

Before filling out the Patient Assistance Program form, please use this checklist to make sure you have the necessary information. The checklist will help you determine what you may need and whether your patient is insured or uninsured.

What information your patient may need to apply for the Lilly Patient Assistance Program (PAP)

All Patients, Regardless of Insurance Status

Personal Information:

- Social Security number
- Monthly gross household income (salary, pension, Social Security, disability, alimony, child support, interest/dividends, rental property, etc)
- Proof of income (copy of W-2, copy of prior year's tax return, copy of two most recent pay stubs, copy of Social Security check or award letter, zero income letter with required HCP attestation and signature on office letterhead)

Shipping Information and Signatures:

- Physician name, DEA, PTAN, NPI number, Tax ID, Medicaid ID
- Facility name and NPI number
- Shipping address
- Contact information (contact name, phone/extension, and fax)
- Drug administered
- Physician signature/date
- Patient or guardian signature on application authorizing collection, use, and disclosure of Protected Health Information (PHI) and certification for the Lilly PatientOne Co-pay Program (if applicable)

Insured Patients Only

(In addition to the personal information listed at the left)

Insurance Information (as applicable):

- Copies of all insurance cards (front and back)
- Medicare policy and Part D drug plan information
- Primary insurance (insurance name, telephone number, and policy ID number)
- Secondary insurance (insurance name, telephone number, and policy ID number)
- Veterans, Medicaid, or other insurance (insurance name, telephone number, and policy ID number)