



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 their diagnosis and treatment verified by a member of the patient's care team.
- Submit the completed diagnosis and treatment information within 30 days of the patient's approval date.
- You can upload the completed forms verifying the patient's diagnosis and treatment to the online portal or fax it to us using the unique bar-coded fax cover sheet.
- Approved patients who do not submit completed documentation verifying the reported diagnosis within 30 days from approval will forfeit their award.
- Patients who forfeit their award due to not submitting documentation verifying the reported diagnosis 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
- Treatment Medication(s) in relation to the patient's diagnosis