**Pending Assistance Worksheet**

**Co-Pay \_\_\_\_\_ Premium\_\_\_\_\_ PAP\_\_\_\_\_ Foundation\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD 10\_\_\_\_\_\_\_\_\_\_\_**

**Physician Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1st Ins.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Ins.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group# \_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Presc. Ins.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RX Bin# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **RX Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RX PCN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source of Income Monthly or Yearly Amount**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Household Size: \_\_\_\_\_\_ Household Yearly Gross Income\_\_\_\_\_\_\_\_\_ FPL\_\_\_\_\_\_\_**

**Notes:**

**Did the patient authorize enrollment into assistance program? \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_­­­\_\_\_\_\_**

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**

**Phone Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make copy of insurance cards to attach to this worksheet**

**Frequently Asked Questions**

**What are co-pay assistance programs?**

**These are programs offered through drug manufacturers and national cancer foundations that can help with your out of pocket costs for infused therapies and high dollar prescriptions.**

**What are patient assistance programs (PAP)?**

**These are programs offered through the drug manufacturers that can provide free medication to patients who have no coverage, or high out of pockets costs for the medications they need.**

**What are premium assistance programs?**

**These are programs offered through national cancer foundations that reimburse the amount you pay for your monthly health insurance premium.**

**What are foundation assistance programs?**

**These are programs offered through cancer foundations that can potentially help with transportation costs, and living expenses such as rent, mortgage, & utilities while patients are going through cancer treatments.**

**Why do we ask for your financial information?**

**Many of these programs are based on your income. Each foundation is able to set their own guidelines and they are not just for low income families. If we know your household size and income we will be able to find foundations that you will qualify for.**