



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

- Primary Diagnosis
- Date of Diagnosis

Medication

- Medication Name(s) seeking assistance with