program to serve breast cancer patients and the Cancer Treatment Centers of America who provided funding to our case management division. Our Co-Pay Relief Program experienced substantial growth as well and launched two new disease areas, non-muscle invasive bladder cancer and hormone suppression therapy, in addition to expanding service within existing disease areas such as breast cancer, colon cancer and hepatitis C.

Members of the Mission Delivery team routinely contribute their expertise to outside groups and entities through their service on national committees, advisory groups and expert panels. Over the past fiscal year PAF representatives have served as Expert Reviewers for eleven SurvivorCare educational publications and a PAF Regulatory Group was created to provide patient focused comment on proposed national healthcare regulations. We also have members serving on the Centers for Disease Control and Prevention Advisory Committee on Breast Cancer in Young Women, the SurvivorCare Hispanic/Latino Advisory Committee and five CDC Comprehensive Cancer State Coalitions across the country.

While our service offerings have grown, the patient demand for our assistance has grown, so too has our physical presence throughout the nation. Two new Mission Delivery offices have been opened this year and a bi-lingual member of our Senior Case Management team relocated to Austin, Texas to work on the ground in the new SurvivorCare Navigation center that services underserved patients from the Austin area. First PAF opened an office in San Antonio, Texas that is staffed by case managers, medical intake counselors and our

Regional Director of Case Management. We were then invited by Dare County, North Carolina to place a nurse case manager in their government office park to conduct outreach and provide direct services to at risk patients from the outer banks region of that state. This expansion was important to us as the state of Texas consistently ranks as one of the top five referral states for PAF patients and not only does the state of North Carolina neighbor our headquarter state of Virginia but consistently places on the top ten list of PAF referral states.

Since joining PAF almost eleven years ago I have dedicated my career to ensuring that patients who are suffering from illness are not alone or without resources during their journey and I would like to thank every single organization, agency and business who share that same philosophy and have provided the financial support necessary to advance the work of our Mission Delivery team. It is also through the unwavering efforts of a dedicated team of leaders that we are able to meet the ever changing needs of patients nationwide while never compromising the quality of PAF services and I would like to express appreciation to members of my Mission Delivery team including Nick Estep, Chief of Mission Delivery, Pat Jolley, Chief of Patient Services, Erin Moaratty, Chief of External Communications, Pam Cleck, Director, Co-Pay Relief Program, Christine Cummings, Director, Contract Vendor Services Division, Judith Storey, Director, Case Management, Jamilla Williams, Director, Regional Case Management. Thank you for allowing us to share these highlights with you through the construct of this year's PAF Annual Report.

Warm Regards~



Beth Patterson

President, Mission Delivery

“Battling lung cancer and hassling with oxygen companies and threatening letters, Jane Garfield helped to resolve all the issues and asked for the EOB’s; she researched plus audited information from doctors, surgeons and hospitals for me. Without her I would have been in constant tears rather than healing and building strength. Jane’s persistence was the key to fully negotiating the constant conflict between the patient, insurance company and medical physicians. I cannot thank Jane Garfield and Patient Advocate Foundation enough for all the help.”

Marjory Berry, Green Valley, AZ





A WORD FROM THE PRESIDENT, OPERATIONS Fran Castellow, MEd.

Dear Friends,

As another year draws to a close at Patient Advocate Foundation, we take time to reflect on the relationships we have built with the people we have had the pleasure to come to know and serve this year, the needs they came to us with, the ways in which we delivered services to them and the lessons learned from each of these experiences. We translate these reflections into program enhancements that we will implement next year to insure that we are well prepared for those who need us, when they need us, as our support has proven to be so necessary for more patients this year than any other in our 15 year history.

This year has been an unprecedented time in our country's history, one of extreme financial hardship for many with a continued poor economic outlook by all accounts. While much of our nation's citizenry is growing somewhat immune and accustomed to the images of the financial analysts on the television, the dismal financial news reports in the paper and the losses in retirement accounts, there are people among us that are living the very lives, the ones in financial ruin, that we all hear about and talk about in our daily circles of friends and family. These families are in or near financial ruin not because of a bad day on the stock market, however, they are experiencing crushing financial burdens because their health has failed them, leaving them unable to work, losing benefits, losing the assets they worked so hard to earn all their lives. There is no safety net to catch them any longer as public resources continue to be scaled back. The financial devastation families experience when a loved one falls quickly and tragically ill is almost unexplainable to those who have not lived the journey.

How does a family choose between basic needs of living, food, warmth, a place to live, and paying for treatment that may, indeed, save their loved one? This is the very question that many of the people contacting PAF are wrestling with when they reach out, in sheer desperation and with the greatest of hopes, to our team of professionals. Many patients have lost faith in their ability to complete the journey alone as they have become overwhelmed with the business of being ill and in many cases, lacking access to the fundamental healthcare they require.

It is at these crossroads in life that the staff at PAF shines the brightest, restoring faith to these patients as we offer our compassion, competent navigation of the healthcare delivery and reimbursements systems, direct financial support, and professional guidance required to resolve cost of living issues. Most importantly, we deliver tangible solutions to the myriad of challenges that our patients face.

In FY 2010/2011, PAF had the opportunity to work with and on behalf of more than 88,000 patients nationwide. We provided in excess of \$34 million dollars in direct financial support, meeting the pharmaceutical copayment

needs of thousands when they could not afford to. Our professional case management staff negotiated reimbursement for required treatments valued at over \$25 million dollars, through negotiations of pre-authorizations, successful insurance appeals, reconciliation of coding and billing errors, enrollment into available public and private health insurance options, and accessing patient support programs including charity care and manufacturer patient support programs.

This is a mere sampling of our impact in the lives of our patients this year but these accomplishments demonstrate well the breadth and depth of our staff's capabilities to bring about significant change in the lives of those who are suffering from illness and its life altering effects. Our work exemplifies who we are and what we believe in so passionately; we are the restorers of faith, both in our words and more importantly, in our actions. We are grateful to have the opportunity to serve those who need us and know it is only through the strong and committed support of our dedicated professional staff, members of our Boards of Directors who give tirelessly of their time and intellect, the organizations that provide funding for our programs and our patients, who let us into their life, that we are able to achieve measurable results in the lives of so many. I am honored to be one of many leaders at PAF and am proud to call this my professional home.

With Great Appreciation,



Fran Castellow, MEd.
President, Operations

"...faith is about doing. You are how you act, not just how you believe."
Albom, Mitch. *Have a Little Faith*, 1st edition, New York, NY: Hyperion, 2009.

"It has been a long hard battle; this cancer just does not go away. For 30 years I have been fighting it. I knew there were cancer organizations out there, but none of them have been as helpful or compassionate until I found PAF. When my husband reached out and Jennifer called us back she was everything we needed. She called me constantly, she filled out applications (due to us not having a computer) she said it would be easier for her to do it. She explained everything she was doing. She found mortgage assistance for us, she helped me with my Social Security disability application, and she also found me prescription savings. My husband and I could not have done this without her or your organization. Thank you all so much."

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Linda Davis, Greenville, SC

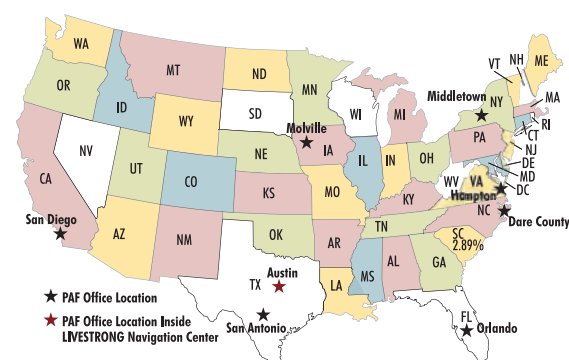


2010-2011 Highlights

April 4, 1996, gave birth to two organizations created through the vision of Nancy Davenport-Ennis, who lost her dear friend Cheryl Grimmel, a 31 year old parent of a 12 year old son. Cheryl's three-year valiant battle against both breast cancer and her insurer inspired Nancy to become personally involved in health care reform.

Fifteen years later, both Patient Advocate Foundation and National Patient Advocate Foundation are recognized nationally as the leading patient advocacy organizations.

Growth in Capacity



Patient Advocate Foundation experienced rapid growth in the number of patients served, employees, and offices in FY 2010/2011. As reported in the FY 2009/2010 Annual Report, PAF assisted 64,185 patients across all of its programs; within the next 12 months, patient demand grew exponentially. In response to this increased need, PAF staff grew 32%, from 164 to 217 employees. By year's end, 88,233 patients from all 50 states had been served for a myriad of issues requiring PAF expertise, a 37% increase over last fiscal year.

While the majority of employees work at PAF's national headquarters in Hampton, Virginia, offices strategically placed throughout the United States serve disparate patients in a variety of locations. Joining the offices in Queens, NY, Molville, IA, Orlando, FL and San Diego, CA, PAF expanded its geographical footprint to include offices in San Antonio, TX, Austin, TX and Dare County, NC in FY 2010/2011.

In 2010, 9.21% of the patients served resided in Texas, leading to the establishment of the San Antonio office with room to house an additional 12 professional case managers. In February, 2011, PAF Texas resources were further expanded at the invitation of LIVESTRONG (the Lance Armstrong Foundation) to open an office in the LIVESTRONG Cancer Navigation Center in Austin, where a senior case manager now serves walk-in patients with the full menu of PAF benefits. This is a complement program to PAF's existing six year partnership through the LIVESTRONG Program.

PAF opened the Outer Banks, North Carolina office at the request of the Dare County, NC Commissioners and the North Carolina Health Department, forming an outstanding model for public/private partnership in which the Dare County Department of Health provides space for a PAF professional case manager. The University of North Carolina at Chapel Hill Cancer Program, along with the Health Department, links the PAF case manager with organizations that can assist Dare County residents facing healthcare access issues.

2010-2011 Highlights

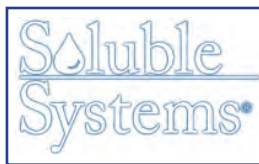
Growth in Financial Support



Even in a tough economy, PAF was able to grow financial support during FY 2010/2011. Most notable was PAF's receipt of a donation in January from CISCO Systems, a Fortune 100 company. CISCO provided much-needed software and equipment valued at over \$60,000, augmenting the current information technology infrastructure to meet current and future demands. Our partnership with CISCO Systems has opened collaborative opportunities with other Fortune 100 and Fortune 500 companies for corporate support and national healthcare initiatives.

Always well supported by the local and national community, PAF's annual event, *A Promise of Hope Affair* featured participation by traditional supporters such as Huntington Ingalls Shipbuilding (formerly Northrop Grumman), Old Point National Bank, Breeger Media Group, Towne Bank, Arent Fox, Goodman and Company, and Vlcom. Several new donors, including Maersk Shipping, Union First Market Bank, Riverside Health Systems, 1st Advantage Credit Union, FNH Browning—and an increased sponsorship from Wachovia/Wells Fargo—enabled this year's event to be one of our best. Pharmaceutical partner Millennium joined other pharma companies, Novartis, Pfizer, Purdue Pharma, Genentech, Eli Lilly, sanofi-aventis, Amgen and Bayer Healthcare/Onyx in providing financial support.

PAF continued its partnerships with the Cancer Treatment Centers of America, the American Cancer Society, LIVESTRONG, and the Leukemia & Lymphoma Society. Our partnership with Susan G. Komen for the Cure was enhanced with both a larger donation to the PAF Co-Pay Relief program and a new outreach component targeting African American and Hispanic/Latina women with breast cancer or a family history of breast cancer.



Soluble Systems, a Hampton Roads Virginia organization will be opening a Chronic Wound Care CareLine thru Patient Advocate Foundation in the first quarter of FY2011/2012. Soluble Systems is the exclusive marketer of TheraSkin®, biologically active wound care product. TheraSkin® recently received the American Podiatric Medical Association's Seal of Approval based on evidence of product safety, quality control systems and product effectiveness. Allan Staley, President of Soluble Systems, in discussing the partnership with PAF had this to say. "...without proper reimbursement for TheraSkin®, patients will not have access to this clinically effective therapy. Utilizing the effective and professional staff at PAF will result in patients having better access to TheraSkin® and allow the health care system the opportunity to save hundreds of millions of dollars."

Future partnerships were included in PAF's response to government funding opportunities. The Centers for Disease Control project proposal targets young women with breast cancer; PAF's funding request to the Commonwealth of Virginia for the Virginia Center for Healthy Small Business will assist small businesses in offering an insurance product and employee wellness product to their employees. Both projects proposals will be reviewed and receive feedback in September, 2011.

PAF completed its 15th year of operations on June 30, 2011 with revenues in excess of \$42M, a 19% growth in revenues from the prior FY. Expenses were in excess of \$41M, a 13% increase from the prior Fiscal Year.



2010-2011 Highlights



Charity Navigator awarded a 4-star rating to PAF for sound fiscal management and the Internal Revenue Service has awarded PAF with a lifetime 501(c)3 designation. The 2011 Worth Magazine (Volume 19/Issue 6) cited PAF as the Number 2 charity in their list of the "Ten Most Fiscally Responsible Charities" in the nation.



NPAF & PAF staff on their way to the Hill Briefing

Growth in Data and the Patient Data Analysis Report (PDAR)

The *Patient Data Analysis Report (PDAR)* details the patient experience for the calendar year. Dr. Allen Dobson, President of Dobson/DaVanzo, a health economist who had previously worked at the Lewin Group and as Director in the Office of Research at CMS, and Chief Executive Officer Dr. Joan DaVanzo, who also previously worked at the Lewin Group, analyzed the patient data for 2010. Their work with PAF President of Mission Delivery Beth Patterson and the PAF Data Analytics Team lead by Liz Vitola moved the PDAR from a self-reported analysis to one of external review and interpretation. Their analysis showed that "the racial and ethnic distribution of PAF patients is moving steadily toward becoming representative of the overall U.S. population" (*Patient Data Analysis Report 2010*, Demographic Analysis of PAF Patients, page 14).

The 2010 *PDAR* was introduced to America at a Capitol Hill Briefing on April 13 and is used extensively by NPAF on visits to Congressional offices. As a result, more than 40 Capitol Hill offices have requested specific PAF data reports to support legislative proposals and other regulatory matters, influence decisions, solve problems systemically, and underwrite proposed healthcare legislation. The *PDAR* reports on national and state-by-state healthcare access issues, including insurance obstacles, medical debt crisis and job retention issues confronted by patients in the United States served in 2010 by PAF. PAF collects extensive data from each patient case received throughout the year. In 2010, PAF's professional case managers successfully resolved 82,963 cases for patients that required direct, sustained mediation and arbitration services, a 49.80% increase over 2009. Again this year, nearly two-thirds of patients reported debt crisis issues due to direct medical expenses and 76 percent of those patients had some type of private or public insurance. Case complexity is still on the rise and in 2010, PAF served patients with 278 different diagnoses and health conditions.

Representative Rob Wittman, (R-1st-VA), **Nancy Davenport-Ennis**, Founder and CEO, Patient Advocate Foundation, **Beth Patterson**, President of Mission Delivery, Patient Advocate Foundation and three patient representatives, **Anna Weinstein**, daughter of David Weinstein, deceased PAF patient from Bozeman, MT,



Rene Cabral-Daniels, NPAF Chief of Staff with the 2010 PDAR

2010-2011 Highlights

Mary Lenox, PAF patient from Chicago, IL, and *Cindy Jones*, PAF patient from Virginia Beach, VA shared their stories and support while describing the scope of the healthcare access battle millions of Americans are fighting each day – including medical debt crisis, case complexity and the growing uninsured population – as shown through their data analysis.

Over 20 member offices were represented, including Sen. Kent Conrad (Senate Finance), Sen. Bernard Sanders (Senate HELP), Sen. Orrin Hatch (Senate Finance/Senate HELP), Sen. Richard Blumenthal (Senate HELP), Sen. Pat Roberts (Senate Finance/Senate HELP), Rep. John Dingell, Rep. Kathy Castor, Rep. Robert Brady and Rep. Robert Scott, among others.

The International Myeloma Foundation, Education and Labor Committee, COPD Foundation, Pancreatic Cancer Action Network, Education and Labor Committee and National Osteoporosis Foundation were also represented.



NPAF Staff with Mary Lenox (2nd from left) who told her story at the PDAR Briefing

Launched in July 2010, the Data Sales Division makes comprehensive, in-depth, customized data available to eternal stakeholders who are seeking real-time information about patient difficulties in accessing healthcare. PAF data provides a wide range of information not readily available in administrative or survey data. All data is provided in the aggregate with complete maintenance of patient confidentiality. PAF produces two types of reports: the Custom Analytic Report provides information on specific segments of PAF's patient population, while the Early Assistance Report provides trend data.

Growth in Programs

Patient Advocate Foundation's core competency continues to be the case management services, from which 20 distinct programs have evolved. Each new program is developed in response to trends and/or issues defined within PAF data, including the Co-Pay Relief (CPR) program. Since inception in April 2004, PAF's Co-Pay Relief program has assisted over 50,000 patients, providing over \$130 million in co-pay assistance.



PAF data has also compelled the creation of the **Prescription Access Point** program. Manufacturer-sponsored Patient Assistance Programs currently address an unmet need of uninsured, and in some cases insured, patients. Providers and patients rely on these programs heavily to provide support for prescribed life-saving medications. Despite best efforts, there are known obstacles for both patients and providers in accessing free drugs through these programs. **Prescription Access Point** is a program that will support patients who are eligible for a manufacturer's free drug program regardless of diagnosis. It is an online solution for patients who need access to multiple manufacturer-sponsored free drug programs, bringing convenience, security, speed and efficiency to the application process.



2010-2011 Highlights

The program will feature a single, dynamic web-based application and approval process for all participating free drug programs, allowing providers and caregivers to efficiently apply for free drugs, determine eligibility, upload and/or fax supporting documents and to electronically submit those applications and documents to the appropriate free drug programs.

Prescription Access Point both streamlines the application process and provides flexibility for manufacturers to retain control over eligibility criteria, data collection and distribution channels. Manufacturers also have the capability to quickly implement changes to criteria, data requirements and business logic.

PATIENT ADVOCATE FOUNDATION **CO-PAY RELIEF** *A Patient Assistance Program*

The PAF Co-Pay Relief (CPR) program, which was created in 2004, will be undergoing model changes in August 2011. Evaluation of the model began in May to determine if the current operations were still meeting the demands of our patients. As a result of the evaluation, the decision was made to change and enhance several

facets of CPR. The most significant change was how PAF handles donations to the program. Beginning in August, all donations are released in full the first month that they are received. We accept new and renewal application on a first come, first serve basis with no limit imposed each month on the number of approvals issued. The grant award is not reserved, nor guaranteed, for the patient and all expenditures are accepted and processed on a first come, first serve basis until such time that the available funds in the silo are exhausted.

There will be four ways to apply for assistance: by phone or through the patient portal, provider portal and the new pharmacy portal. PAF CPR will also be providing enhanced technologies to expedite completion of the application process. Those technologies include E-signature capabilities within the online application process at all points where a signature is now required. Patients, providers and pharmacists will now have the capability of importing documents as part of the online application process either directly or through eFax. Bar code recognition for faxed documents will be available for those users who do not have electronic documents available and all documents will be automatically attached to an application by the system when uploaded and/or faxed. All of these enhancements will allow the CPR program to better assist patients when applying for co-payment assistance for their life-saving medications.

Growth Forecast

As it has throughout PAF's 15 year history, the patient's voice guides program planning and development for caring, competent and effective service delivery. Economic, demographic, and health indicators suggest that patient need will continue to grow. Within our commitment to overcome health care access and reduce healthcare debt crisis, we are determined to grow our resources and meet the call for help.

Direct Patient Services Division

FY2010/2011 Direct Patient Services Division Summary Summary of Patient Cases and Contacts

Case Count	65,472
Total Email Contacts for Direct Patient Services	22,761
Total Patient Case Count	88,233
Total Contacts for Case Resolution	1,098,555

For FY 2010/2011, the Direct Patient Services Division is reporting that a milestone was reached on the number of contacts PAF professional case managers made on behalf of patients to the stakeholders necessary to resolve their healthcare access issues. The total number of contacts crossed the one million mark to 1,098,555 contacts, averaging 12.45 contacts from a PAF professional case manager or co-pay relief specialist. These contacts are made to a patient's healthcare provider, social workers, governmental agencies, other non-profit social service and healthcare organizations, employer representatives, creditors, insurance companies and others who may be able to bring resolution to the patient issues.

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PAF's Direct Services provided daily to patients at no cost includes:

- Negotiating pre-authorization approvals
- Providing assistance in expediting the appeals process
- Coordinating benefits
- Negotiating resolutions to coding and billing errors
- Providing assistance in expediting applications for SSDI, enrollment in Medicare, Medicaid, SCHIPS, and other social programs
- Resolving debt crisis related to diagnosis
- Mediating insurance appeals
- Negotiating access to pharmaceuticals agents, chemotherapy, medical device and surgical procedures
- Brokering resources to supplement the limits of insurance and to assure access to care for uninsured
- Resolving insurance issues in the public and private sectors
- Providing Co-payment assistance to medically and financially qualified individuals

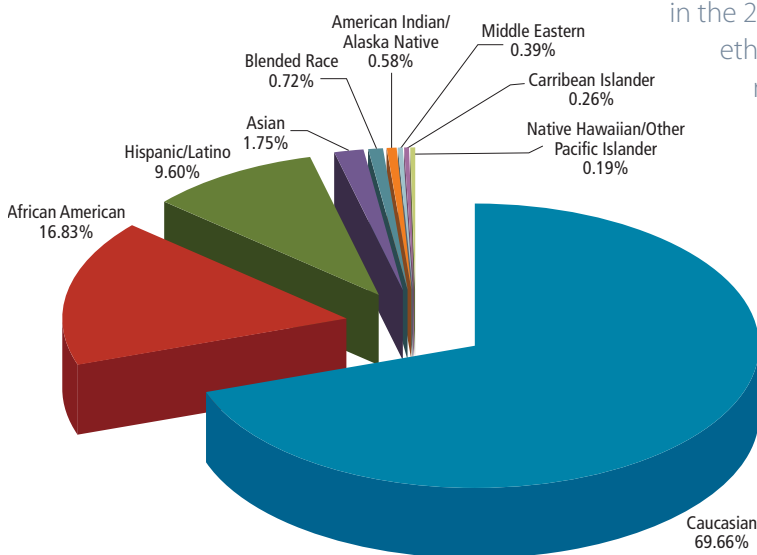


Direct Patient Services Division

Direct Patient Services Division: Our Core Competency

PAF collects 260 different data fields on each and every patient case. From this data the Patient Data Analysis Report (PDAR) and the Patient Advocate Foundation Annual Report are created. The PDAR reflects patient data for a calendar year whereas the Annual Report captures data from July 1st to June 30th, PAF's fiscal year. Annual Report data documents patients served by the case management program and the Co-Pay Relief (CPR) program. Data is presented in graphical form to clearly define who PAF is serving, what the needs of the patients are and what resolutions have been brought to these issues.

ETHNICITY OF PAF PATIENTS IN FY 10-11



As reported by Dr. Allen Dobson and Dr. Joan DaVanzo in the 2010 Patient Data Analysis Report, the racial and ethnic distribution of patients served continues to move towards representation of the overall U.S. population. PAF assisted patients of many ethnicities with 69.66% of patients classifying themselves as white/Caucasian, a 2.5% decrease from FY 2009/2010. African American and Hispanic/Latino patients increased by seven percent (7%) over FY 2009/2010 (24.21% versus 26.43%). The 2010 U.S. Census Bureau reports the population as 72.4% White American, 16.3% Hispanic/Latino, 12.6% African American, 4.8% Asian American, 0.9% American Indian and Alaska Native, 0.2% Native Hawaiian or other Pacific Islander, 6.2% some other race and 2.9% two or more races. PAF's two well established disparate outreach programs are effective in offering culturally sensitive education and direct assistance to patients from both the Spanish-speaking community and the African American communities.

The **National Hispanic/Latino Outreach Program (NHLOP)** was created in 2001 and is currently working on an access to health care guide for the immigrant population in the United States. This guide will serve as a resource to national and local clinics and agencies that provide quality healthcare and much needed secondary services to the Hispanic/Latino population. Additionally, the *A Greater Understanding* series brochure "Su Bienestar, una guía Para La Comunidad Hispanic/Latina" (Your Well-Being, A Health Guide for the Hispanic/Latina Community), publication has been revised to include resources for the breast cancer population in the Hispanic/Latino community.

Direct Patient Services Division

The NHLOP team continues to provide presentations to agencies and medical facilities in the states of California and New York. In September, NHLOP participated in the Market Place of Ideas held at the University of Chicago to introduce its services to area residents and local organizations. In January 2011, NHLOP Program Director Wanda Febus conducted a webinar to the Arizona Cancer Coalition regarding disparities in healthcare which was well received. In February, the NHLOP Director participated in the LIVESTRONG Assembly as a member of the Hispanic/Latino Advisory Committee providing feedback regarding LIVESTRONG initiatives to the Hispanic/Latino population. The following month, the Director attended the annual Oncology Nurse Society conference in Boston.

In April, our California bilingual case manager provided a presentation at a regional event "Special Programs." Continuing our partnership with the Leukemia & Lymphoma Society, there was a presentation to an all Spanish-speaking audience on insurance matters and factors that prevent access to healthcare. NHLOP conducted over 114 outreaches in California and New York with a distribution of over 1,000 publications and included other organizations such as Mission Mesa Women's Health Center, Cornerstone Church of San Diego, 33rd Annual Cultural Celebration at UCSD Thurgood Marshall College, Nuestra Feria and the CVS Minute Clinic in Escondido, CA.

The **National African American Outreach Program (NAAOP)** was created in 2004 and is patterned after NHLOP. It targets African American patients to increase awareness, help reduce healthcare disparities and assist individuals in obtaining a better quality of life. PAF's educational publication titled "Promoting a Healthier African American Community" is distributed at all outreach events.

In FY 2010/2011, NAAOP participated in 135 local, regional and national events, reaching out to over 18,057 individuals informing them of PAF services. Also during this time period, PAF served 5,132 African American patients. Dr. Mary T. Christian who is our NAAOP consultant, a former VA Delegate and a PAF Honorary board member, was a representative at events such as the Southern Christian Leadership Conference and the Joyce Meyer Ministry event. NAAOP members also attended the National Black Nurses Conference, Sickle Cell Annual Convention, NAACP Chapter Health Fair, the African American Men's Health Summit and participated in the American Diabetes Association "Step Out: Walk to Fight Diabetes" in Hampton, VA. At the Sisters Network National African American Breast Cancer Conference in Baton Rouge, LA, Carolyn Andrews, NAAOP Director, participated as a speaker.

Patients served by case managers assigned to NAAOP had this to say:

"There are not enough words to express my gratitude to the help we were provided. PAF helped save my brother's life. Our case manager straightened out the denial of radiation treatment in less than an hour and my brother was treated. She was like our guardian angel."



Direct Patient Services Division

“Mrs. Smith was extremely efficient and prompt in solving all of my problems. She was very personable and friendly. Her connection between my doctor and the pharmaceutical people was immediate and fulfilling. Thank you for everything.”

Another program that targets disparate populations is our Cooperative Agreement with the Centers for Disease Control, the **Early Detection and Survivorship of Cancer in the Underserved Population (SCUP)**, a second five-year program awarded in 2009. Now in year three, the goals of SCUP are to increase survivorship of cancer and enhance the quality of life in the underserved population by providing direct case management services to patients with breast, cervical, ovarian, colorectal, prostate and skin cancers. PAF provides outreach and education to increase awareness of our services available to the uninsured, underinsured, minority and disparate populations.

In FY 2010/2011 SCUP assisted 4,076 patients who requested assistance to access treatment and care for their disease, medication, application assistance for public benefits and resolving debt crisis issues. Patient Advocate Foundation has a dedicated new webpage of information and resources related to the specific diseases listed under this grant. This webpage offers patients educational information as well as opportunities to access treatment and care with state programs for preventative screenings.

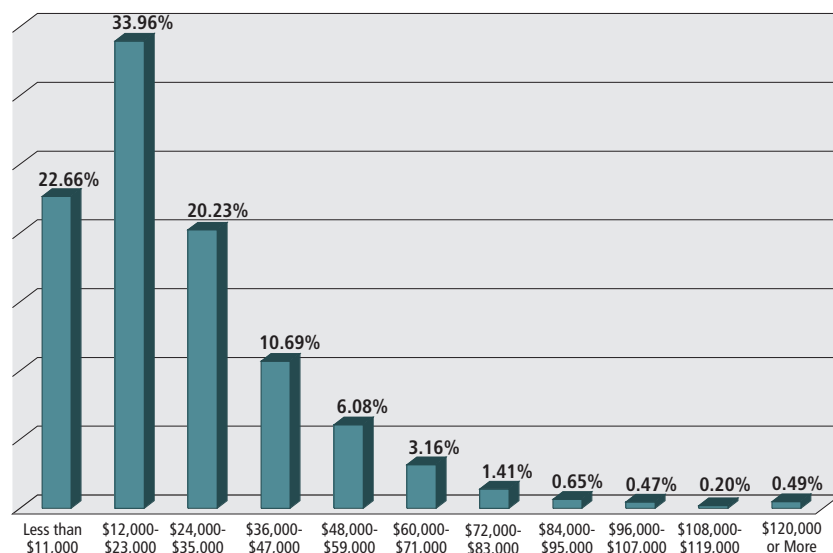
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Patients contacting PAF under the SCUP grant report debt crisis is the number one issue. PAF is able to report for this time period that fees recovered totaled over \$3,108,160.41, including charitable contributions to help with living expenses and with cancer treatment in the form of financial assistance to health care providers and/or write off amounts from the provider to the patient to help alleviate the stress of financial responsibilities.

PAF has built a reputation with the state-sponsored cancer control programs and provides webinar opportunities for state coalitions. These educational opportunities have proven to be an effective collaboration in reaching targeted populations. PAF has presented to the Arizona and Florida programs with the Florida webinar resulting in a request for a presentation to the Florida Wellness Program for the state school districts reaching 23 school districts and over 250,000 employees. The Minnesota Cancer Control Program invited PAF to present and exhibit at its annual state meeting entitled “Bridging the Transition to Life After Cancer Treatment.” Members of the SCUP team have also exhibited or attended the National Black Nurses Association Annual Conference, National Indian Health Board Conference, C4YW-Young Women Affected by Breast Cancer and conducted a swing through Appalachia, targeting 12 locations in Tennessee, Kentucky and West Virginia.

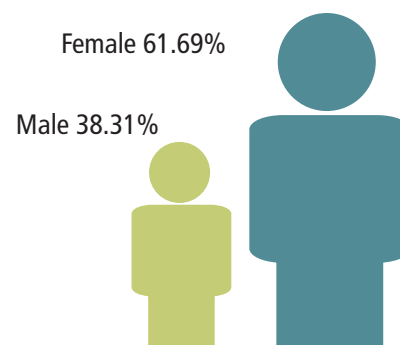
Direct Patient Services Division

INCOME OF PAF PATIENTS IN FY 10-11



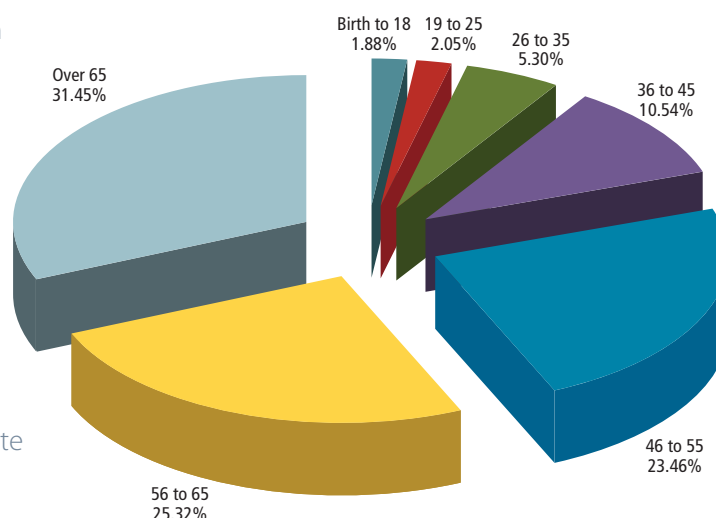
Almost 77% of the patients assisted by Patient Advocate Foundation in FY 2010/2011 had a household income of less than \$35,000.00. Of that number, 22.66% were making less than \$11,000.00, an approximation of the Federal Poverty Level (FPL) for a single member household.

GENDER OF PAF PATIENTS IN FY 10-11



In FY 2010/2011, the gender breakdown of the patients served remained consistent with the breakdown in FY 2009/2010, but again with a slight increase in the number of males served; 61.69% of the patients were female while 38.31% were male. With regards to the age breakdown of the patients assisted, PAF encountered an eighteen percent (18%) increase in the number of patients aged 65 or older, as compared to an 11% increase in FY 2009/2010. While patients from birth to age 25 represented 3.93%, 15.84% were between the ages of 26 and 45, a 1.61% decrease; patients between the ages of 46 to 65 comprised almost half of the patients served at 48.78%, which was a 2.82% decrease over last fiscal year.

AGE GROUPS OF PAF PATIENTS IN FY 10-11



The increase in the number of seniors served can be directly attributed to PAF's **Senior Services Division** which was created in 2004 in anticipation of and response to the creation of Medicare Part D. In addition to assisting seniors with Medicare issues, insurance, debt crisis and access to care issues, members of the Senior Services Division are often asked to prepare reports directly for the Centers for Medicare and Medicaid Services (CMS), NPAF, and the Regulatory Education and Action for Patients (REAP), whose purpose is to communicate issues to Federal and State regulatory bodies, Congress, healthcare insurers and others which



Direct Patient Services Division

regulate/develop/manage and/or impact health delivery, coverage, cost and availability of services. REAP was conceived out of NPAF's recognition that the varied and complex issues of the Affordable Care Act (ACA) will need to be addressed by the wide-ranging experience of many patient advocacy organizations.

Some of the briefs that have been developed through the Senior Services Division include:

- Federal Register Planning and establishment of state level exchanges.
- FDA and CMS parallel review
- Medicare and Medicaid requirements for Long Term Care and Hospice
- Accountable care organizations
- Medicare Marketing guidelines
- Rate increase Disclosure and Review
- Medical Loss Ratio
- Medicare appeals and External review process
- Medicaid Program; Methods for Assuring Access to Covered Medicaid Services
- Proposed changes to the Medicare Advantage and Medicare Prescriptions Drug benefit programs for contract year 2012

Case managers assigned to the Senior Services Division began creating a PAF Medicare brochure scheduled for availability for Open Enrollment in October 2011 to assist our callers with Medicare Benefits. They also attended events such as the National Medicare NMEP meeting, the York County, VA Senior Fair and monthly meetings of the Peninsula Task Force on Aging. They presented and participated in webinars that educated pharmaceutical and industry partners and cancer treatment centers on Medicare, disability and retirement needs.

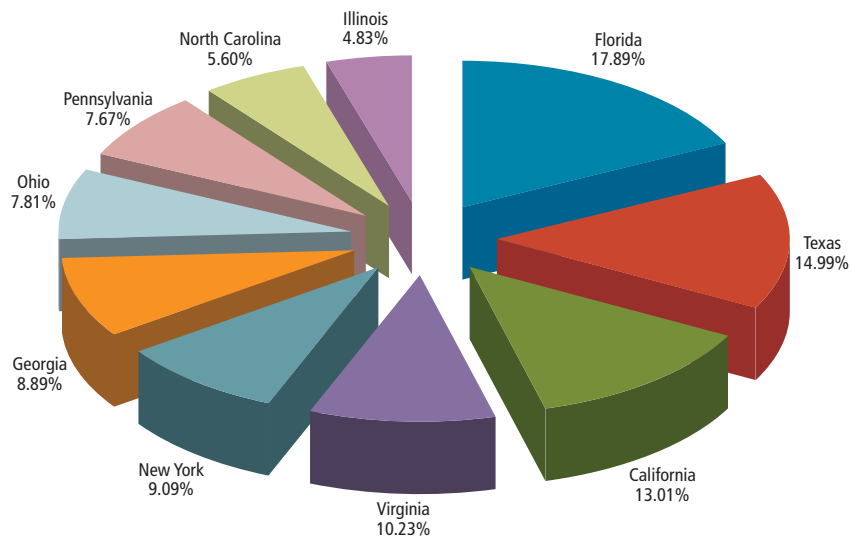


"I am humbly grateful to God and your company for helping me through this stressful point in my life. All things are possible with God and I feel that he has truly directed certain people into my life to help me through this. Leona has been nothing but courteous, professional and very helpful in her dealings with me on the phone. I truly feel that she cares for her patients and loves her job. There will be a reward for people like her. Again – thank you so much for your help and may God bless you all!"

Wilma Barnette, Cumberland Gap, TN

Direct Patient Services Division

TOP TEN REFERRAL STATES FOR PAF PATIENTS IN FY 10-11



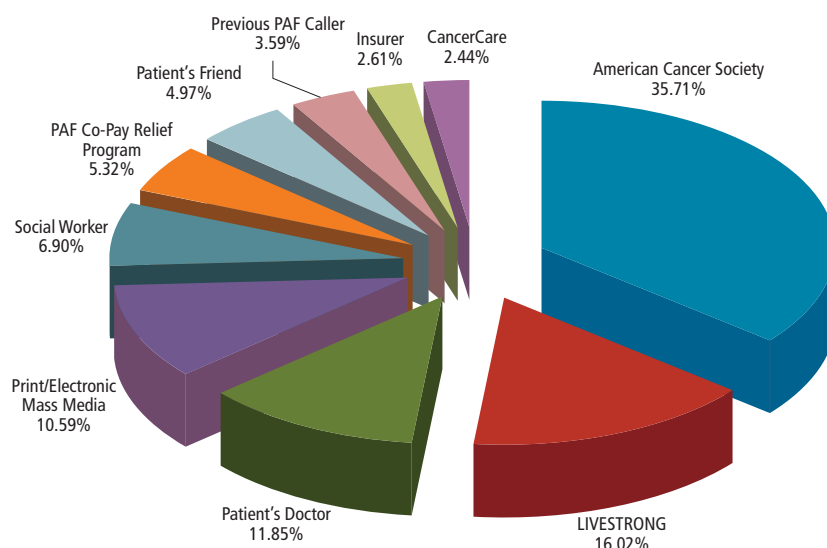
Patient Advocate Foundation provides assistance to patients residing in all 50 states. The top ten states that the patients came from in FY 2010/2011 remained consistent with FY 2009/2010. They were Florida (17.89%), Texas (14.99%), California (13.01%), Virginia (10.23%), New York (9.09%), Georgia (8.89%), Ohio (7.81%), Pennsylvania (7.67%), North Carolina (5.60%) and Illinois (4.83%). This mirrors the United States Census Bureau 2010 Census data for the 12 most populous states.

Patients learn about PAF and its services in many ways. PAF over its 15 year history has become a trusted source for non-profit social service and healthcare organizations, governmental agencies, members of the United States Congress, providers' offices, clinics, hospitals and media outlets. In FY 2010/2011, PAF received 22,761 email contacts and had over 181,000 subscribed email users. Patient Advocate Foundation's 14 websites are used for various programs, as detailed in the breakdown of unique visitors, page views and average amount of time spent on the site:

Website	Unique Visitors	Page Views	Average Time
www.patientadvocate.org	217,787	957,070	2:46 minutes
www.copays.org	97,269	309,524	2:25 minutes
www.colorectalcareline.org	6,409	32,409	2:08 minutes
www.promiseofhope.net	5,240	16,772	1:38 minutes
www.pafcares.org	3,488	9,206	2:17 minutes
pc.patientadvocate.org	1,023	3,471	2:07 minutes

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TOP TEN REFERRAL SOURCES IN FY 10-11



In FY 2010/2011, in addition to visitors to the website and email traffic, referrals were received from numerous other sources. Referrals from American Cancer Society represented 35.71% of patients being served by PAF, a 5.58% decrease from FY 2009/2010. LIVESTRONG (aka the Lance Armstrong Foundation-LAF) referrals represented 16.02% of the PAF patient population, a 4% increase over last year. Referrals from a patient's doctor to PAF increased 119% in FY 2010/2011, from 5.39% to 11.85%. Social Worker referrals increased by 20% and referrals from PAF's Co-Pay Relief program increased 11%. The other referral sources remained fairly consistent with the percentages from FY 2009/2010, with the exception of a new referral source which names Insurers at 2.61%.



Patient Advocate Foundation and the **American Cancer Society** completed the third year of formal partnership in FY 2010/2011. PAF case managers mediate, arbitrate, and negotiate on behalf of ACS referred patients in the areas of access to care and pharmaceuticals, job retention, insurance, and debt crisis relating to the diagnosis. ACS cases arrive via telephone referrals or transfers from the National Cancer

Information Center, regional ACS navigators, ACS Hope Lodges, and emails through a secure web-based portal.

During FY 2010/2011 PAF provided direct case management services to 4,884 patients through the ACS/PAF partnership program. An additional 3,274 patients referred by ACS were served by other programs better suited to their needs, including our CDC SCUP and HEM/ONC grants, the Virginia Cares for the Uninsured Program (VCUP), or the Med CareLine.

The top three categories of Issues worked through the partnership program were:

- Insurance Issues 32.6%
- Uninsured Issues 28.6%
- Debt Crisis Issues 25.5%

Direct Patient Services Division

During this year, PAF case managers recovered a total of \$6,036,964.32 for ACS referred patients through write-off, recovered funds, charitable contributions, and reimbursements to patients and providers.

Dennis P. from Nevada wrote, “My Family and I were elated. We believe that the happy ending would not have occurred without PAF and my case manager’s persistent, insightful, and steadfast support. Mine seemed to be the kind of case destined to fall between the cracks. But at the 11th hour, as a team we recovered. In the future, if problems arise, my first call will be to my case manager and the PAF team.”



Sandy and Robbie Spetyla from Greensboro, NC wrote, “The PAF was wonderful to us. When we were faced with something that turned our entire world upside down, such as my cancer, it was comforting to find an organization set up just for helping us. We would not have had a voice had it not been for PAF advocating on my medical bills. Thank you so much!”

LIVESTRONG®

PAF celebrated its seventh year of partnership with the LIVESTRONG program in FY 2010/2011. National marketing and expansion of the LIVESTRONG project has remained and continues to be a high priority.

Program Highlights include:

The LIVESTRONG website, online referral form and promotional materials were revised for improved highlights of services available to cancer survivors.

- 3 additional case managers were added to the LAF Core Team at PAF during the first quarter of 2011. 2 case managers were added to the team in the Hampton headquarters office and 1 bi-lingual case manager was added from the San Diego, CA office.
- PAF entered an agreement with LIVESTRONG to offer in- house case management services at the brand new LIVESTRONG Cancer Navigation Center in Austin, Texas. PAF’s senior case manager, Brendan Bietry, transitioned into the Austin office in February 2011 and serves patients face to face.
- PAF attended the LIVESTRONG Annual meeting in Austin, TX.
- PAF exhibited as a partner at the grand opening of the LIVESTRONG Cancer Navigation Center in March 2011.
- PAF continues to sit on the LIVESTRONG National Hispanic Outreach Advisory Board to assist with all aspects of the LIVESTRONG National Hispanic/Latino initiative.
- LIVESTRONG partners attend monthly conference calls updating all partners on services provided, new initiatives, etc.



Direct Patient Services Division

- 3 month follow-up surveys continue to be sent to each patient who contacts LIVESTRONG. Results are shared with partners monthly.
- Warm call transfer option for LIVESTRONG patients being referred from their call center in Austin continues to be an asset in immediately assisting patients.
- PAF continues to distribute LIVESTRONG materials through PAF's national disparities outreach programs, the National African American Outreach Program and the National Hispanic/Latino Outreach Program.

Through this increased marketing, PAF has continued to provide for 3,795 referrals during FY2010/2011. Since inception of the LIVESTRONG partnership, PAF has received 15,338 referrals. Patients assisted by the LSSC program made these positive comments:

“Brendan is such a wonderful asset. He really cares about you and researches any and every aspect that you need assistance with. I do believe he helped get me my SS Disability with providing the Medical source statement. He is so caring responsible and just a downright joy. Thank you is just an inadequate expression for all that he has done and provided for me, but thank you so much for being there. Thank you so much.” K. Rial, Plano, TX

“Thanks to organizations like yours and the services you provide, people like me are able to get some results in the assistance we are looking for. I will always remember people and organizations like you who really made a difference in our society.” Marta Echeverri, Miami FL.



In FY 2010/2011, PAF continued to partner with the **Cancer Treatment Centers of America (CTCA)** to provide sustained case management services to patients who are seeking care at CTCA medical facilities and are experiencing access to care issues. These include obstacles due to insurance issues, inability to afford out-of-pocket expenses and/or travel-related issues. Through the partnership, these clients are referred directly to PAF for assistance. The program features a

dedicated 1-800 phone line, secure provider referral portal and dedicated case management staff. The CTCA team assisted 1,763 patients and successfully obtained \$673,765.82 in medical debt relief.



“When my doctor informed me that I had prostate cancer I knew that my life was over. Little did I know that there were wonderful people like Michelle Herbert who reached out to me in my time of need. Also, I would like to thank all of the other hard working people at PAF.”

Johnny Jones, Bartow, FL

Direct Patient Services Division

In FY2010/2011, PAF continued to be a trusted source for numerous tier one and tier two media outlets and has been featured in articles in both print and broadcast sources:

- Associated Press
- CNN
- Wall Street Journal
- Washington Post
- U.S. News and World Report
- The Chicago Tribune
- Marketwatch
- MSNBC
- AARP Bulletin
- MSN.com
- USA Today
- Smart Money Magazine
- Dateline NBC
- New York Times

PAF was also included in several full length books this past fiscal year as the healthcare debate continues. *"Healthcare Debate called Getting it Done: How Obama and Congress Finally Broke the Stalemate to make Way for Health Care Reform"* by Senator Tom Daschle was released in October and features PAF CEO Nancy Davenport-Ennis. PAF partnered with the Cancer Support Community to produce the second edition of "Frankly Speaking About Cancer/Coping with the Cost of Care."

PAF was featured in websites, magazines, trade publications and television making earned media coverage the fourth highest referral source in FY 2010/2011 at 10.59%. PAF was also featured on numerous blog sites such as Academy Insurance, Living with Multiple Myeloma, Cancer & Careers, Patients are Powerful, and Aid Page. PAF's FaceBook page can be accessed at www.facebook.com/patientadvocatefoundation.



THE WALL STREET JOURNAL

The Washington Post

MarketWatch



Smart Money

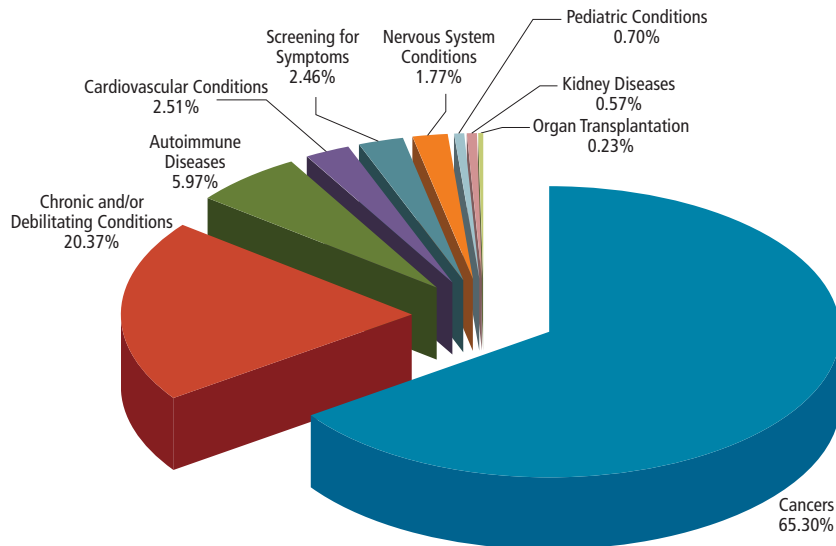


The New York Times



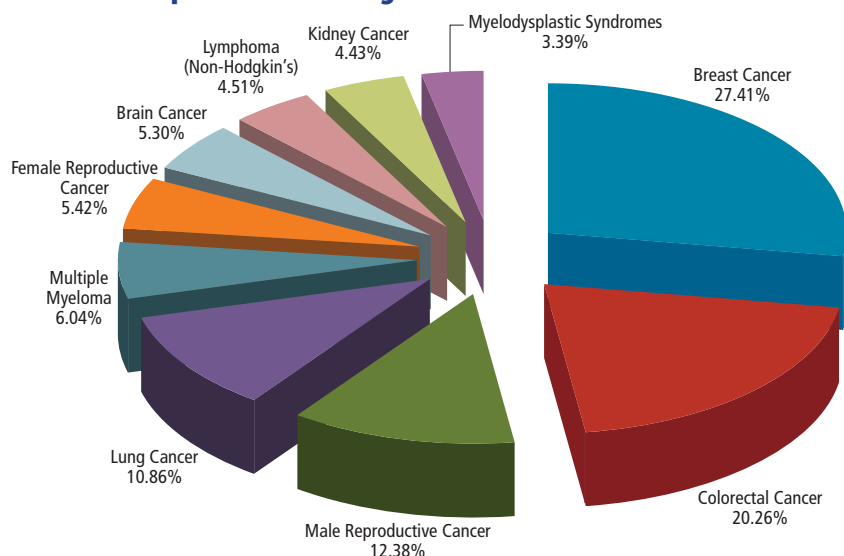
Direct Patient Services Division

Health Conditions of PAF Patients in FY 10-11



In FY 2010/2011, Patient Advocate Foundation assisted patients with over 278 different diagnoses of a chronic, life-threatening or debilitating disease. Patients with a cancer diagnosis represented 65.30% of the patients assisted, a 6.77% decrease from FY 2009/2010. Chronic and/or debilitating conditions increased from 14.21% to 20.37%, a 43% increase. The remaining health conditions remained consistent with FY 2009/2010 with the exception of Screening for Symptoms, which increased 28%.

Top Ten Cancer Diagnoses of PAF Patients in FY 10-11



Cancer continues to be the primary diagnosis of PAF patients, but it also continues to decline each year as more patients are diagnosed with a chronic or debilitating condition. Breast Cancer remained the leading cancer diagnosis again this year at 27.41%, an 11% increase over last year. Colorectal Cancer was the second highest reported cancer at 20.26%, a slight increase over last year

Chronic or Debilitating Conditions

Addison's Disease
 ALS (Lou Gehrig's Disease)
 Amputations
 Amyloidosis
 Anemia
 Aplastic Anemia
 Asthma
 Blindness
 Blood Disorder
 Bronchitis
 Chemo-induced anemia
 Chemo-induced neutropenia
 Cirrhosis
 Clotting Disorder
 Connective Tissue Disorders
 COPD (Lung disease)
 Cushing's Syndrome
 Degenerative Disc Disease
 Degenerative Joint Disease
 Devic's Disease
 Diabetes
 Emphysema
 Enzyme Deficiency
 FAP (Familial adenomatous polyposis)
 Fasciitis
 Fibromatosis
 Fibromyalgia
 Gauchers' Disease
 Glaucoma
 Hemochromatosis
 Hemophilia
 Hepatitis A
 Hepatitis B
 Hepatitis C
 Hereditary Hemorrhagic Telangiectasis
 Histiocytosis
 Histoplasmosis
 HIV/AIDS
 Huntington's Disease
 Hyper/Hypothyroidism
 Hypogammaglobulinemia
 Hypopituitarism
 Idiopathic thrombocytopenic purpura (ITP)
 Immune Deficiency Disorder
 Infectious process
 ITP (Idiopathic Thrombocytopenic purpura)
 Liver Failure
 Lymphedema
 Macular Degeneration
 Meningitis
 Monoclonal gammopathy
 MRSA
 Muscular Dystrophy
 Myelofibrosis
 Neuropathy
 Osteomyelitis
 Osteonecrosis
 Osteoporosis
 Pancreatitis
 Paralysis
 Parathyroid disorder
 Peripheral Neuropathy
 Polio
 Polycythemia Vera
 Polymyositis
 Porphyria Cutanea Tarda
 Pseudomyxoma Peritonei (PMP)
 Pulmonary Disease
 Pulmonary Emboli
 Pulmonary Fibrosis
 PXE (Pseudoxanthoma Elasticum)
 Short Bowel Syndrome
 Sickle Cell Anemia
 TAR (Thrombocytopenia Absent Radius) Syndrome
 Thrombotic thrombocytopenic purpura (TTP)
 Thyroid Disorder
 Ulcerative Colitis

Direct Patient Services Division

Male Reproductive System Cancers remained the number three diagnosis at 12.38% followed by Lung Cancer at 10.86%. Multiple Myeloma moved to the fifth most reported cancer at 6.04%, followed by Female Reproductive Cancer at 5.42%. Brain Cancer decreased from 6.22% to 5.30% with Lymphoma (Non-Hodgkin's) (4.51%), and Kidney Cancer (4.43%) being joined by Myelodysplastic Syndrome (MDS), a new cancer diagnosis to the top ten with 3.39%.

In FY 2010/2011, PAF completed the fourth year of a second five-year cooperative agreement from the Department of Health and Human Services Centers for Disease Control and Prevention (CDC). The **Hematologic Cancer Education and Outreach Program (HemOnc)** goal is for professionally trained case managers to provide educational counseling and increased awareness of support services to cancer survivors, family members, friends and caregivers affected by hematologic cancer, including those from disparate populations. Additional goals are to evaluate underserved, uninsured, racial and ethnic minority survivors with respect to hematologic cancer and health care disparities, including family members, friends and caregivers on the availability of informative and culturally sensitive materials; to determine hematologic cancer educational needs for the underserved, uninsured and/or racial/ethnic minorities; and to collaborate with disease-specific organizations to develop new materials when deficits have been identified. A local, regional and national outreach component is also included in the program goals.

"Lighting the Way, A Practical Guide to Clinical Trials" published in 2009, is now available in English and Spanish translations and available for download from the PAF website in pdf format. The publication continues to be of high interest and is distributed to patients and providers during local, regional and national outreach events. With the implementation of Healthcare Reform, questions surrounding access and patient rights—including accessing clinical trials—are becoming more common. This publication is a helpful tool for this population.

During FY 2010/2011 PAF served a total of 1,429 blood cancer patients; 77.48% of those patients had insurance, with 43.20% having private insurance, 9.12% being covered by Medicaid and 25.16% covered under Medicare. This data represents a 2.13% increase in the Medicare patients and a 2.31% decrease in Medicaid patients served this fiscal year versus last. These statistics also showed 22.52% of all PAF patients served reported no insurance coverage for their healthcare needs.

Within the disparities outreach component, African American and Hispanic/Latino hematologic cancer patients are targeted, as well as the organizations and healthcare facilities that serve those populations. States visited during this fiscal year include:

- Delaware
- Illinois
- Indiana
- Maryland
- Michigan
- Montana
- New Jersey
- Ohio
- Utah
- Virginia
- West Virginia
- Wisconsin
- Wyoming

Outreach swings to specific states targeted research hospitals, clinics (both radiation and chemotherapy), physician's offices, and community advocates. Members of the HemOnc staff attended the Association of Pediatric Hematology Oncology Nurses (APHON) conference, the National Comprehensive Cancer Network (NCCN) annual conference, Oncology Nursing Society (ONS) annual conference, Association of Oncology Social Workers conference, American Society of Clinical Oncologists (ASCO) conference, the American Society of Pediatric Hem/Onc (ASPHO) conference, National Marrow Donor conference and American Society of Hematology conference.



Direct Patient Services Division



“Thank you Patient Advocate Foundation for all your help. I was totally in shock when I discovered the co-pay for my chemo drug had gone up from \$10.00 for a 30 day supply to over \$1,700.00 for the same amount. As I am on Social Security Disability I was at a total loss as to how to come up with the money and the medication. Without you and your foundation I feel I would not have been able to achieve this and would ultimately die from the Leukemia that has

ravaged my body. I do not have the words to use to properly thank you.”

Judy Arbia, Siloam Springs, AR



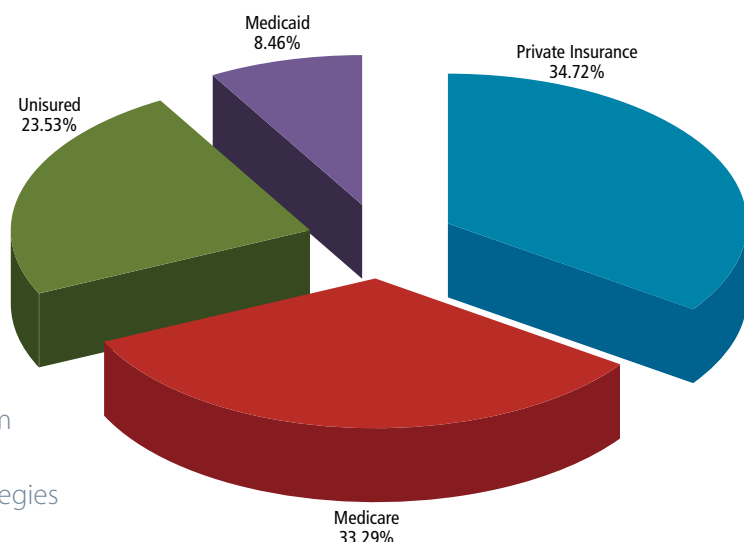
Many PAF patients assisted had some form of insurance. Patients with Commercial/Private Insurance (34.72%) decreased by 10.4%. Medicare and Medicaid both showed increases over FY

2009/2010, Medicare coverage increasing by 10% and Medicaid coverage increasing by 36%. Not surprising, the number of uninsured patients seeking assistance from PAF, increased 27%, from 18.48% in FY 2009/2010 to 23.53% this fiscal year. **The Virginia Cares Uninsured Program (VCUP)** is a program that was implemented in 2007 and continues to assist uninsured or underinsured Virginians, through free sustained direct case management services to patients who have been diagnosed with a chronic, debilitating, or life-threatening illness and are experiencing access to health care issues.

During the FY 2010/2011, VCUP successfully resolved 2,276 patient cases through direct arbitration, mediation, and negotiation. The VCUP case management team was able to self report a total of \$2,843,827.86 fees recovered on behalf of Virginians as many of those patients were facing debt crisis issues. These fees were recovered through negotiations with debt collectors, charitable contributions from state and local agencies, co-pay program assistance, and/or charity write-offs through medical facilities/doctor offices.

Outreach is a critical component of this program. In FY 2010/2011, PAF instituted an aggressive media campaign utilizing funds from our Federal Appropriation for the program. The development of new marketing materials/strategies

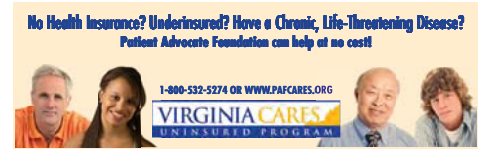
Insurance Coverage Reported by PAF Patients in FY 10-11



Direct Patient Services Division

were used to reach out to patients, providers, agencies, and scheduled events. In an effort to further increase awareness about the services provided by our VCUP program PAF launched a yearlong marketing campaign that extended across the state. This campaign included four components:

1. Billboard advertising on select highways in target areas
2. 30-second public service announcements played on diverse radio stations
3. Newspaper advertising
4. Personal outreach visits by VCUP case managers



PAF divided the VCUP plan into 3 month campaigns, as detailed below:

- June – August: ~ Outdoor Advertising in Eastern Shore; *PSAs and Newspaper Ads* in Southwest Virginia
- September– November: ~ Outdoor Advertising in Southwest Virginia; *PSAs and Newspaper Ads* in South Boston/Franklin
- December– February: ~ Outdoor Advertising in South Boston/Franklin; *PSAs and Newspaper Ads* in Dale City/Fredericksburg
- March– May: ~ Outdoor Advertising in Dale City/Fredericksburg; *PSAs and Newspaper Ads* in Eastern Shore

VCUP Director Jackie Beard conducted 49 webinars to interested stakeholders. VCUP case management team also attended 243 outreach events, including the following targets:

- Shenandoah Valley Department of Social Services, Shenandoah, VA
- Virginia Rural Health Conference, Staunton, VA
- Remote Area Medical (RAM) Clinic, Grundy, VA
- Virginia Association of Free Clinics Annual Conference, Williamsburg, VA
- Virginia Community Healthcare Association's Annual Leadership Conference, Richmond, VA

Additionally, PAF recently received funding for a grant from the Obici Healthcare Foundation. The grant enables PAF to assist patients in Suffolk, Franklin, Isle of Wight, Southampton, Surry and Sussex counties in Virginia. The grant also covers Gates County, NC which will be a compliment to our Dare County, NC office.

Patients helped by VCUP had this to say:

“It is hard to express my thoughts without writing a book! If it were not for PAF I honestly do not know what I would have done for my health problems. I cannot afford COBRA or anything else to cover me for the rest of the year. I am so thankful someone directed me to PAF!” Regena Jordan, Vinton, VA.

Direct Patient Services Division

“I did not know where to turn until my husband’s oncologist gave us your pamphlet. Our counselor Janelle has been a godsend. She found a free clinic for him, and sent me applications for help with medications. There is a light at the end of the tunnel thanks to her!!” Spouse of Shawn Cosimano, Virginia Beach, VA

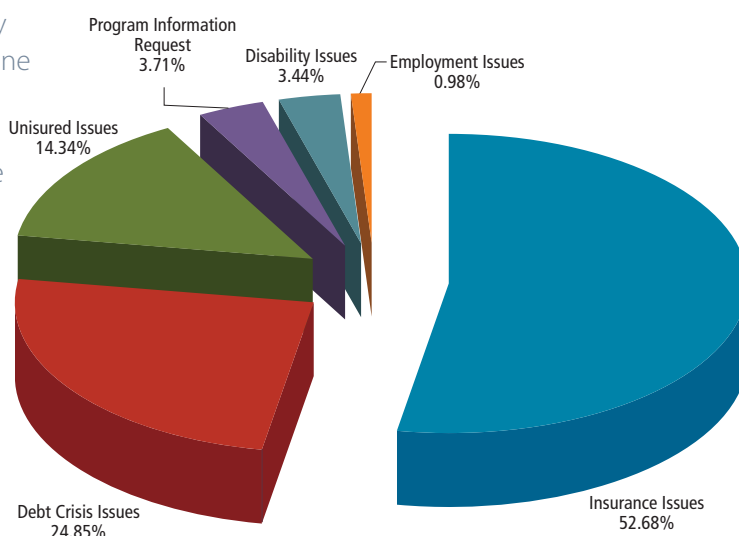
“In over forty years working with the public, I have met but a few that could compare to Gayle Petrick. Her competence as an investigator, analytical knowledge, and skills in dealing with Medicaid rules and perseverance pale with her clear instinctive and compassionate care in dealing with people. I can’t imagine my mother’s guardian angel having any more sincere concern for her well being. There is absolutely nothing she or I could do to repay this debt.”

Christine Griffin, Newport News, VA

Issues of PAF Patients in FY 10-11

Patients contact PAF present with a wide variety of issues. Our medical intake specialists determine which case manager to assign the patient to in order to best resolve the patient’s issue. In FY 2010/2011, the primary issues reported were insurance issues, ranging from co-pay assistance, needing assistance with facilitating a second opinion, denials, coverage issues and coding and billing errors. While insurance issues declined 8.02% from the previous year, it still represented 52.68% of the issues.

Indicative of the economy, it is not a surprise that debt crisis issues increased 73%, from 14.29% to 24.85%. Those issues included



Insurance Issues Include:

- Co-pay, premium and/or deductible assistance
- General benefit questions
- Requesting assistance with facilitating a second opinion
- Inability to afford Medicare Part D cost share
- Benefit exclusion
- Claims denied due to not medically necessary
- Medicare Part D coverage issue
- Inadequate coverage options/underinsured
- Coding and billing errors
- Request for guidance with eligibility or enrollment in PCIP

Debt Crisis Issues Include:

- Inability to afford transportation
- Inability to afford food/nutritional needs
- Inability to afford rent/mortgage
- Inability to afford utility/shut off notice
- Inability to afford non-covered supplies
- Inability to afford lodging expenses
- Inability to afford commodities/home adaptation
- Inability to afford care note/car insurance/car repair
- Inability to afford burial/funeral expenses
- Facing eviction/foreclosure

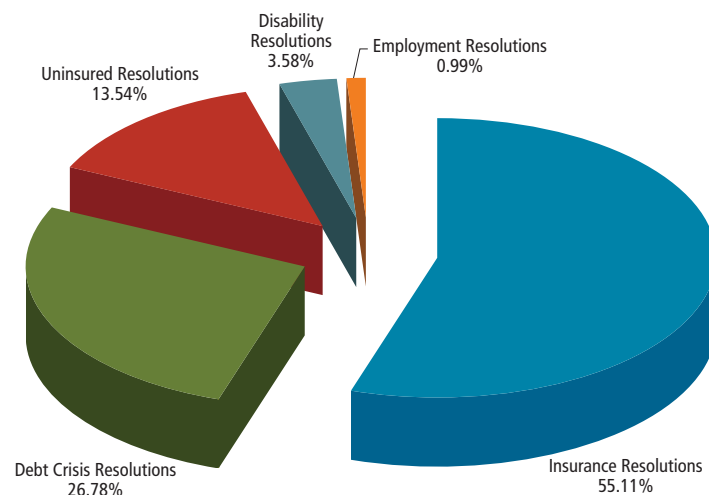
Direct Patient Services Division

inability to afford transportation, food, rent/mortgage, and insurance. Many of the patients were facing utility shut-offs and in some cases, eviction or foreclosure. Program information requests, disability issues and employment issues remained static from the previous year.

Those patients who were uninsured (14.34%) had the following issues in FY 2010/2011:

- No access to care
- No access/no coverage for prescription needs
- Unpaid medical bills
- Denied treatment/inability to meet upfront costs
- No access to screening
- Medicaid application assistance needed
- Insurance coverage lost or terminated
- Non-permanent resident
- Denied Medicaid
- No access to durable medical equipment (DME)

Resolutions for PAF Patients in FY 10-11



Insurance Resolutions Include:

- Facilitated/obtained co-pay, premium and/or deductible assistance
- Educated on general benefit questions
- Facilitated/obtained charity care for underinsured
- Facilitated/obtained/offset cost through alternative assistance
- Enrolled into pharmaceutical indigent drug program
- Negotiation of payment plan/discount for patient
- Medicare Part D coverage issue resolved
- Interpreted second opinion via plan language
- Enrolled into Medicare extra help/closing share of cost
- Facilitated/obtained medical assistance (DME)

Debt Crisis Resolutions Include:

- Facilitated/secured free or charity for transportation assistance
- Facilitated/located food assistance
- Facilitated utility/phone relief
- Facilitated rental/mortgage payment relief
- Offset cost through alternative assistance
- Facilitated/located needed supplies
- Facilitated/negotiated free, reduced rate, or charity for lodging assistance
- Facilitated/located commodities/home adaptation



Direct Patient Services Division

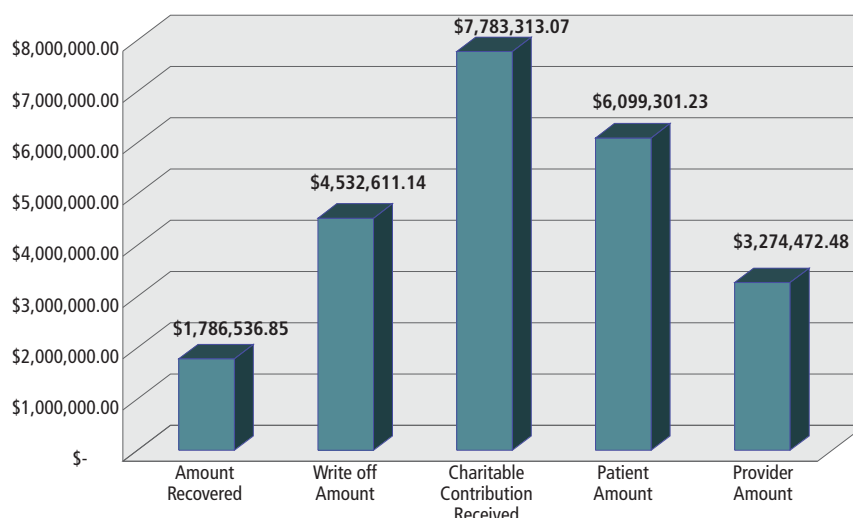
PAF's professional case management staff is adept at finding resolutions to the issues that are presented by patients each and every day. As resources continue to shrink, PAF case managers find creative and new ways to work with the various stakeholders for successful case resolution. In FY 2010/2011 the number one category of resolutions achieved by our staff on behalf of the patients were Insurance Resolutions (55.11%), a 12.6% decrease over FY 2009/2010, not surprising given the increase in the number of patients calling in with debt crisis issues. Insurance resolutions obtained include enrolling patients into pharmaceutical indigent drug programs, obtaining co-payment assistance for medications, finding alternative assistance, negotiating payment plans and resolving Medicare Part D coverage issues.

Debt Crisis Resolutions increased by 57% from 17.06% last year to 26.78% this year. Resolutions on behalf of patients included transportation assistance, food assistance, negotiations for alternative assistance, facilitating utility relief and working the mortgage companies and landlords to facilitate mortgage / rental relief.

PAF was able to obtain debt relief for patients in FY 2010/2011 in the amount of \$23,476,234.77, a 33% increase over FY 2009/2010. This amount includes only the financial relief that is reported to case managers and/or recovered during the course of our work with an open case. The debt relief breakdown is:

Amount Recovered	\$1,786,536.85
Write Off Amount	\$4,532,611.14
Charitable Contribution Received	\$7,783,313.07
Patient Amount	\$6,099,301.23
Provider Amount	\$3,274,472.48

Debt Relief Obtained for PAF Patients in FY 10-11



Total Debt Relief* Obtained: \$23,476,234.77

* Case managers can only document financial relief that is reported and /or recovered during the course of our work with an open case. Any long term / future financial benefit resulting from resolutions are not captured.

Direct Patient Services Division

- Amount Recovered: The amount PAF recovered from third party payers such as commercial insurance plans and Medicaid or Medicare programs.
- Write-off Amount: The amount of patient debt relief obtained by PAF through negotiations with facilities and/or medical providers.
- Charitable Contributions: the amount PAF secured on behalf of patients through utilization of national and/or local charitable resources such as hospital charity care programs, non-profit financial aid programs and/or local faith or disease based programs.
- Patient Amount: The amount directly returned to patients as a result of PAF negotiating reimbursement for out-of-pocket medical expenses.
- Provider Amount: The amount directly returned to providers as a result of PAF negotiating reimbursement for medical debt that had been previously written off or logged by the facility as "uncollected."

Rounding out the remaining resolutions, Uninsured Resolutions accounted for 13.54% of the resolved cases, followed by Disability Resolutions (3.58%) and Employment Resolutions (0.99%).

Patient Advocate Foundation features two specialized programs within Direct Patient Services which help to address the needs of those patients reaching out for assistance, the **Co-Pay Relief (CPR)** Program and the **MedCareLine**.

PATIENT ADVOCATE FOUNDATION **CO-PAY RELIEF** *A Patient Assistance Program*

In FY 2010/2011, the CPR program expanded its patient support by opening one new disease fund, Nonsquamous Non-Small Cell Lung Cancer and concluded negotiations to open the Hormone Suppression Therapy and Non-Muscle Invasive Bladder Cancer silos in the first quarter of 2011. Additionally, the Co-Pay Relief Program also added additional donors/funds to three silos:

- Myelodysplastic Syndrome (MDS)
- Osteoporosis
- Breast Cancer

These additions expanded our available co-pay support disease categories to 24. Currently the CPR program is assisting patients with the following diagnoses:

- Autoimmune Disorders
- Breast Cancer
- Chemotherapy Induced Anemia and Chemotherapy Induced Neutropenia
- Colon Cancer
- Cutaneous T-Cell Lymphoma
- Diabetes
- Head and Neck Cancer
- Hepatitis C
- Hormone Suppression Therapy
- Kidney Cancer
- Lung Cancer
- Lymphoma
- Malignant Brain Tumor



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- Multiple Myeloma
- Myelodysplastic Syndrome
- Non Muscle Invasive Bladder Cancer
- Nonsquamous Non-Small Cell Lung Cancer
- Osteoporosis
- Pain
- Pancreatic Cancer
- Premium Assistance Fund
- Prostate Cancer
- Rheumatoid Arthritis
- Sarcoma

The program also saw a 23.4% increase in the total number of patients served FY 2010/2011, rising from 11,161 to 13,781 with a 32% increase in allocations totaling \$34,430,000. The CPR program has provided co-payment assistance to a total of 50,065 patients since inception, completing 7 years of operations allocating \$130,525,000.00 in patient assistance and resulting in a 36% increase from last fiscal year. Additionally, the program experienced a 47.6% increase in the number of expenditures processed with a 37.5% increase in payments made on behalf of the patients.

The CPR program successfully underwent the 3rd formal audit of the program in January 2011 with no exceptions noted.

FY2010/2011 CPR operational enhancements:

- The Patient Advocate Foundation conducted a thorough silo cap review for our Co-Pay Relief Program with a goal of appropriately aligning the per patient award with the demonstrated patient need, current treatment guidelines and current reimbursement trends and/or changes that have impacted out-of-pocket responsibilities. As a result of this review, five disease silo awards were modified which made a positive impact on thousands of patients:
 - Multiple Myeloma
 - Head & Neck Cancer
 - Osteoporosis
 - Prostate Cancer
 - Hepatitis C
- An expedited application process with direct payments on behalf of the patients and reporting capabilities which significantly enhanced the efficiency of the CPR operations and the patients we serve.
- Implemented a new fax server which has improved the CPR fax capacity to handle the increased volume of communications.
- Enhanced security with a HIPPA compliant fax solution using encryption
- The Director, Assistant Director and the CPR team continue to develop rapport with thousands of healthcare providers and pharmacies, which has resulted in operational efficiencies.
- Continued updates through email to all providers registered on the provider/pharmacy portal.

The insurance breakdown for the program participants is as follows:

Commercial Plans: 31.49%
Medicare: 65.97%
Medicaid: 02.13%
Military Benefits: 00.42%
TRICARE/VA

Direct Patient Services Division

Patients who were served by the Co-Pay Relief program were positive about the benefits they received:



"I went to my surgeon, had a biopsy and was diagnosed with stage I breast cancer. The only down side was that I had the "triple negative" which meant I had to get chemotherapy in addition to radiation. Meanwhile my husband's cancer continued to spread and he had to take early retirement March 1, 2010 which ended his insurance and I only had my insurance. I had learned about your program through my patient navigator at the hospital. This assistance has meant more to me than I can tell you in this letter. With everything that has happened in the past two years, all of the life changing events, the appointments, phone calls, treatments, medications, procedures, paperwork, all the worries, concerns and the financial obligations, it was such a blessing to find out about your program and to be accepted. Your assistance has been a godsend. I thank you and my children thank you, God bless you!"

Teri Gertz, Robesonia, PA

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"At the beginning of this year I was told by Dr. Raza's financial manager that I would have to start paying my co-payment for the shots which is \$120.00. When Dr. Raza decided to start giving me the shot, the insurance wanted my primary doctor to give me the shot. I went and the insurance refused to supply it. So when I was told I would have to start paying for my shots, I was devastated.

I am so grateful that your organization approved me for assistance. I appreciate all that you do for me. I no longer go to bed and wake up hurting all over my body. If you weren't there for me, I don't know what I would do. May the Heavenly Father bless you for being there for us."

Lillie Valenzuela, San Antonio, TX



Direct Patient Services Division

Patient Advocate Foundation would like to thank the following donors for their continued financial support of the Co-Pay Relief program in FY 2010/2011:

- Amgen
- Celgene
- Centocor
- Eisai
- Eli Lilly
- Endo Pharmaceuticals
- Genentech
- GlaxoSmithKline
- Merck
- Millennium: The Takeda Oncology Company
- Pfizer Oncology
- Purdue Pharma
- sanofi-aventis
- Susan G. Komen for the Cure



MEDCAREline

Access to Emerging Medication Therapies

Launched in 2006, the MedCareLine program is a patient/provider hotline designed to provide assistance to patients who are seeking education and access to emerging therapies and treatments and who have a diagnosis of a particular disease. The launch of this

MedCareLine division was the first time that Patient Advocate Foundation partnered clinical specialists with patients who were seeking access to emerging treatments and therapies.

COLORECTAL CareLine

The Colorectal CareLine (CCL), was created to assist colorectal cancer patients who are seeking educational resources, direct assistance with access to care issues and /or financial aid for select patient needs. FY 2010/2011 saw the Colorectal CareLine serving 3,263 patients with case management services, a 27% increase over FY 2009/2010.

The Colorectal CareLine staff has been successful in bringing medical debt relief to the colorectal cancer patients we have served in the amount of \$2,665,454.08 for FY 2010/2011. CCL staff exhibited and/or presented at the Oncology Nursing Society (ONS) 35th Annual Conference in San Diego, CA, the American Society of Clinical Oncology (ASCO) 46th annual meeting in Chicago, IL, and at the Patient Advocate Foundation's 11th Annual Patient Congress held in Washington, D.C. in the Educational Expo for all attendees. The Colorectal

Direct Patient Services Division

CareLine also provided program materials for the Colon Cancer Alliance Quarterly meetings in Philadelphia, PA, New York, NY, Tampa, FL and Salt Lake City, UT, and presented at a John Hopkins Weekly Luncheon. The Colorectal CareLine is supported by Amgen Oncology, sanofi-aventis and Genentech.



An additional MedCareLine program is the **Chemo-Induced Nausea and Vomiting (CINV) CareLine**, which was launched in February 2010. The CINV CareLine was developed to provide sustained case management assistance to patients experiencing nausea and vomiting as a side effect of chemotherapy treatments. Referrals to the line have resulted in PAF service to 835 patients during the past year. In addition, the CINV CareLine case management staff were successful in obtaining \$932,703.78 in medical debt relief. The CINV CareLine has been supported by ProStrakan.

As detailed in the Highlights section of this Annual Report, the MedCareLine division will be expanding in first quarter 2011 with the addition of the Chronic Wound Care Careline supported by Soluble Systems.

Patients had this to say about the services provided through the MedCareLine:



"Thank you for giving me the strength, courage, and hope to keep fighting for my life! Hector, you are my star!"
Guadalupe Garza, Dallas, TX

Though the Affordable Care Act (ACA) passed in 2010, healthcare reform continues to be in the forefront of the news. Even with the passage of this historic legislation, PAF believes there will be increased demand for our services. As a result, PAF, in conjunction with NPAF, have formed a Regulatory Group responsible for reviewing and commenting on federal registries issued by The Centers for Medicare and Medicaid Services. The purpose of this group is to develop a platform for issues relating to healthcare reform by combining the patient's perspective and legislative perspective offered by PAF staff and NPAF staff, respectively.

Some of the topics reviewed by the Regulatory Group this year included:

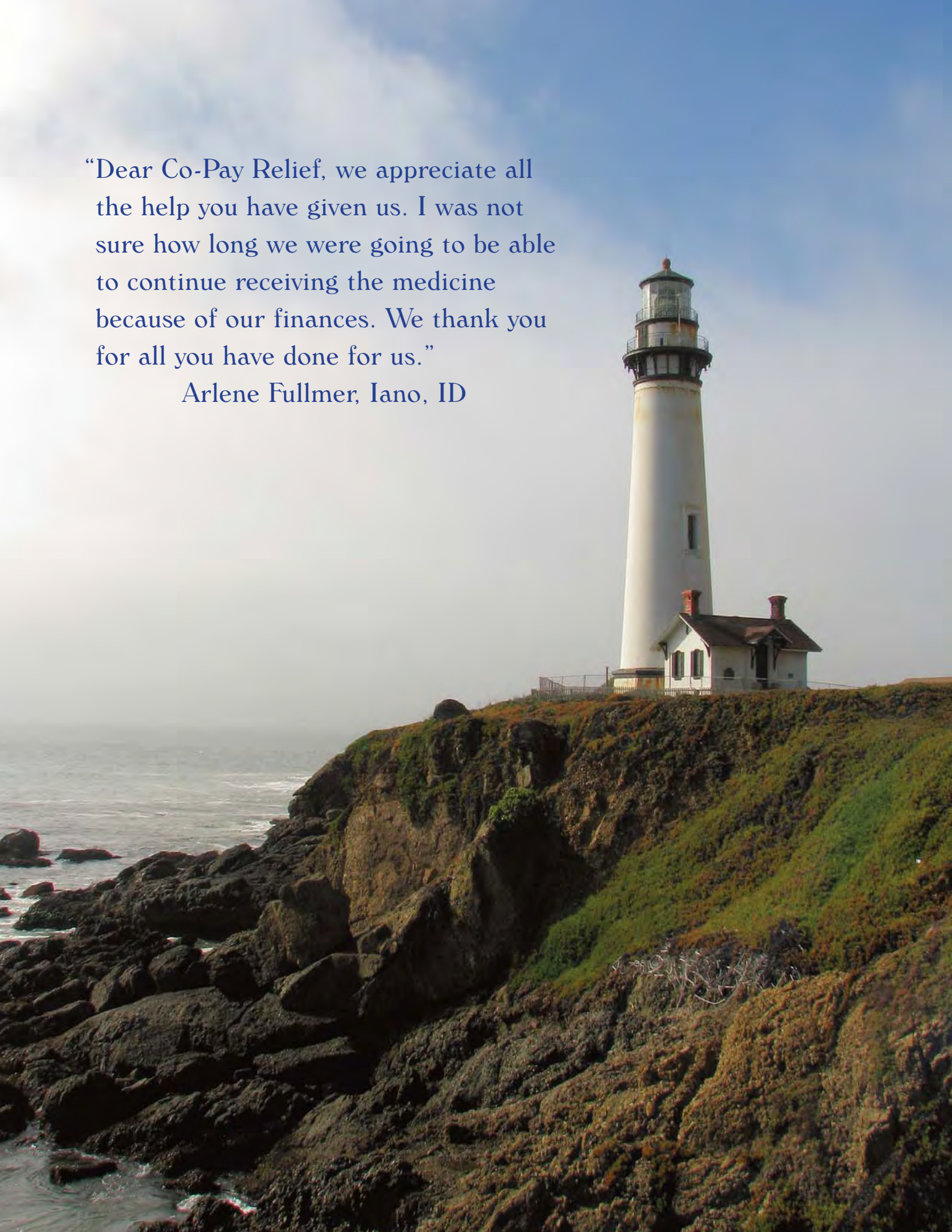
- Long Term Care and Hospice
- Medicare Marketing Guidelines
- Medicare Appeals and External Reviews Process
- Fast Track Medicaid Application for Compassionate Social Security Allowance
- Establishment of State Level Exchanges

Patient Advocate Foundation will remain a trusted source in patient advocacy, available and ready to help patients solve their insurance and healthcare access problems, as we have been doing since 1996.



“Dear Co-Pay Relief, we appreciate all the help you have given us. I was not sure how long we were going to be able to continue receiving the medicine because of our finances. We thank you for all you have done for us.”

Arlene Fullmer, Iano, ID



12th Annual Patient Congress

June 21-22, 2011



Thomas L. Johnson, President and CEO of Medicaid Health Plans of America provided the keynote address during the Executive Advocate Briefing, speaking on Medicaid, Budget Cuts and other Issues.

The 12th Annual Patient Congress was held on June 21-22, 2011. Attendees of the 12th Annual Patient Congress numbered over 174, came from all 50 states and the District of Columbia, completed 193 visits to Capitol Hill offices including 69 meetings with the House or Senate member. Our attendees visited all 100 Senatorial Offices and 93 House of Representatives Offices representing the voices of patients everywhere. The key points that attendees brought to Capitol Hill asking their elected officials to support were:

Maintain Patient Protection Provisions in Affordable Care Act (ACA)

These provisions are:

- Elimination of pre-existing conditions as a barrier to coverage
- Elimination of annual and lifetime caps on insurance coverage
- Capping out-of-pocket healthcare expenditures (costs)

Medicare Physician Reimbursement Impact on Patient Access

During the Capitol Hill Briefing located at the Washington Court Hotel, the attendees were educated by professional staff members from the Hill including Nick Bath, Majority Counsel, Senate Committee on Health, Education, Labor and Pensions for Chairman Senator Tom Harkin (D-IA), Kathryn Spangler, Senior Health Policy Advisor, Senate Committee on Health, Education, Labor and Pensions for Ranking Member Senator Michael Enzi (R-WY), Wendell Primus, Senior Policy Advisor for Democratic Leader, Nancy Pelosi (D-CA-8th), and



The panelists who provided a discussion on Effective Advocacy Techniques on the Front Line: Lisa Hughes, Senior Director, Policy and Advocacy, Prevent Cancer Foundation; Janice Phillips, PhD, RN, FAAN (RWJ Fellow, Sen. John D. Rockefeller); Troy Zimmerman, Vice President, Government Relations, National Kidney Foundation; and Nancy Davenport-Ennis, NPAF CEO and President.



Jennifer Mills, PhD, MSW, MPH, Senior Manager of Advocacy Relations at Genentech addresses the attendees on the topic "From Grassroots to Treetops: Every Voice Counts."

Rodney Whitlock, Health Legislative Assistant to Senator Chuck Grassley (R-IA). We were also honored to host Chiquita Brooks-LaSure, Director of Coverage Policy, Office of Health Reform, with the United States Department of Health and Human Services and Dr. David Bowen, Deputy Director for Global Health Policy and Advocacy at the Bill and Melinda Gates Foundation who addressed our attendees about healthcare.

Attendees enjoyed a Welcome Reception and Educational Expo on Tuesday evening where they had the opportunity to meet representatives from the patient advocacy community and voluntary health care agencies and organizations. Exhibitors were able to provide educational and organizational information to our attendees during the event. Exhibitors included:

- American Association of People with Disabilities
- American Society for Radiation Oncology (ASTRO)
- Breakaway From Cancer
- C-Change
- Cancer Support Community
- Center for Patient Partnerships
- PAF Co-Pay Relief
- Fight Colorectal Cancer
- Imerman Angels
- International Myeloma Foundation
- Kidney Cancer Association
- Legal Information Network for Cancer (LINC)
- LIVESTRONG
- Lung Cancer Alliance
- Men Against Breast Cancer
- National Coalition for Cancer Survivorship
- National Coalition of Oncology Nurse Navigators
- Oncology Nursing Society
- Pancreatic Cancer Action Network
- Patient Advocate Foundation
- Prevent Cancer Foundation
- Sarah Lawrence College Health Advocacy Program
- The Brain Tumor Awareness Organization
- WomenHeart
- Young Survival Coalition

Attendees visiting with patient advocacy groups during the Welcome Reception and Educational Expo.





Wendall Primus, Senior Policy Advisor for Democratic Leader Nancy Pelosi (D-CA-8th) addresses our attendees during the Capitol Hill Briefing.



Attendees reviewing the Patient Congress materials.

The "Town Hall" Dinner Symposium was held in the Grand Ballroom of the Washington Court Hotel. A major highlight of the symposium was the featured dinner speaker, Elizabeth Cohen who shared personal stories from her own healthcare experiences that shaped her book, "The Empowered Patient". Ms. Cohen is the Senior Medical Correspondent for CNN's Health, Medical, and Wellness Unit. She also graciously conducted a book signing for our attendees before the dinner event. At the symposium, we also recognized the following; Congresswoman Sue Myrick (R-NC-9th) as the 2011 Healthcare Hero Award Recipient. On behalf of The Leukemia & Lymphoma Society, Mr. John Walter, President & CEO accepted the 2011 National Humanitarian Healthcare Award, and PAF recognized the 2011-2012 "Scholarship for Survivors" award recipients.

The 12th Annual Patient Congress Experience - in our attendees own words...

"Very informative and a great opportunity to learn from experts in advocating 'on the Hill'. I am so impressed with your group."

"Patient Congress is an empowering experience that provides me with the conscience to continue the hard work necessary."

"... All aspects of the conference were both entertaining and informative."



Rodney Whitlock, Health Legislative Assistant for Senator Chuck Grassley (R-IA) on the Capitol Hill Briefing panel.



Rene-Cabral Daniels, NPAF Chief of Staff.



Gwen Mayes, NPAF EVP of Government Affairs, welcomes the attendees.



A special thank you to the Members of the United States Congress who served as Honorary Chairs for the 12th Annual Patient Congress.

Patient Congress Honorary Chairs:

United States Senate

The Honorable Lisa Murkowski (R-AK) United States Senate
 The Honorable Mark Pryor (D-AR) United States Senate
 The Honorable Daniel Inouye (D-HI) United States Senate
 The Honorable Benjamin Cardin (D-MD) United States Senate
 The Honorable Barbara Mikulski (D-MD) United States Senate
 The Honorable Thad Cochran (R-MS) United States Senate
 The Honorable Ben Nelson (D-NE) United States Senate
 The Honorable Harry Reid (D-NV) United States Senate
 The Honorable Richard Burr (R-NC) United States Senate
 The Honorable Tim Johnson (D-SD) United States Senate

United States House of Representatives

The Honorable Ed Pastor (D-AZ-4th) US House of Representatives
 The Honorable Raul Grijalva (D-AZ-7th) US House of Representatives
 The Honorable Jackie Speier (D-CA-12th) US House of Representatives
 The Honorable Anna Eshoo (D-CA-14th) US House of Representatives
 The Honorable Zoe Lofgren (D-CA-16th) US House of Representatives
 The Honorable Maxine Waters (D-CA-35th) US House of Representatives
 The Honorable Mary Bono Mack (R-CA-45th) US House of Representatives
 The Honorable Loretta Sanchez (D-CA-47th) US House of Representatives
 The Honorable Diana DeGette (D-CO-1st) US House of Representatives
 The Honorable Joe Courtney (D-CT-2nd) US House of Representatives
 The Honorable Corrine Brown (D-FL-3rd) US House of Representatives
 The Honorable John Lewis (D-GA-5th) US House of Representatives
 The Honorable Jesse Jackson, Jr. (D-IL-2nd) US House of Representatives
 The Honorable Bruce Braley (D-IA-1st) US House of Representatives
 The Honorable Cedric Richmond (D-LA-2nd) US House of Representatives
 The Honorable Chris Van Hollen (D-MD-8th) US House of Representatives
 The Honorable John Dingell (D-MI-15th) US House of Representatives
 The Honorable Gregg Harper (R-MS-3rd) US House of Representatives
 The Honorable Carolyn McCarthy (D-NY-4th) US House of Representatives
 The Honorable Maurice Hinchey (D-NY-22nd) US House of Representatives
 The Honorable Louise Slaughter (D-NY-28th) US House of Representatives
 The Honorable Ed Towns (D-NY-10th) US House of Representatives
 The Honorable Sue Myrick (R-NC-9th) US House of Representatives
 The Honorable Dennis Kucinich (D-OH-10th) US House of Representatives
 The Honorable Steven LaTourette (R-OH-14th) US House of Representatives
 The Honorable Allyson Schwartz (D-PA-13th) US House of Representatives
 The Honorable Michael Doyle (D-PA-14th) US House of Representatives
 The Honorable James Langevin (D-RI-2nd) US House of Representatives
 The Honorable Charles Gonzalez (D-TX-20th) US House of Representatives
 The Honorable Gene Green (D-TX-29th) US House of Representatives
 The Honorable Gerald Connolly (D-VA-11th) US House of Representatives
 The Honorable Jim McDermott (D-WA-7th) US House of Representatives
 The Honorable Tom Petri (R-WI-6th) US House of Representatives



Chiquita Brooks-LaSure, Director of Coverage Policy, Office of Health Reform (OHR), US Department of Health and Human Services.



Nancy Davenport-Ennis and Dr. Bowen, Deputy Director for Global Health Policy and Advocacy, The Bill and Melinda Gates Foundation





The Capitol Hill Briefing Panelists, Gwen Mayes, NPAF EVP of Government Affairs; Nick Bath, Majority Counsel, Senate Committee on Health, Education, Labor and Pensions (HELP Committee), Senator Tom Harkin (D-IA) office; Kathryn Spangler, Senior Health Policy Advisor, HELP Committee, Senator Michael Enzi (R-WY) office; Nancy Davenport-Ennis, PAF/NPAF CEO; Wendell Primus, Senior Policy Advisor, Democratic Leader Nancy Pelosi (D-CA-8th); and Rodney Whitlock, Health Legislative Assistant for Senator Chuck Grassley (R-IA).



Christopher Kush, CEO of Soapbox Consulting leading the attendees on how to have an effective visit with their members of Congress.

Patient Advocate Foundation would like to thank the following companies for their financial support of the 12th Annual Patient Congress:

- AmerisourceBergen
- Amgen Oncology
- Boehringer Ingelheim
- Cephalon
- Eisai
- Eli Lilly
- Genentech
- GlaxoSmithKline
- LIVESTRONG
- Millenium
- Pfizer



Teresa Bey, Wyoming Patients' Voice Network Volunteer, Christian Downs, PAF Immediate Past President, Gwen Mayes, NPAF and Nancy Davenport-Ennis at the Welcome Reception and Educational Expo.

PAF Board President,
Dr. Dennis
Gastineau, Senator
Mike Enzi (R-WY)
and PAF CEO Nancy
Davenport-Ennis.



Patient Congress
attendees, Chris
Williams, Ashley
Schelske, Gwen
Mayes, Lori Williams
and Nathan Hertz
in Senator John
Cornyn's (R-TX)
office.



Rene Cabral-Daniels,
Margie Griffin,
Senator Dan Heller
(R-NV), Herb Perry
and Dr. Dennis
Gastineau.





Herb Perry, Nevada State Policy Liaison, Ryan McBride-Congressman Joe Heck's (R-NV-3rd) Health Legislative Assistant and Donna Adkins.

Shelby Cornick, PAF Case Manager, Barbie Jimenez, Washington State Policy Liaison and Congressman Rick Larson (D-WA-2nd).



Courtney Jones, Iris Suarez, Congressman Tom Rooney (R-FL-16th), Michelle Flowers, Corey Crusoe and Angela Johnson.



Eilene Frierson, Pennsylvania State Policy Liaison, Jack Ennis, PAF Chief Development Officer and Co-Founder and Rosemary Allen, Arkansas State Policy Liaison at the Dinner Reception.



Congressman Joe Wilson (R-SC-2nd) and Julie Houston, South Carolina State Policy Liaison discuss the issues.



Left to right from top:

- Elizabeth Cohen, CNN senior medical correspondent, signs her book, "The Empowered Patient" for our attendees during the Dinner Reception.
- Attendees with their autographed books.
- Nancy Davenport-Ennis welcoming attendees to the Town Hall Dinner Symposium.
- Dr. Dennis Gastineau, PAF Board President and Dr. Rob Rifkin, PAF Scientific Board Chair during the Dinner Reception.
- Deborah Parham Hopson, PAF Board Member, during the Dinner Symposium.
- Dr. Dennis Gastineau, PAF Board President, John Walter, President and CEO for the Leukemia & Lymphoma Society and Nancy Davenport-Ennis, PAF CEO presenting the Leukemia & Lymphoma Society with the National Humanitarian Healthcare Award.
- The Honorable Sue Myrick (R-NC-9th), United House of Representatives, Vice Chairwoman, Energy and Commerce Committee, keynote speaker during the Dinner Symposium and recipient of the 2011 Healthcare Hero Award.



Elizabeth Cohen, Featured Dinner Symposium Speaker addresses our attendees.



The National Advocate Foundation Staff



The Patient Advocate Foundation Staff

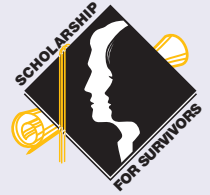


The Patient Congress Committee



Ruth Anne Reed, PAF Director of Human Resources and Patient Congress Co-Chair and Fran Castellow, MSEd, PAF President of Operations and Patient Congress Chair.

PAF Scholarship for Survivor's Academic Award Program



Nicholas Harper from Louisville, KY was our graduating Senior and was able to address our attendees at Patient Congress. He graduated from Bellarmine University and was accepted into medical school.

"I have to admit that being here this year is a little bittersweet because I know that this is my final year to attend the conference as a scholarship recipient. Nevertheless, I am so happy to be here and look very much forward to helping the Patient Advocate Foundation achieve its goals of ensuring quality and affordable healthcare for everyone."

The Scholarship for Survivor's current award winners with several past alumni award winners.



The PAF Scholarship for Survivor's Academic Award Program was created in 2000 in honor and memory of the thousands of young adults that have had their lives forever changed as a result of a diagnosis of cancer or another life-threatening disease. Each Scholarship recipient receives a \$3,000 award annually for each year that he/she is enrolled full time in a higher education program. They must maintain a GPA of 3.0 or higher and complete community service hours each semester. The Awards are presented each year during Patient Congress.

Award recipients for the 2011/2012 academic year were:

THE CHERYL GRIMMEL AWARD

Insup Lee

Falls Church, VA
School: Harvard College

THE MONICA BAILES AWARD

Sadie Byboth

Wylie, TX
School: Louisiana State University

THE MARK STEPHENS AWARD

Miles Austrevich

Chicago, IL
School: Yale University

THE KAREN L. REEDER AWARD

Jacob Silberg

Maplewood, NJ 07040
School: Harvard College

THE ROBIN PRACHEL AWARD

Dylan Feierabend

Ferndale, CA
School: Sacramento State University

THE JO ANN DAVIS AWARD

Nathan Hertz

Wichita, KS
School: University of Texas at San Antonio

THE UNITED HEALTHCARE FOUNDATION AWARD

Mary Stiddom

Trenton, TN
School: University of Tennessee in Martin

SCHOLARSHIP FOR SURVIVOR RECIPIENTS

Tenisha Burr

Fresno, CA
School: Fresno Pacific University

Gregory Johnson

Colorado Springs, CO
School: Colorado School of Mines

Hunter Durfee

Troy, NH
School: Keene State College

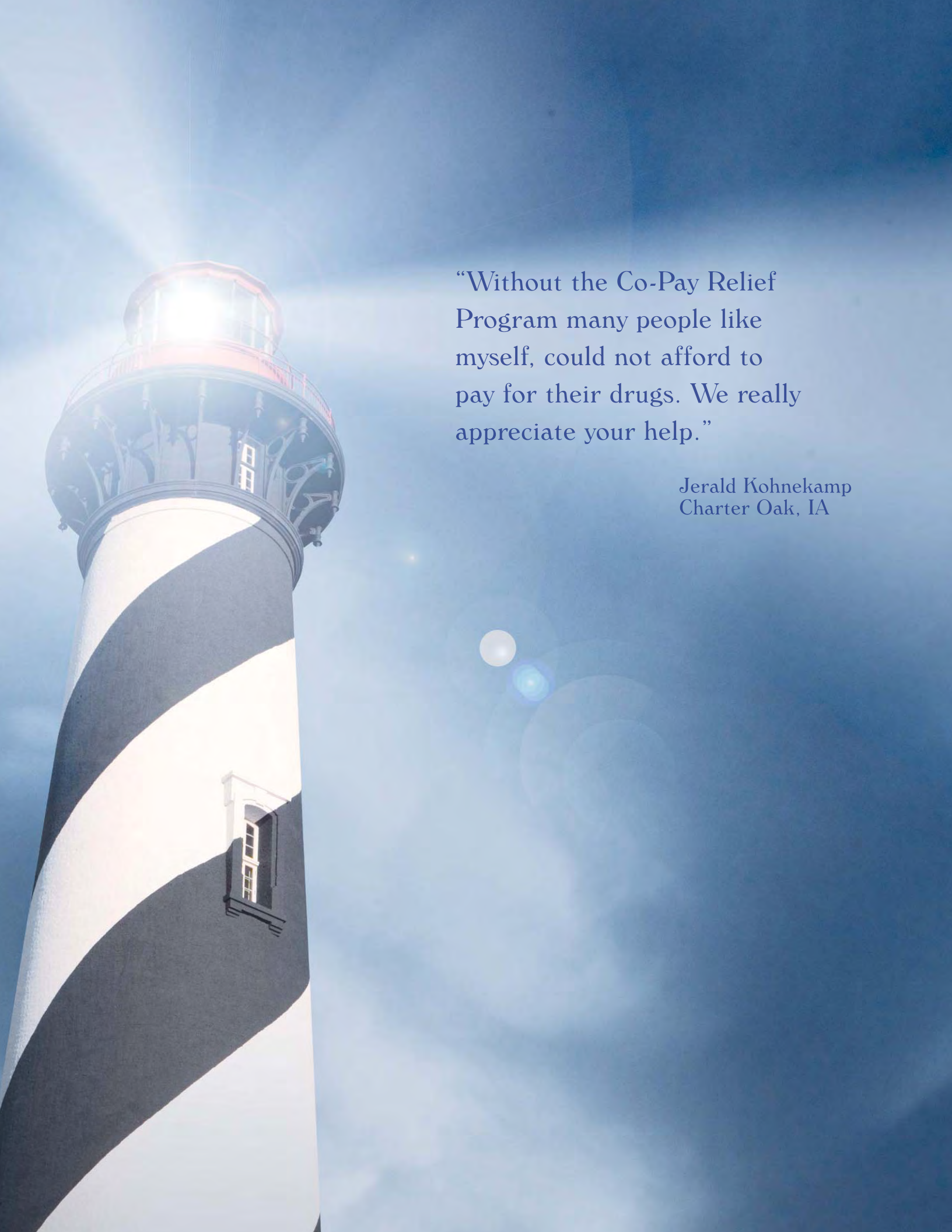
Kahina Louis

Miramar, FL
School: University of Florida

Amanda Archibong

Sugarland, TX
School: University of Texas at Austin





“Without the Co-Pay Relief Program many people like myself, could not afford to pay for their drugs. We really appreciate your help.”

Jerald Kohnkamp
Charter Oak, IA

Breakaway From Cancer



Breakaway from Cancer (BFC), a national fundraising and educational initiative, was founded by Amgen in 2005 as a complementary component to the company's sponsorship of the Amgen Tour of California (AToC), a world-class professional cycling competition. The goal of Breakaway from Cancer is to raise awareness of the important resources available to cancer patients including prevention, education, patient care, advocacy, financial support and survivorship.

Patient Advocate Foundation was pleased to partner for a third year with the other Breakaway from Cancer partners, Prevent Cancer Foundation, The Cancer Support Community, and the National Coalition for Cancer Survivorship. Collectively the four BFC partners offer people affected by cancer a broad range of support services complementing those provided by a patient's team of healthcare professionals. The four BFC partners traveled to fifteen cities during the AToC and LIVESTRONG Challenges this year, walked with cancer survivors and caregivers at each *Breakaway Mile*, and hosted a *Breakaway from Cancer* information booth at the Lifestyle Festival held in each of the finish cities along the route, distributing information and helpful resources. Jamilla



THANK YOU

LAKE TAHOE

for helping cancer patients win the race to wellness!

Founded by Amgen in 2005, Breakaway from Cancer® is a complementary component to Amgen's title sponsorship of the Amgen Tour of California. Breakaway from Cancer® is a national initiative to increase awareness of the important resources available to people affected by cancer from prevention to education and support to financial assistance and survivorship. This year, Breakaway from Cancer® will support Prevent Cancer Foundation, Cancer Support Community, National Coalition for Cancer Survivorship and Patient Advocate Foundation (PAF).

PAF is a national non-profit organization that provides case management services and assistance to tens of thousands of patients each year requiring access to care, medications,

transportation for treatment, insurance appeals, enrollment into state and federal programs, and co-pays. Seventy-one percent of the patients contacting PAF last year were diagnosed with cancer, so we understand the importance of educating cancer patients about their options. We also know that Breakaway from Cancer® shares our commitment to improving the lives of patients and their families.

**To learn more about PAF please visit
www.patientadvocate.org
or call 1-800-532-5274**

PAF Patient Advocate Foundation
Solving Insurance and Health Care Access Problems Nationwide | since 1996

AMGEN
Tour of California

Breakaway from Cancer

Williams, Director of PAF Case Management and Brendan Bietry, our LIVESTRONG Senior Case Manager along with Nancy Davenport-Ennis, CEO, Jack Ennis, Chief Development Officer, Fran Castellow, President, Operations and Alan Richardson, Chief Development Operations Officer participated during various stages of the AToC and LIVESTRONG Challenges.

"Patient Advocate Foundation is honored to partner, for the third consecutive year, with *Breakaway from Cancer* as Amgen raises awareness of the many important and valuable resources available to cancer patients, their family members and caregivers," said Nancy Davenport-Ennis, Founder and CEO of Patient Advocate Foundation. "Seventy-one percent of the patients contacting PAF in 2010 were diagnosed with cancer, so we know first-hand the importance of educating cancer patients about their options, fully supporting and empowering patients as they work to fight their disease and ultimately improving their quality of life."



Breakaway From Cancer

**THANK YOU
SAN JOSE**
for helping cancer patients
win the race to wellness!

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AMGEN
Tour of California

Breakaway from Cancer

PAF Patient Advocate Foundation
Solving Insurance and Health Care Access Problems Nationwide | since 1996

On Sunday, May 15th, the world's top professional teams began their competition in the Amgen Tour of California in Lake Tahoe. After an eight-day, 765-mile race through Sacramento, Auburn, Modesto, Livermore, San Jose, Seaside, Paso Robles, Solvang, Mount Baldy, Claremont and Santa Clarita, the riders approached the final stop on May 22nd in Thousand Oaks.

"Receiving a cancer diagnosis can be the most overwhelming experience a person may ever face in his or her lifetime, so it is critical for patients to know they are not alone in this fight. Numerous supporters and resources are available to help them through this challenging time," said Davenport-Ennis. "Breakaway from Cancer brings together patients, family members, researchers, advocates and many others, demonstrating Amgen's commitment and dedication to helping people affected by cancer, and we at PAF are inspired by and proud to be part of this supportive program."

PAF's commitment to *Breakaway from Cancer* is evidenced by the activities conducted to promote BFC, not only during the event, but throughout the year. BFC was profiled on the PAF website homepage as well as on the Co-Pay Relief and National Patient Advocate Foundation's websites. PAF staff sent out the call for nominations for a BFC Champion via Facebook, LinkedIn as well as email blasts to the NPAF volunteer network, the PAF

patient network as well as included BFC information in our CPR Director's weekly update to healthcare providers. A press release announcing the BFC presence at the AToC was posted on the national wire in May 2011 and was picked up by an estimated 85 websites. PAF also conducted an advertising campaign during the Amgen Tour of California in eight newspapers along the AToC route, thanking the host cities for helping cancer patients cross the finish line to wellness. Total media impressions were over 1,045,000.

PAF also worked collaboratively with Amgen representatives on relaunching the Breakaway from Cancer website, www.breakawayfromcancer.org, as well as updating the BFC brochure and BFC Toolkit, with our National Underinsured Resource Directory being included as a PAF resource. Patient Advocate Foundation continues to benefit from our partnership with Amgen and the BFC, including all of the partner organizations, and we look forward to participating in the upcoming BFC events planned for 2011. The partnership with BFC accrues to PAF a level of public awareness that alone we could not achieve. We are proud to be a BFC partner and thank Amgen for the opportunity.

The Patient Action Council

Created in 2009, the Patient Action Council (PAC) is designed to provide a forum for like-minded members of the pharmaceutical and biotechnology industry patient advocacy executives to collaborate with leaders of PAF to define and then address each year one major healthcare access issue that is important to both industry and to the patients served at PAF. The goal is to provide a specific deliverable to the United States each year from the direct work of The Patient Action Council.

In FY 2009/2010, the Patient Action Council, in collaboration with PAF created the "National Underinsured Resource Directory", an interactive, dynamic web based resource guide that is publically available as well as a companion printed version of the guide's basic principles and resources. In FY 2010/2011, the Patient Action Council delivered www.insureUstoday.org, a web site that seeks to provide consumer education and understanding around the very complex provisions included in the Patient Protection and Affordable Care Act that was passed by Congress in 2010. The insureUstoday site includes an implementation timeline of key provisions of the bill that effect all healthcare consumers as well as offering an interactive blog where consumers can pose questions about healthcare reform and receive real time answers from PAF experts.

Members of the FY 2010/2011 Patient Action Council included:

- Kathryn West, Advocacy Director, Oncology, Amgen
- Cara Thompson, Director, Advocacy, Celgene
- Meredith Burgents, Director, Global Advocacy and Professional Relations, Oncology, Eli Lilly
- Fran Kochman, Director, State Government Affairs, GlaxoSmithKline
- Alissa Jaffe Nagler, Director, Patient Access Patient Advocacy and External Affairs, Novartis
- Patti Jewell, Director, Worldwide Alliance Development, Pfizer
- Kesslyn Smith, Director, North America Corporate Social Responsibility, Sanofi, US

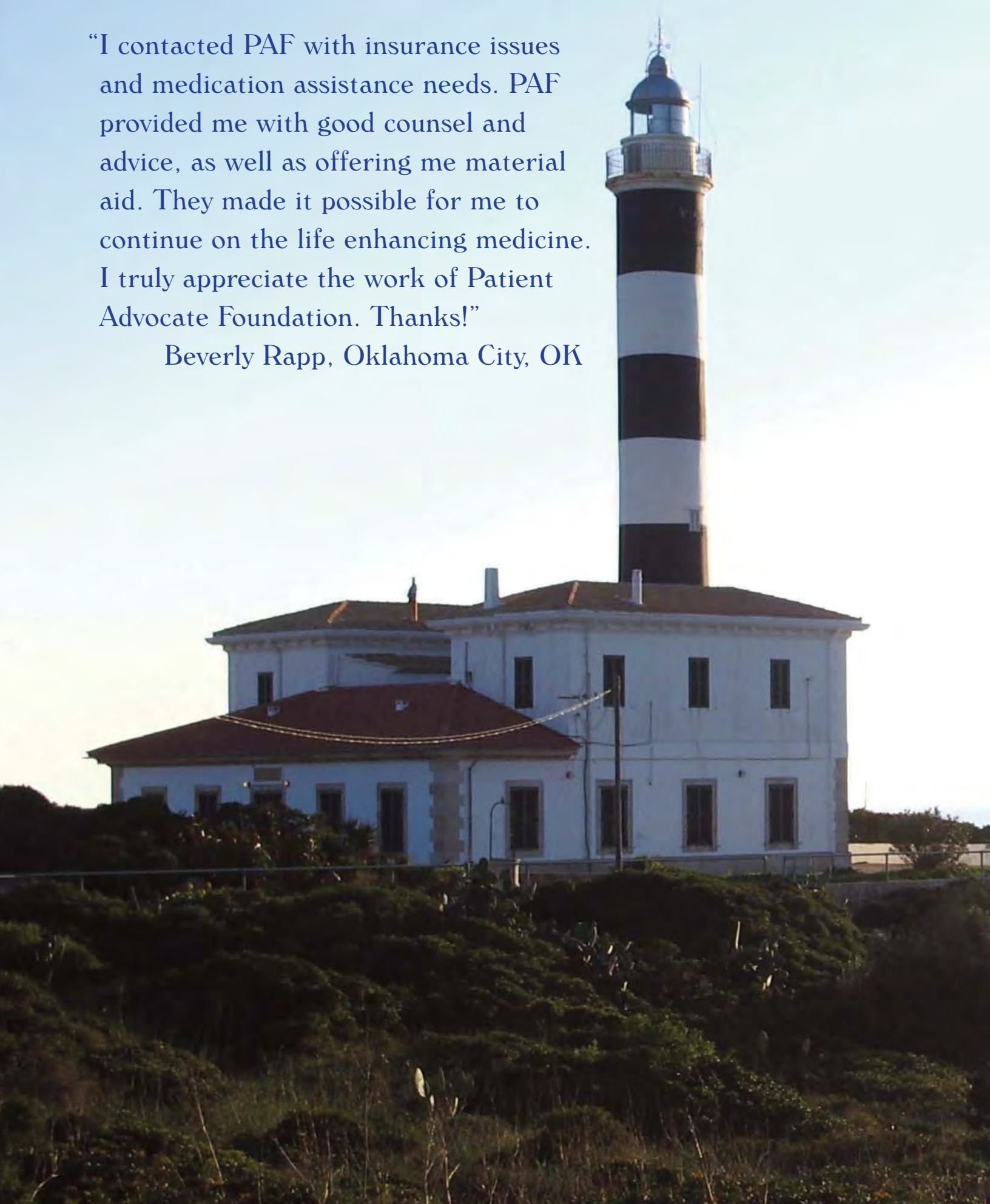
"Other programs help low-income people. If you are rich, you can pay for your health care and meds. If you fall between poor and rich, you cannot get help with meds because of deductibles, and co-pays. A person with a serious illness or disease would pass away without the Co-Pay Relief Program's help; a person would feel helpless with no hope. The Co-Pay Relief Program helps heal the physical and mental aspects of a person's well-being! Thank you and God bless you all!"

Rodney Ridenour, Cheney, KS



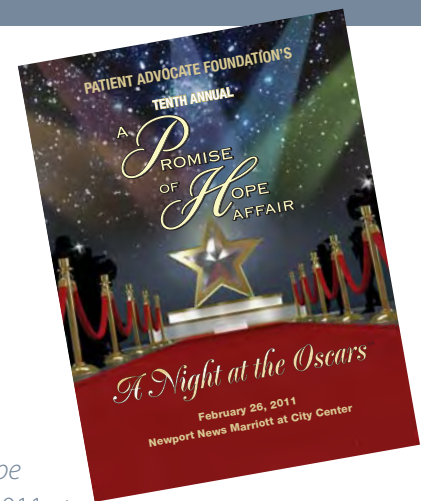
“I contacted PAF with insurance issues and medication assistance needs. PAF provided me with good counsel and advice, as well as offering me material aid. They made it possible for me to continue on the life enhancing medicine. I truly appreciate the work of Patient Advocate Foundation. Thanks!”

Beverly Rapp, Oklahoma City, OK



10th Annual *A Promise of Hope Affair*

February 26, 2011
Newport News Marriott at City Center



The awards table in the Grand Ballroom.



Commonwealth of Virginia Secretary of Health and Human Resources, Dr. William A. Hazel is welcomed by Nancy Davenport-Ennis, PAF CEO and Jack Ennis, Chief Development Officer.



Nancy Davenport-Ennis is joined by Dr. Allen Dobson and Dr. Joan DaVanzo from Dobson/DaVanzo, the firm that was the principal writer of the PAF 2010 Patient Data Analysis Report.

The 10th annual *A Promise of Hope Affair* was held on February 26, 2011 at the Newport News Marriott at City Center. Our guests, totaling 400, entered the ballroom through a doorway covered with red draping and took a walk down the red carpet as we celebrated "A Night at the Oscars™". Award statuettes flanked the stage and black and white head shots of Clark Gable, Katherine Hepburn, Lauren Bacall, Rock Hudson and other stars lined the walls. One side of the ballroom featured the Hollywood Hills and the famous Hollywood sign.

During the VIP Reception, our guests were entertained by Evening Violet, which included Becca Fifelski and Tim Tessier who provided acoustical guitar and vocal entertainment. Special guests included Congressman Robert C. "Bobby" Scott, (D-3rd-VA), Congressman Rob Wittman (R-1st-VA) and his wife Kathryn, Dr. William Hazel, Secretary of Health for the Commonwealth of Virginia and his wife Cindy, and Dr. Paul Dent, Professor of Biochemistry and Molecular Biology, Virginia Commonwealth University Medical Center.

Our guests danced the night away to the sounds of the Kings of Swing and were provided a special treat when Julie "The Dove" Delgado, joined the band for a couple of songs. Julie is a California based vocalist and Rock & Roll Hall of Fame inductee who was



Patient Advocate Foundation and National Patient Advocate Foundation staff and Board members in the silent auction area prior to the start of the event.

10th Annual A Promise of Hope Affair



Barbara Ciara, our Mistress of Ceremonies, welcomes our guests to the 10th annual *A Promise of Hope Affair*.



Our guests dined at the foot of the "Hollywood Hills."



PAF Honorary Board Member Sheldon Weinhaus and PAF Board Secretary Leah Locke-Arnett.



Becca Fifelski with Evening Violet entertains during the VIP Reception.



Alan Richardson, A Promise of Hope Affair Chair is joined by Kathryn West from Amgen, one of the Event Sponsors and Julie Delgado, who will perform later that evening.



Dr. Dennis Gastineau, PAF Board President, also extends his welcome to our guests.

10th Annual A Promise of Hope Affair



Nancy Davenport-Ennis presenting Dr. Dennis Gastineau with the first "Oscar" of the evening.



PAF Board Member Deborah Parham-Hopson receives her "Oscar" from Nancy Davenport-Ennis.



Jack Ennis and Nancy Davenport-Ennis, PAF Co-founder and Founder are presented their "Oscars" by Alan Richardson, Chief Development Operations Officer.

assisted by PAF through her battle with breast cancer. She began singing professionally in 1982 and most recently toured with seven time Grammy award winning recording artist John Mayer. Julie replaced Marilyn McCoo as a member of the Fifth Dimension and was inducted into the Rock & Roll Hall of Fame in October 2002. She has toured and recorded with such great artists as Rod Stewart, Tom Jones, Diana Ross, k.d. lang, Whitney Houston, Stevie Wonder and David Foster.

Julie addressed our guests, telling her story, saying "singing through the pain and cancer has allowed me to touch people. Now that I am cancer free, this is my gift that I want to give back. I spend a lot of time on the road alone in hotel rooms. So, when I was battling breast cancer in 2010, PAF came to my aid with the support I needed. It was nice to be able to reach out to someone who understood what I was going through. With PAF's support, I knew that I was not alone."

In addition to dinner and dancing, our Silent Auction had over 400 items with a fair market value of over \$57,000.00. Barbara Ciara, managing editor and news reporter from PAF's local CBS affiliate, WTKR-Channel 3, served as Mistress of Ceremonies and helped us raise \$7,500.00 for PAF's Scholarship for Survivors program that night. Toni Freire, daughter of Novartis representative and Event Sponsor, Debbie Freire, served as PAF's "Miss Night at the Oscars™", assisting *A Promise of Hope Affair* Chair Alan Richardson with sponsor, donor and supporter recognition. Oscar™ statuettes were presented in keeping with the theme of the evening.

Through the support of local businesses, PAF Board of Directors and Partners in Progress, the 2011 *A Promise of Hope Affair* was able to raise over \$338,300.00 through personal contributions, sponsorships, auction bids and in-kind donations. These funds support PAF's provision of direct services by our professional case management staff to help patients solve their insurance and healthcare access problems. We invite you to Save the Date of February 25, 2012 for the 11th Annual *A Promise of Hope Affair* as we celebrate during A Black and White Ball!

10th Annual A Promise of Hope Affair



Dr. Paul Dent , Professor of Biochemistry and Molecular Biology at Virginia Commonwealth University discusses his research with our attendees.



Nancy Davenport-Ennis with U.S. Congressman Robert C. "Bobby" Scott (D-VA-3rd).



Nancy Davenport-Ennis presents Charles Staton from U.S. Senator Jim Webb's (D-VA) office with his "Oscar."

Anchor Committee

Billie Sue Ackerman, Wachovia, A Wells Fargo Company
Cindy Black, Old Point National Bank
Justin Boykin, Empower Information System
Bruce Breeger, Breeger Media Group
Dennis Kiser, Old Dominion Homes
Donna McMahon, Towne Bank
Robi Nelson, A Promise of Hope Affair Auction Chair
Jennifer Stuebbe, Goodman and Company
Eddie Tison, Tison Commercial Properties
Randy Yocum, Express Employment Professionals
Nancy Davenport Ennis, CEO
Fran Castellow, President, Operations
Bill Nason, Chief Operating Officer
Jack Ennis, Chief Development Officer
Alan Richardson, Chief Development Operations Officer
Diana Hauser, Corporate Development Administrative Coordinator

Honorary Chairs

The Honorable Mark Warner (D-VA), United States Senate
The Honorable Jim Webb (D-VA), United States Senate
The Honorable Rob Wittman, (R-1st-VA), US House of Representatives
The Honorable Robert C. "Bobby" Scott (D-3rd-VA), US House of Representatives
Secretary William A. Hazel, Jr., MD, Secretary of Health and Human Resources, Commonwealth of Virginia



Jack Ennis, Kathryn Wittman, U.S. Congressman Rob Wittman (R-VA-1st) and Nancy Davenport-Ennis.

10th Annual A Promise of Hope Affair



Commonwealth of Virginia Secretary of Health and Human Resources, Dr. William A. Hazel and his wife, Cindy, accepting his "Oscar."



Nancy Davenport-Ennis and Newport News, VA Mayor, Dr. McKinley Price

Commonwealth of Virginia General Assembly Members

The Honorable John Miller (D-1st), Senate of Virginia
The Honorable Thomas Norment, Jr. (R-3rd), Senate of Virginia
The Honorable Yvonne B. Miller (D-5th), Senate of Virginia
The Honorable Ralph S. Northam (D-6th), Senate of Virginia
The Honorable Jeffrey L. McWaters (R-8th), Senate of Virginia
The Honorable Frederick M. Quayle (R-13th), Senate of Virginia
The Honorable Charles J. Colgan (D-29th), Senate of Virginia
The Honorable Mary Margaret Whipple (D-31st), Senate of Virginia
The Honorable Phillip Puckett (D-38th), Senate of Virginia
The Honorable Bud Phillips (D-2nd), Virginia House of Delegates
The Honorable Charles Poindexter (R-9th), Virginia House of Delegates
The Honorable Onzlee Ware (D-11th), Virginia House of Delegates
The Honorable Ron Villanueva (R-21st), Virginia House of Delegates
The Honorable Riley Ingram (R-62nd), Virginia House of Delegates
The Honorable Betsy Carr (D-69th), Virginia House of Delegates
The Honorable Delores McQuinn (D-70th), Virginia House of Delegates
The Honorable Joseph Morrissey (D-74th), Virginia House of Delegates
The Honorable Roslyn C. Tyler (D-75th), Virginia House of Delegates
The Honorable Christopher Stolle, M.D. (R-83rd), Virginia House of Delegates
The Honorable Robert Tata (R-85th), Virginia House of Delegates
The Honorable Paula Miller, (D-87th), Virginia House of Delegates
The Honorable Jeion A. Ward (D-92nd), Virginia House of Delegates
The Honorable Robin Abbott (D-93rd), Virginia House of Delegates
The Honorable Glenn Oder (R-94th), Virginia House of Delegates
The Honorable Mamye E. BaCote (D-95th), Virginia House of Delegates
The Honorable Brenda L. Pogge (R-96th), Virginia House of Delegates
The Honorable Harvey B. Morgan (R-98th), Virginia House of Delegates

Local Government Officials

Vice Mayor George E. Wallace, City of Hampton, VA
Mayor McKinley L. Price, DDS, City of Newport News, VA
Vice Mayor Madeline McMillan, City of Newport News, VA



10th Annual A Promise of Hope Affair



"A Night at the Oscars™"

Auction Committee

Robi Nelson, Chair	
Diana Hauser, Corporate Development Administrative Coordinator	
Donna Adkins	Shauna Hatfield
LaToya Blizzard	Carlette Hattett
Shelby Cornic	Catesby Jones
Jacqueline Costen	Rocquel Robinson
Ellen Gillard	Tisha Rose
LaKendra Green	Karen Seitz
Joyce Grimes	Marilyn Simon

Patient Advocate Foundation Gala Team

Nancy Davenport-Ennis, CEO
Jack Ennis, Chief Development Officer, Anchor Committee Chair
Alan Richardson, Chief Development Operations Officer, Event Chair
Robi Nelson, Auction Chair
Diana Hauser, Corporate Development Administrative Coordinator
Tracy Andrus, Application Specialist, Co-Pay Relief (CPR) Program



PAF's "Miss Night at the Oscars™", Toni Freire.



Dr. Paul Dent and Dr. Dennis Gatineau discuss all things medical.

10th Annual A Promise of Hope Affair

2011 Sponsors

Event Sponsors

Amgen Oncology
 Bayer Healthcare/Onyx
 Eli Lilly and Company
 FNH USA
 Genentech
 Novartis
 Pfizer Oncology
 Purdue Pharma
 sanofi-aventis
 Wachovia, A Wells Fargo Company



Carey Waldrip, Prescription Access Point Director, assists Alan Richardson with presenting Eric Flowers with Ramsell Technologies with his "Oscar" in recognition of Ramsell's Event Sponsorship.



Fran Castellow, PAF President-Operations, presents Kathryn West from Amgen with their Sponsorship "Oscar."



Kesslyn Smith, from Event Sponsor sanofi-aventis, is presented her "Oscar" from Bill Nason, PAF Chief Operating Officer.



Erin Moaratty, PAF Chief of External Affairs presents the "Oscar" to Debbie Freire from Novartis, who is also the mother of our "Miss Night at the Oscars" Toni Freire.

10th Annual A Promise of Hope Affair

2011 Sponsors

Table Sponsors

Platinum

Millennium: The Takeda Oncology Company

Gold

inContact, Inc.
Ramsell Technologies

Silver

Breeger Media Group

Bronze

Arent Fox, LLP
BB&T Insurance
Catalyst
Coastal Security
Christian and Laura Downs
Jack and Nancy Ennis
1st Advantage Federal Credit Union
Goodman and Company
The Lash Group/Xcenda
Maersk
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Old Point National Bank
PAETEC
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Art Newsome Inc. Heating and
Air Conditioning
Riverside Health Systems
Schmidt Public Affairs
Jim Smith, Attorney at Law
Tison Commercial Properties-
Eddie Tison
Towne Bank
Union First Market Bank
Vicom
Virginia Oncology Associates

Event Supporters

Powers Business Machines
Martine Ecrenclou, M.A.
Debbie Crusoe
BPO Elks Lodge #315
Winston and Leslie Read
Blink
Balloons 4 All Occasions



Billie Sue Ackerman with Wachovia, A Wells Fargo Company and Event Sponsor with Nancy Davenport-Ennis.



Beth Patterson, President-Mission Delivery presents Mike Zincone from Pfizer with their sponsorship "Oscar."



Silver Sponsor Bruce Breeger with Breeger Media Group received his "Oscar" from Ruth Anne Reed, PAF Director of Human Resources.



Kimberly Tiller with Event Sponsor Purdue Pharma and Nick Estep, Chief of Mission Delivery.

10th Annual A Promise of Hope Affair

Auction Supporters

Marty and Billie Sue Ackerman

Paul and Karen Adamo

Chuck and Donna Adkins

Chuck Adkins

Lucy Adkins

Rachel Allman

Ellen Almond

Debbie Andrus

Tracy Andrus

Eileen Aquino

Clark and Sharon Baldwin

Hugh and Gina Barlow

Annie Beck

Suzanne and Hank Beckstoffer

Donna Bennett

Durinda Biesman

Tim Bisson

Cindy and Eddie Black

Leigh Ann Bradley

Bruce and Jalene Breeger

Allison Brody

Tommy and Martha Cameron

Lorrie Carr

Angie Caruana

Bryan and Fran Castellow

Barbara Ciara and Artie Jarrett

Stacey Clarke

Pam Cleck

Jeff and Caroline Clemons

Carly Coleman

Nick Connor

Detra Cooper

Chanda Cox

Christine Cummings

Julie Delgado

Al Dobson Joan DaVanzo

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Cynthia Espenshade

Nick and Christine Estep

Tracy Fairbanks

Eric Flowers

Greg Foster

Ken Frantz and Cheri Nice

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Jane Garfield

Dennis and Ann Gastineau

Ashley Gilliam

Tom and Barbara Glover

Richard and Kathryn Gullede

Frank and Claire Haislip

Thomas and Colleen Hartman

Shauna Hatfield

Diana Hauser

Michelle Hayes

Secretary William Hazel and

Cindy Hazel

Patty Heath

Stacie and Jim Heller

Katherine Herring

Beth and Jeff Hoer

Mary Katherine Hogg and

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Heather Hollowell

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Carol Hunt

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Cheryl Johnson

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Al and Tami Jones

Jon and Shelly Joyner

Billy and Michelle King

Dennis Kiser and Donna Crinklaw

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Debbie and Tim Lamb

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Joe Lessen

Leah Locke Arnett

Laura Mackey

Kathleen Malmborg

Neil Martin and Debbie Mauro

Colonel Scott and Donna Maw

Keith Mayfield Sr.

Brian McLellon and

Whitney Jackson

Ray and Laurie Milliken

John and Helen Mitchell

Erin Moaratty and Ron Singleton

Danna Mobley

Carl and Cathy Morgan

Jack and Darlene Mundy

John L. and Martha Reed Murphy

Bill and Shawn Nason

Tammy Neice

Robi Nelson

Richard Nixon and Joyce Brannis

Jamie Norris

Jennifer Obenchain

Adrienne Oleck

Grant and Donna Owens

Lisa Pankowski

Admiral Deborah Parham Hopson

Beth and John Patterson

Ron Rahall and Mary Etta

Stacy and Ruth Anne Reed

Alan Richardson

Rocquel Robinson

Paul Sawosh



10th Annual A Promise of Hope Affair

Ashley Schelske
Karen Seitz
Lewis Shivers
Brian and Candi Skinner
Geoff and Geneva Smith
Kesslyn Smith
Ed and Sharon Spear
Mark and Debra Stephens
Russ Stewart
Jennifer Stuebbe
Megan Taylor
Elizabeth and Robert Thierman

Mary E. Tilles
Brenda Tinner
Eddie and Pam Tison
Trish Turner
Carey and Chantal Waldrip
Sheldon Weinhaus
Kathryn West
Mark Wilging and Karen Cinq-Mars
Pam and Sid Wilson
Joe and Kathy Witt
Delegate Rob Wittman Rob and
Kathryn Wittman



Julie Delgado singing the classic, "At Last", accompanied by "The Kings of Swing".



Dancing the night away to the sounds of "The Kings of Swing."



Julie Delgado entertains the crowd with "The Kings of Swing."



Our guests bidding on silent auction items.

10th Annual A Promise of Hope Affair

Auction Donors

3 Amigos Mexican Restaurant
A Chef's Kitchen
A Step In Time Chimney Sweeps
Aberdeen Barn
Ace Peninsula Hardware,
Newport News
Act II
Aeropostale, Inc.
Aileen Smith-Caruso
AirTran Airways
Al Fresco Ristorante
Alan Richardson
America's Best Contacts &
Eyeglasses
AMF Williamsburg Lanes
AMF York Lanes
Anderson's Home & Garden
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Annapolis Marine Art Gallery,
John Barber Editions
Anointed Touch Salon & Spa
Arbonne International ,
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Arcadia Publishing
AROMAS Specialty Coffees &
Gourmet Bakery
Art Louis Photography
Atlantic Plumbing, Heating &
Air Conditioning, Inc
Auntie Anne's , Patrick Henry Mall
Bailey's Pub & Grille
Bangkok Noi Thai Cuisine
Bardo Edibles and Elixirs
Beaded Designs by Shelia ,
Sheila Ridder
Becky's Bunch , Fighting
Pancreatic Cancer
Ben & Jerry's , Yorktown
BJ's Wholesale Club #186
Black Goose Chimney Sweep
Blink

Blue & Gray Farm, Pattie LoMele
Blue Skies Gallery , Artist
Elizabeth Krome
Blue Skies Gallery , Artist
Vernon Walters
Blue Talon Bistro
Body & Sol Tanning Boutique
Body Shoppe Spa
Boutique She,She
BPO Elks Lodge 315
Brickshire Golf Club
Bryan and Fran Castellow
Buggy Bathe Auto Wash, Lube &
Detail Shoppe
Build-A-Bear Workshop
Busch Gardens Williamsburg
Buttons & Bows Childrens Wear
C&F Enterprises, Inc.
C.W. Cowlings Restaurant &
Lounge
Captain's Cove Art , Larry Ashe
Carey and Chantal Waldrip
Carlette Hattett
Carrot Tree Kitchens
Catherine Lynn, DDS
CCR Enterprises & The UPS Store
CDW
Center for Mind Body Healing
Chaffin Interiors Inc.
Chanda Y. Cox
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Cheryl Nowell
Chesapeake Bank, Hayes
Chili's , Newport News
Chimney Corner Lawnmowers
Chipotle Mexican Grill
Chrysler Museum of Art
Cinema Café, Hampton
Clay Fiber, Pat Jordan
Cloud Nine
Commodore Theatre

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10th Annual A Promise of Hope Affair

Godspeed Animal Care
Goin' Postal
Golden Corral, Newport News
Golden Horseshoe Golf Club
Goodfellas Restaurant
Goodman & Sons Jewelers
Governor Bob McDonnell
Grafton True Value
Grand Country Music Hall
Gulay Berryman Art, Inc.
Hair Cuttery , Jefferson Commons
Hair Cuttery, Victory Store #2071
Hair Tek, Inc. , Mr. Melvin
Hampton Roads IcePlex
Hampton Roads Irrigation and
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Hauser's Jewelers
Hay House, Inc.
Heaven and Earth
Hidenwood Pharmacy, Inc
Hi-Ho Silver
Holden Art , Ron Holden
HoneyBaked Ham, Store # 2512
Indianapolis Colts
Inga-Charlotte Doerp
Iris Studio
Jackson Thomas Interiors
Jamilla Williams
Jean Hornsby
Jeff's Flowers, of Course!
Jennifer Saulman
Jessica's Sweet Shop
Juan's Mexican Cafe and Cantina
Kacey Carneal
Kara Hughes Design
Karen Seitz
Kelly Dye
Ken Matthews Garden Center
Kiln Creek Golf Club and Resort
Kingsmill Resort & Spa
Kiskiack Golf Club
Koch Woodworking
La Tolteca Mexican Restaurant

LaKendra Green
LandTech Resources, Inc.
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Larry and Lori Williams
Laser Quest
Leap of Faith Farm Country Bed
& Breakfast
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Lia Sophia Jewelry,
Mary Jo Umbaugh
LifeWay Christian Stores,
Newport News
Lindsey Jones, Ltd., Ladies
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Walt Disney Concert Hall
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Oasis Restaurant
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Palace Jewelers, Phoebus
Pam Pollard's Flowers & Gifts
Panera Bread, Corporate
Patty Diggs
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Pea Soup for Kids
Peace Frogs
Peking Mongolian & Japanese
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Peninsula Fine Arts Center
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Pirate's Cove Adventure Golf
Plastic Surgery Center of
Hampton Roads
Pomoco Nissan of Hampton
Poquoson Pharmacy
Posh Salon and Day Spa
Powers Business Machines
Quail Run Pottery,
Elizabeth Krome
Quaker Steak & Lube
Regis Salon
Rick's Cheese Steak Shop
Ripley's Believe It or Not!
River's Inn
Riverside Wellness & Fitness
Center, Middle Peninsula
Rock Bottom Golf
Roundtop Mountain Resort
Royal Celebrations,
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Ryan Newman Fan Club
Sal's Sicilian Pizza Restaurant
Salsa's Mexican Grill
Sandbar Bar and Grill
Sandbar Grill & Pub
Sandra Scott
Schlesinger's at Port Warwick
SeaWorld Parks & Entertainment

10th Annual A Promise of Hope Affair

Second Street Restaurant
 Senator Jim Webb
 Senator John Miller
 Shear Style Salon and Spa
 Shelby Cornick
 Showboat Branson Belle
 Silpada Designs, Tami Dierberger
 Six Flags of America , Bowie, MD
 Smith's Florist and Gift Shoppe
 Spare Times Bowling Center
 Split Enz Salon & Spa
 Spring Garden Chinese Cuisine
 Stacy and Ruth Anne Reed
 Staples
 Starving Artist Studio
 Studio Bamboo Institute of Yoga
 Susan Hirsch
 Suter's Handcrafted Furniture
 Sweet Madeline's Cafe
 and Catering
 Tammy Neice
 Tanya Debreauux, Beijo Bags
 Target , Monticello Marketplace,
 Williamsburg
 Target, Newport News
 Taylor's Do It Center
 Tessa Morgan Designs
 Thai Papaya Restaurant
 The Cat's Meow Children's
 Boutique
 The Christmas Store
 The First Ladies Tea Parlor at
 Port Warwick
 The Framery and Art Gallery
 The Fresh Market
 The GRAMMY Museum at L.A. Live
 The Grey Goose
 The Grove Park Inn Resort & Spa
 The Guild Hall of Williamsburg
 The Legend of Kung Fu
 The Lunch Bell
 The Marl Inn Bed & Breakfast
 The Nautical Dog

The Old Chickahominy House
 The Pack House Inn
 The Pearl Restaurant
 The Perfect Setting
 The Silver Box
 The Spa Expectations Corporation
 The Trellis Restaurant
 The Vermont Teddy Bear Company
 The Wardrobe
 The White Dog Inn
 Therapeutic Solutions
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 Tire City, Inc.
 Tisha Rose, Hampton Artist
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 Trader Joe's of Newport News
 Tupperware, Vonda Whitehead
 Turned On To Wood
 Uno's Chicago Grill
 Valerie Culley
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 Newport News
 Vanity Pet Salon
 Vashti's Jewelry and Gift Shop
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 Village Groomer & Pet Supply
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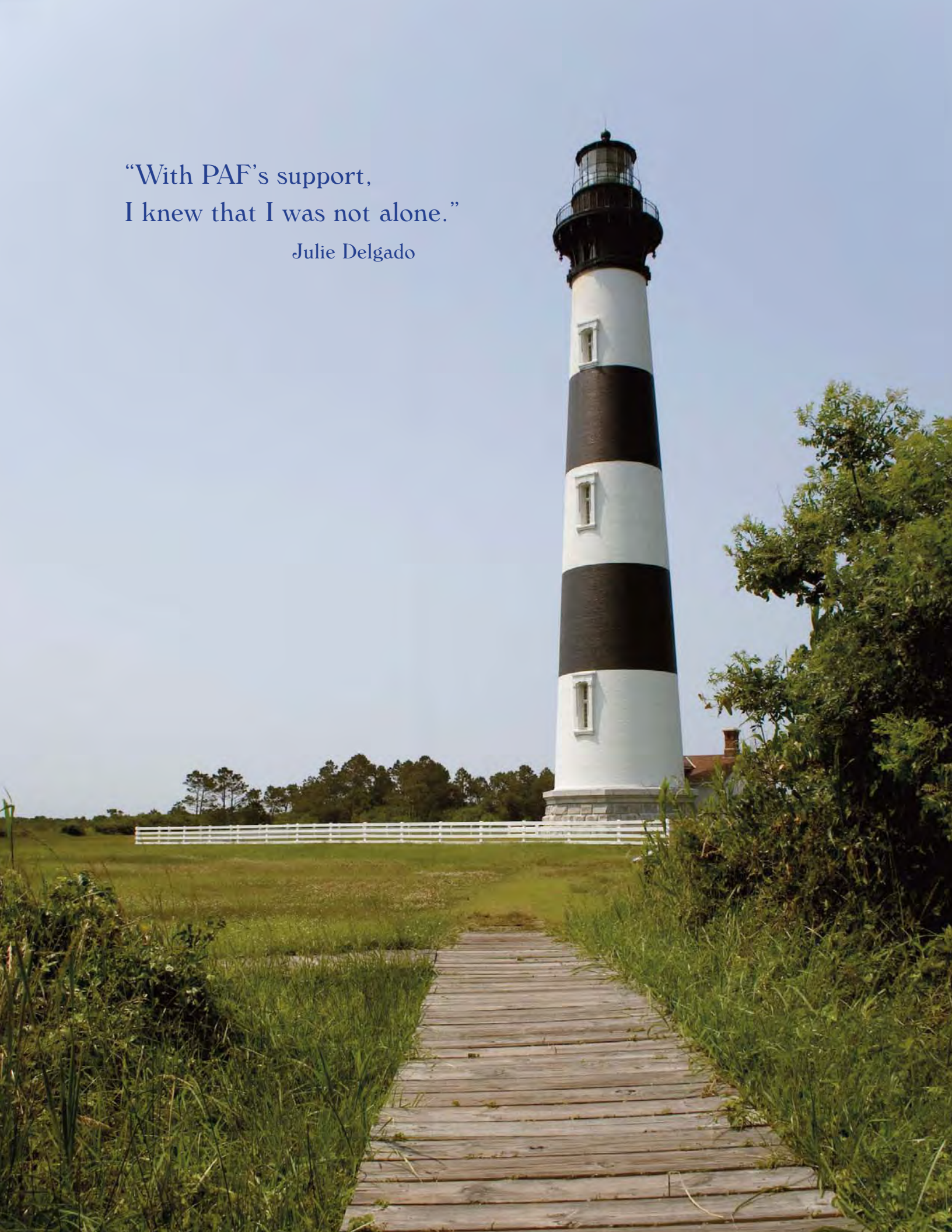


Diana Hauser, PAF Corporate Development Administrative Coordinator and Robi Nelson, Auction Chair.



“With PAF’s support,
I knew that I was not alone.”

Julie Delgado



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PAF is a participant in the Combined Federal Campaign (CFC) which was established by the United States government as a way for Federal employees to support their charities of choice through the use of payroll deduction. PAF's CFC number is 10681. You are also able to designate Patient Advocate Foundation with your United Way campaign. Ask your United Way representative on the correct procedure to designate PAF as it may vary from United Way to United Way.

“I am so very thankful for your help with finding me funding with my costly medicine. Thank you for your phone calls and being so professional and thorough with all the different options. I did find help with Co-Pay Relief for my pills for depression and Fibromyalgia pain. I thank God for your help! It’s like a big weight lifted off me to be able to afford this medicine with my \$1,500 grant. Thank you for from the bottom of my heart for all your help!”

Ruth Luchterhand, Chilton, WI



PAF Financial Statements

Patient Advocate Foundation Statements of Financial Position

June 30,	2011	2010
Assets		
Current assets		
General operating cash and cash equivalents	\$ 3,187,235	\$ 2,688,952
Restricted CPR cash and cash equivalents	38,331,347	30,234,822
Unconditional promises to give	102,925	120,611
Interest receivable	56,501	70,656
Related party receivable	2,131	—
Service contract receivable	501,299	240,629
Employee travel advances	21,728	1,088
Inventories	86,957	69,359
Prepaid expenses	235,869	260,049
Investments and cash equivalents	1,943,750	1,974,377
Total current assets	44,469,742	35,660,543
Property and equipment - net	1,542,011	1,178,231
Other assets		
Refundable deposits	108,540	114,374
	\$ 46,120,293	\$ 36,953,148
Liabilities and Net Assets		
Current liabilities		
Current portion of obligation under capital lease	\$ 68,477	\$ 63,379
Accounts payable and accrued expenses	631,953	494,944
Deferred revenue	2,322,968	2,407,856
Accrued vacation leave	406,593	378,951
Total current liabilities	3,429,991	3,345,130
Long-term liabilities		
Obligation under capital lease - less current portion	54,950	123,427
Total liabilities	3,484,941	3,468,557
Unrestricted	2,360,255	1,275,392
Temporarily restricted	38,331,347	30,234,822
Permanently restricted	1,943,750	1,974,377
Total net assets	42,635,352	33,484,591
	\$ 46,120,293	\$ 36,953,148

The accompanying notes are an integral part of these financial statements.

Patient Advocate Foundation Statements of Activities

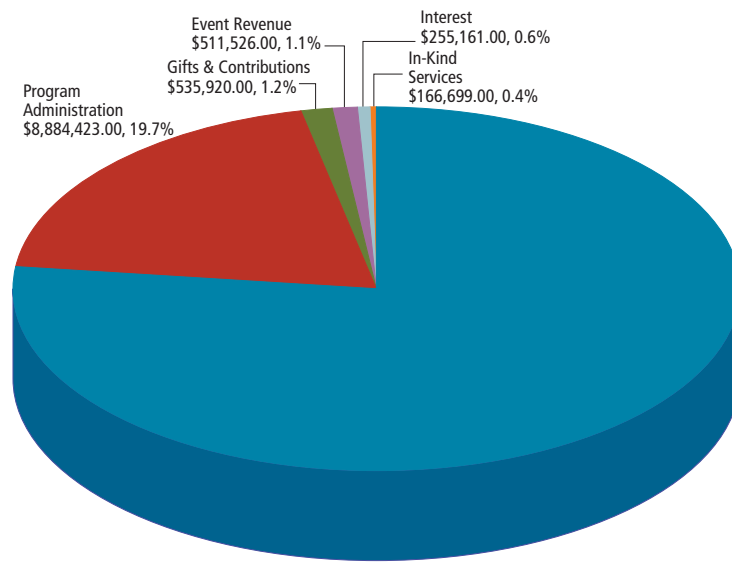
Years Ended June 30,

	2011			2010				
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues, gains and other support								
Contributions								
Grants	\$ 6,849,584	\$27,183,586	\$ —	\$34,033,170	\$ 4,676,771	\$23,153,996	\$ —	\$27,830,767
Private and public donations	82,268	—	—	82,268	107,085	—	—	107,085
Donated services and materials	166,699	—	—	166,699	505,819	—	—	505,819
Program Administration	8,884,423	—	—	8,884,423	6,192,045	—	—	6,192,045
Patient Congress	225,920	—	—	225,920	207,300	—	—	207,300
Prescription Access Point	750,000	—	—	750,000	—	—	—	—
Promise of Hope	285,606	—	—	285,606	231,450	—	—	231,450
Miscellaneous income	453,652	—	—	453,652	204,224	—	—	204,224
Investment income (loss)	285,788	—	(30,627)	255,161	304,091	—	(759)	303,332
Net assets released from restrictions								
Satisfaction of program restrictions:								
Financial Aid Awards	19,087,061	(19,087,061)	—	—	13,498,515	(13,498,515)	—	—
Total revenues, gains and other support	37,071,001	8,096,525	(30,627)	45,136,899	25,927,300	9,655,481	(759)	35,582,022
Expenses								
Program services:								
Patient services	8,832,046	—	—	8,832,046	5,912,931	—	—	5,912,931
Co-Pay Relief	21,711,008	—	—	21,711,008	16,190,409	—	—	16,190,409
Service contracts	2,354,439	—	—	2,354,439	1,492,920	—	—	1,492,920
Supporting services:								
Management and general	1,873,430	—	—	1,873,430	1,355,571	—	—	1,355,571
Fundraising	1,215,215	—	—	1,215,215	925,494	—	—	925,494
Total expenses	35,986,138	—	—	35,986,138	25,877,325	—	—	25,877,325
Change in net assets	1,084,863	8,096,525	(30,627)	9,150,761	49,975	9,655,481	(759)	9,704,697
Net assets - beginning of year	1,275,392	30,234,822	1,974,377	33,484,591	1,225,417	20,579,341	1,975,136	23,779,894
Net assets - end of year	\$ 2,360,255	\$38,331,347	\$ 1,943,750	\$42,635,352	\$ 1,275,392	\$30,234,822	\$ 1,974,377	\$33,484,591

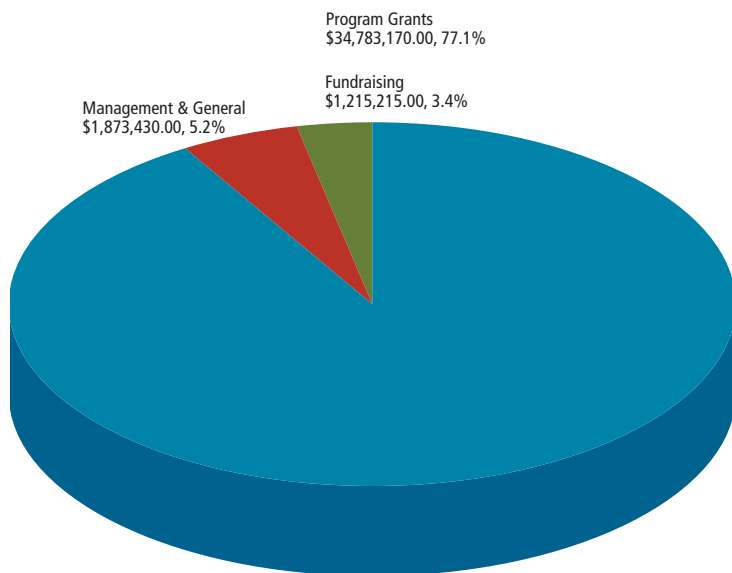
The accompanying notes are an integral part of these financial statements.



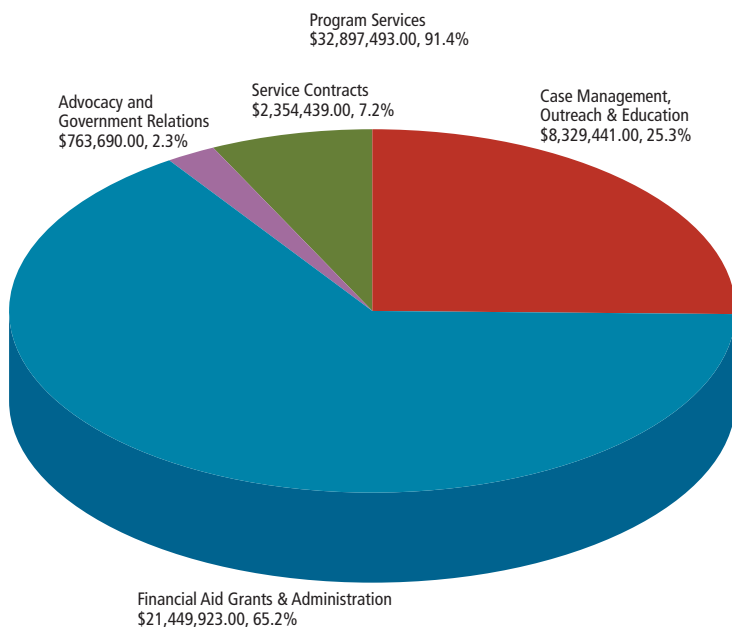
FY 2010/2011



Combined Revenues



Functional Expenses



Combined Program Services Expenses

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(As of June 30, 2011)

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Acknowledgements

PATIENT ADVOCATE FOUNDATION ANNUAL REPORT ACKNOWLEDGMENTS

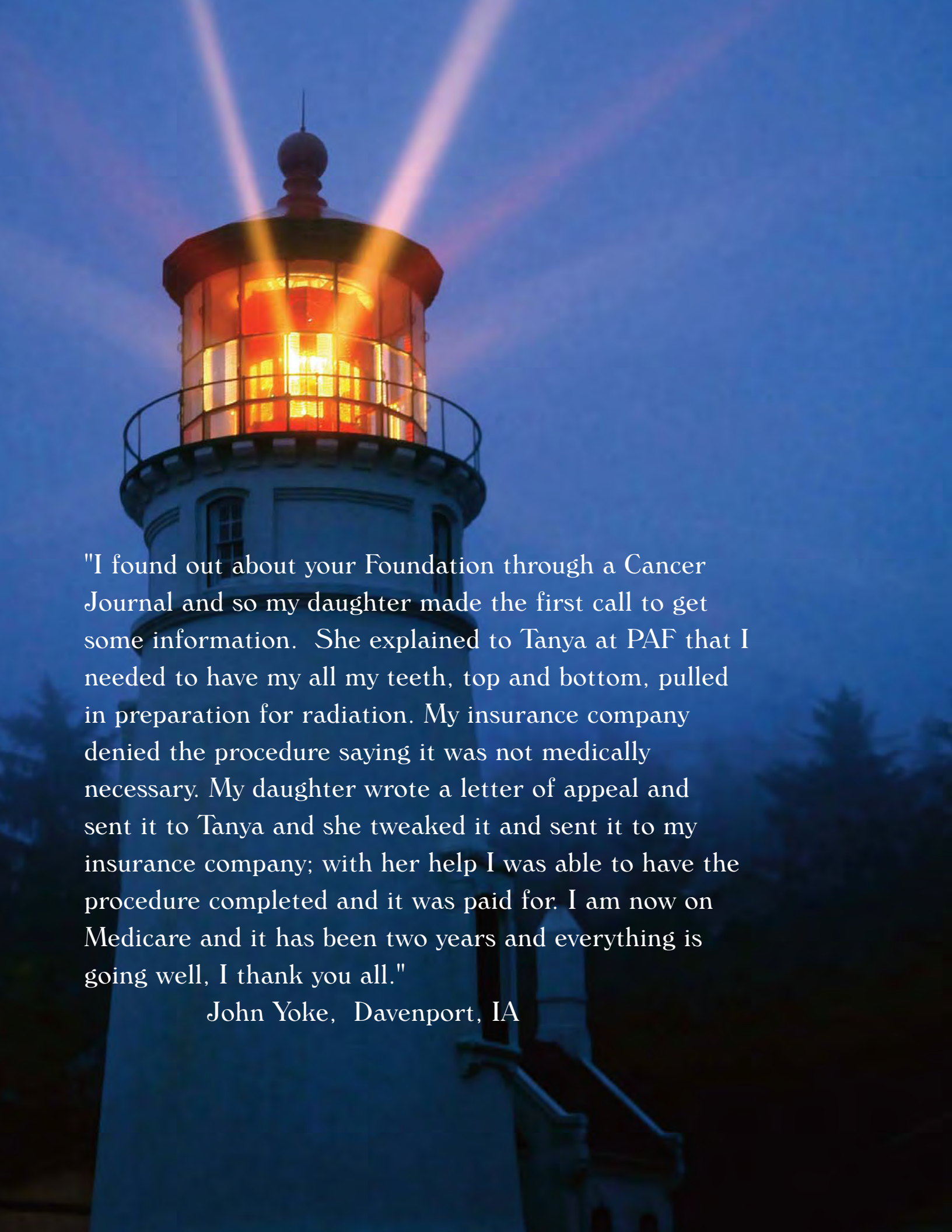
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Patient Advocate Foundation is a tax exempt 501(c)3 non-profit organization
Federal Tax ID No.: 54-1806317



A lighthouse at night, illuminated from within, casting a warm orange glow. Two bright beams of light shine out from the top of the lantern room into the dark blue night sky. The lighthouse is white with a dark railing around the lantern room. The background is a deep blue sky with some faint clouds and the silhouettes of trees in the distance.

"I found out about your Foundation through a Cancer Journal and so my daughter made the first call to get some information. She explained to Tanya at PAF that I needed to have my all my teeth, top and bottom, pulled in preparation for radiation. My insurance company denied the procedure saying it was not medically necessary. My daughter wrote a letter of appeal and sent it to Tanya and she tweaked it and sent it to my insurance company; with her help I was able to have the procedure completed and it was paid for. I am now on Medicare and it has been two years and everything is going well, I thank you all."

John Yoke, Davenport, IA

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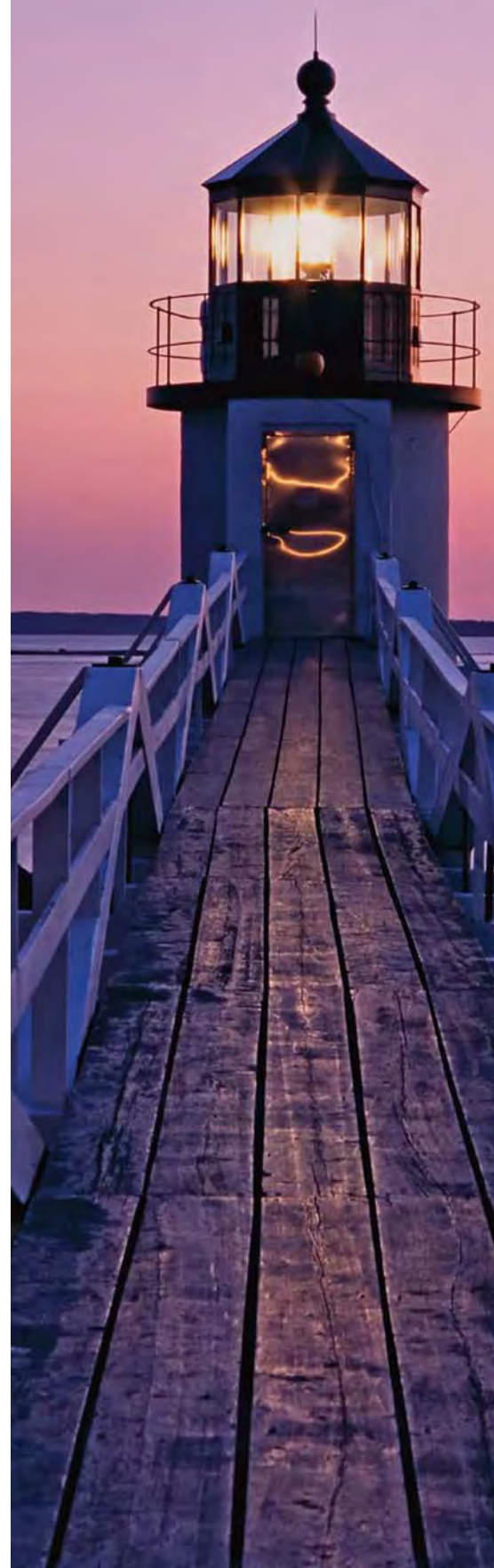
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