HOW TO:
CREATE AN ACCOUNT & APPLY FOR A GRANT
FOR NEW PATIENTS
The Patient Access Network (PAN) Foundation created this easy-to-use guide that shows you how to access our Patient Portal, apply for financial assistance for your out-of-pocket treatment costs, and connect with additional support. Follow these steps to create an account and apply for a grant.

**Please note:** Patient Portal access is only available on a desktop or laptop computer. The portals are not accessible on a mobile phone or tablet.

**There are two ways to check your eligibility and apply for a grant through our Patient Portal.**

1. Search for a disease fund, check your eligibility through our website, and then complete your application. **Go to Section.**

2. Search for a disease fund, check eligibility directly in our patient portal, and then complete your application. **Go to Section.**

**SEARCH FOR A FUND USING PAN'S ELIGIBILITY CHECKER**

If you’d like to determine if there is a fund that can help you, visit our Patient Portal at [panapply.org](http://panapply.org). At the top of the page, click on **Disease Funds and Medications**. To qualify for assistance, you must be receiving treatment for the selected disease and meet additional eligibility criteria.
The Disease Funds and Medications page will allow you to search for an available fund in three ways:

1. Type in the disease name in the gray **Type or Choose a Disease Fund box** (be sure the Search by Disease bubble is selected) and click the blue Search button.

2. Or type in a medication name in the **Type or Choose a Disease Fund box** (be sure the Search by Medication bubble is selected) and click Search.
Or click on the **Show All Disease Funds button** and scroll down the list using the first gray bar on the right side of the screen.

| Hepatitis C | Open |
| HIV Treatment and Prevention | Currently Closed |
| Homozygous Familial Hypercholesterolemia Premium | Currently Closed |
| Hypercholesterolemia | Currently Closed |
| Hyperkalemia | Currently Closed |
| Immune Thrombocytopenic Purpura | Currently Closed |
| Immune Thrombocytopenic Purpura Travel | Currently Closed |
| Inflammatory Bowel Disease | Currently Closed |
| Inherited Retinal Disease | Open |
| Inherited Retinal Disease Premium | Currently Closed |
| Inherited Retinal Disease Travel | Currently Closed |
| Macular Diseases | Currently Closed |
| Mantle Cell Lymphoma | Open |
| Melanoma | Open |
| Metastatic Breast Cancer | Currently Closed |
| Multiple Myeloma | Currently Closed |
| Multiple Sclerosis | Currently Closed |
| Neurotrophic Keralsis | Currently Closed |
| Neutropenia | Currently Closed |
| Non-Hodgkin's Lymphoma | Currently Closed |
| Non-Small Cell Lung Cancer | Currently Closed |
| Ovarian Cancer | Currently Closed |

If you see a disease fund or medication that applies to you and is listed as **Open**, you can begin the application process.

For example, if you are receiving treatment for melanoma and would like to apply for financial assistance, check that the Melanoma Disease Fund is listed as **Open**. Then click on Melanoma and the Melanoma page will appear on screen. From there, click on the orange **Next button**.
You will be taken to the Melanoma Disease Fund page, where you can use PAN's eligibility checker to pre-screen your eligibility, and find more information about the fund, including the assistance amount, complete eligibility criteria, medications covered, and additional support organizations.

To check if you are eligible to receive assistance on the Eligibility Pre-screen for Melanoma page, click the **orange down arrow** for a list of medications.

Click on the medication that applies to you. If you need to add more medications, click on the orange **ADD MEDICATION** section and repeat the search and select process. When you have completed your medication selection, click on the orange **Next button**.
Once you have selected the medication(s), answer the five listed questions. First, indicate if you live in the U.S. or U.S. territories by clicking the Yes or No bubble.

If you have insurance coverage, click Yes and be sure to check the box(es) for the type(s) of insurance you have.
Click the orange **down arrow** to see a list of states and territories to answer In what state or territory do you live? Then, to indicate the amount of people living in your home, click on the + or – buttons.

Determine the current annual gross household income by adding the incomes of adults in your household before taxes and other deductions. Type that total number in the box without any spaces or characters (for example: $50,000 should be typed as 50000). Then click the orange **Next button**.
Once you see the **You are eligible for this fund!** screen, click the orange **Complete Application** button.

Be sure to fill in ALL the boxes with an asterisk (*) on the Enrollment / Patient Information page.

- The *SSN box requires your nine-digit **Social Security number**.
- The *DOB box requires your **date of birth** in mm/dd/year format.
- The Additional authorized contact can be a family member, friend, or caregiver who you trust. If you click the box, you'll need to fill in that person's information.
- Click Save and Next when all the information is entered.
Next, fill in the Patient Insurance information. You must fill in all the boxes marked with an asterisk (*). Then click **Save and Next**.

Fill in the information for your medical professional on the Treating Provider page.
To search for your Treating Provider's information, enter the provider's Last Name and State, and click **Search**. Or enter the provider's National Provider Identifier (NPI) number. When the provider's name appears, click the bubble next to the name and then click **Save and Next**.

Next, enter your email address in the Email/Username box. This will allow you to access the Patient Portal in the future. Then click **Save and Next**.
The Education and Support Services page lets you decide if you’d like to be contacted by our partner organizations, who offer a range of educational and support services to help you manage your condition. If you’d like their additional support, click the box next to the organization’s name, enter your Email and Phone number, and click Save and Next.

The Review page includes all the information you have provided in your application. Please scroll down the entire page and confirm everything is accurate before clicking Save and Next.
The Attestation page formally certifies the information you have provided is accurate and complete. Be sure to click the box next to I agree with all attestations presented above. Or, if a friend, family member, or caregiver completed the application on your behalf, have them click the box next to I am authorized to complete the application on behalf of the patient. Then click Submit.

You will see a page that indicates your application has been conditionally approved. Be sure to follow the directions on this page and submit the necessary tax documents within the given time period to meet PAN’s eligibility criteria.
Search and apply through the patient portal eligibility pre-screen

1

From our Patient Portal at [panapply.org](http://panapply.org) there is another way you can determine if there is a fund that can help you. Begin by clicking on the green APPLY NOW button.

2

On the blue New Enrollment Application authorized use box, click the green Continue button.
The Eligibility Pre-screen page lets you search for a grant that can help you. You can do this in one of three ways:

3 Type in the disease name in the gray Type or Choose a Disease Fund box and click the blue Search button.

4 Or type in a medication name (be sure the Search by medication bubble is selected) and click the blue Search button.
Or use the first gray bar on the right side of the screen to scroll down and review the full list of disease funds. Click the up or down arrows, or simply hover the arrow over the bar, click, and drag it down the screen.

Then, be sure to scroll to the bottom of the page and click the green **Save and Next** button.
Once you’ve selected the disease fund, you’ll see a list of covered medications. Select the applicable medication by clicking on the green + sign. The medication will appear in the Selected medication(s) box.

If you accidentally add a wrong medication, hit the red – sign to delete it.

Click on the green Save and Next button at the bottom of the page.
The next Eligibility Pre-screen page includes the name of the fund, the Selected medication(s), and a series of questions lower on the page. Be sure to answer:

- Is the patient living and receiving treatment in the U.S. or U.S. territories?
- Does the patient have insurance coverage? Clicking Yes will provide a list of insurances to check.
- In what state or territory does the patient live? Clicking the down arrow will let you select location.
- How many persons reside in the patient’s residence? Clicking the down arrow allows you to select a number.
- What is the patient’s current annual gross household income? Determine the current annual gross household income by adding the incomes of adults in your household before taxes and other deductions. Type that total number without any spaces or characters. (For example: $50,000 should be typed as 50000.)

Then click the green **Check Eligibility button** at the bottom of the page. When the portal indicates you are eligible, click the green **Save and Next button**.
Be sure to fill in ALL the boxes with an asterisk (*) on the Patient Information page.

- The *SSN box requires your nine-digit Social Security number.
- The *DOB box requires your date of birth in mm/dd/year format.
- The Additional authorized contact can be a family member, friend, or caregiver who you trust.
- Click **Save and Next** when all the information is entered.

Next, fill in the Patient Insurance information and click Save and Next. You must fill in all the boxes with an asterisk (*). Then click **Save and Next**.
Fill in the information for your medical professional on the Treating Provider page.

To search for your Treating Provider's information, enter the provider's Last Name and State, and click **Search**. Or enter the provider's National Provider Identifier (NPI) number. When the provider's name appears, click the bubble next to the name and then click **Save and Next**.
Next, enter your email address in the **Email/Username box**. This will allow you to access the Patient Portal in the future. Then click **Save and Next**.

The Education and Support Services page lets you decide if you’d like to be contacted by our partner organizations, who offer a range of educational and support services to help you manage your condition. If you’d like their additional support, click the box next to the organization’s name, enter your Email and Phone number, and click **Save and Next**.
The Review page includes all the information you have provided in your application. Please scroll down the entire page and confirm everything is accurate before clicking Save and Next.

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You will see a page that indicates your application has been conditionally approved. Be sure to follow the directions on this page and submit the necessary tax documents within the given time period to meet PAN’s eligibility criteria.

Thank you for enrolling in the Bipolar Disorder fund.

Your application has been conditionally approved. To complete the application process, please submit the most recent copy of one of the tax documents listed below as proof of income and send to: PAN in the next 15 business days by fax to 301-365-7363, or by mail addressed to: Patient Access Network Foundation, PO Box 35030, Bethesda, MD 20820.

If you do not submit proof of income within 15 business days or if your submitted documentation indicates that your income exceeds PAN’s eligibility criteria, your grant will be rescinded. Please call us at 1-800-395-7262, Monday through Friday, 9 a.m. to 7 p.m. ET. We are here to help.

Approved Tax Documents for Proof of Income:
- 1040 Federal Form
- 1040-A Form
- 1040EZ Federal Tax Form
- 4823 Form
- For residents of the U.S. Virgin Islands:
  - 1040G Form
- For residents of Northern Mariana Islands:
  - 1040G Form
- For residents of American Samoa:
  - 1040G Form

Important Note: Grant Use Policy
- To ensure your grant remains active, you, your healthcare provider or your pharmacy must request and receive payment for a claim from PAN within 120 days of your enrollment date, and within each 120-day interval thereafter.
- During your eligibility period, if PAN does not receive and pay a claim within each 120-day interval, your grant will be canceled.
- PAN will share this information with your provider. If you have questions, call us at 1-800-395-7362.

Member ID: 129139236
Group ID: 200000000
Rejoin ID: 000000000
PCN: N/A
Eligibility Start Date: 07/15/2020
Eligibility End Date: 07/14/2021
Assistance Amount: $0.00000