



Application for Verification

Required information & Helpful Tips

How do I apply for assistance?

Completely fill out the required fields on the application for assistance.

Once you have fully completed the application you will be notified immediately if you are eligible for assistance from CPR.

If you are eligible for assistance, the application will be instantly approved and you will have immediate program access.

I'm Approved, What Now?

All patients approved for assistance are required to have a physician verify his/her diagnosis by completing and signing a Physician Verification Form.

Submit the completed Physician Verification Form within 30 days of the patient's approval date.

You can upload the completed, signed physician form to the online portal or fax it to us using the unique bar coded fax cover sheet.

Approved patients who do not submit a completed physician form verifying the reported diagnosis within 30 days from approval will forfeit their award.

Patients who forfeit their award due to not submitting a Physician Verification Form are not eligible to reapply for the program until 12 months from the original date of approval

Begin using your award immediately! Please submit your claims via Virtual Pharmacy Card, uploading them to the online portal or fax it to us using the unique bar coded fax cover sheet.

Submitting Documents: What are the options?

CPR accepts documents via Virtual Pharmacy Card, electronic upload, fax or by mail

For applications submitted through our website, supporting documents may be uploaded electronically

- Please allow some time as any files uploaded may not reflect instantly

Applications and supporting documents may be faxed

- Please use the unique bar-coded fax coversheet when faxing information to CPR.

- Please note that each application submission has a unique bar code and the applications are not interchangeable

Mail application and supporting documents

Program Contact Information:

Web Portals: www.copays.org

Fax Number: 757-952-0119

Address: Co-Pay Relief Program; 421 Butler Farm Road, Hampton, VA 23666

Required Information to Complete an Application for Assistance

Patient Demographic Information

First & Last Name

Address & Phone Number

Gender, Ethnicity & Marital Status

Veteran Status Employment Status Date of Birth

Social Security Number or Alien Number

Financial Information

Number in Household

Annual Household Income

Do you file a Tax Return for the most current year?

Has your Annual Income changed significantly from last year?

Authorized Person

Is anyone else authorized to speak with CPR on the Patient's behalf?

If yes, the following fields are required: First Name, Last Name, Relationship, Special Authorization, Phone

Number

Insurance Information

Primary Insurance Carrier Insurance & Plan Type Policy ID & Group Number Telephone Number

Subscriber's Name and Date of Birth

Co-Pay or Coinsurance for medical services

Co-Pay or Coinsurance for pharmacy benefits

Do you have Medicare Part D?

Does the patient have a Medicare Supplement? Do you have Secondary Insurance?

Is Insurance coverage continuation under COBRA in effect?

Does this plan cover prescription drugs at the pharmacy and provider office?

Treating Physician Information

Physician Name Facility Name Physical Address

Phone and Fax Number

Office Contact Name and Email Address, if known

Medical Information

Information of Person Completing the Form

Diagnosis and Treatment Information

Confirmation of treatment plan and that patient is currently in treatment, has been in treatment in the last 6 months, or will begin treatment in the next 60 days