



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.

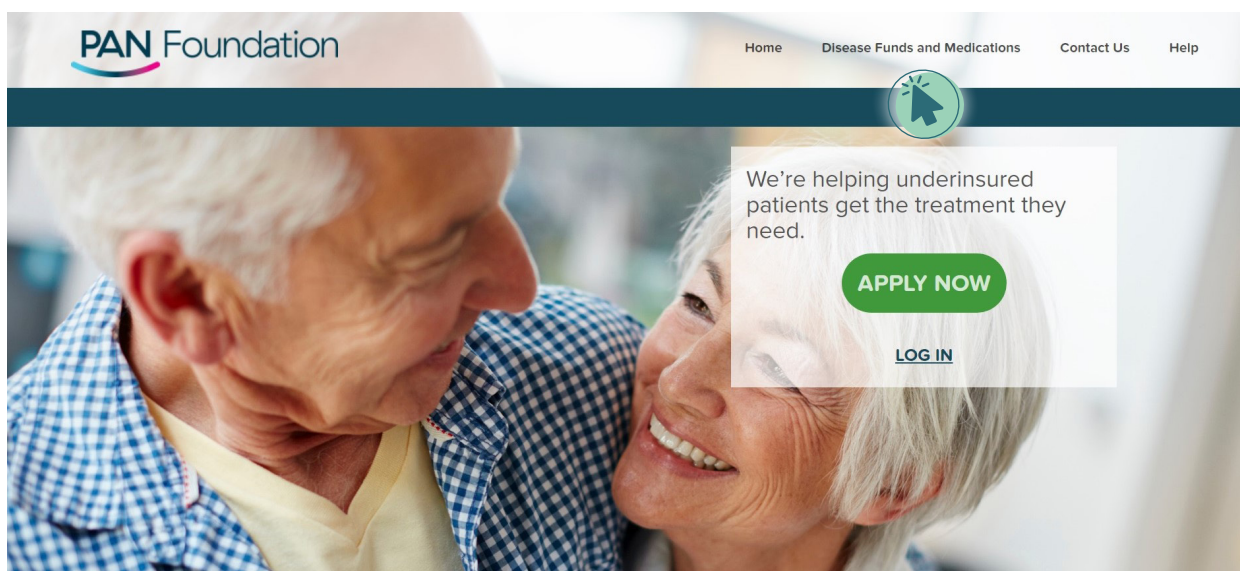
**Please note:** Patient Portal access is only available on a desktop or laptop computer. The portals are not accessible on a mobile phone or tablet.

## 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**. 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.

The screenshot shows the PAN Foundation website's "Disease Funds and Medications" page. At the top, there's a navigation bar with "Home", "Disease Funds and Medications" (active), "Contact Us", and "Help". Below the header, a dark blue bar contains the page title. A search instruction reads: "Search for a disease fund by typing in the name of a disease or the name of a medication used to treat a disease." The search interface includes a text input field labeled "Type or Choose a Disease Fund", two radio buttons for "Search by Disease" (selected) and "Search by Medication", a blue "Search" button, and a "Show All Disease Funds" button. A green callout bubble with a cursor icon points to the "Search" button. Below the search area is a table with two columns: "Disease Fund Name" and "Status".

Disease Fund Name	Status
Acromegaly	Currently Closed
Acute Myeloid Leukemia	Currently Closed
Amyloidosis	Currently Closed
Ankylosing Spondylitis	Currently Closed
Arrhythmia in Patients with Atrial Fibrillation or Atrial Flutter	Currently Closed
Asthma	Currently Closed
Atopic Dermatitis	Currently Closed
Basal Cell Carcinoma	Open
Bipolar Disorder	Open

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.

The screenshot shows the same PAN Foundation website page, but with the "Search by Medication" radio button selected. The text input field now contains "Acetadote". The "Search" button is highlighted with a green callout bubble. Below the search area, the table structure is different, with three columns: "Medication name", "Disease Fund Name", and "Status".

Medication name	Disease Fund Name	Status
Acetadote (acetylcysteine)	Neurotrophic Keratitis	Open

3

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	Open
Inflammatory Bowel Disease	Currently Closed
Inherited Retinal Disease	Currently Closed
Inherited Retinal Disease Premium	Open
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 Keratitis	Open
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.

4

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**.

Get help ▾Find a disease fundExplore resourcesOur work ▾Get involved ▾Donate

OPEN

Melanoma

We are accepting applications for new and renewal patients. If your application for assistance is approved, you can begin receiving funding immediately.

APPLY TODAY

Apply online or call [1-866-316-7263](tel:1-866-316-7263)

I am a...

Patient ▾

Next

APPLY NOW

3

5

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.

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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.



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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.

SEARCH 2 ELIGIBILITY 3 APPLY

### Eligibility Pre-screen for Melanoma

**Selected Medication(s)** [EDIT](#)

- Aldara (imiquimod)

**Are you living and receiving treatment in the U.S. or U.S. territories?**

☐ Yes ☐ No

**Do you have insurance coverage?**

☐ Yes ☐ No

8

If you have insurance coverage, click Yes and be sure to check the box(es) for the type(s) of insurance you have.

☒ Yes ☐ No

**Do you have insurance coverage?**

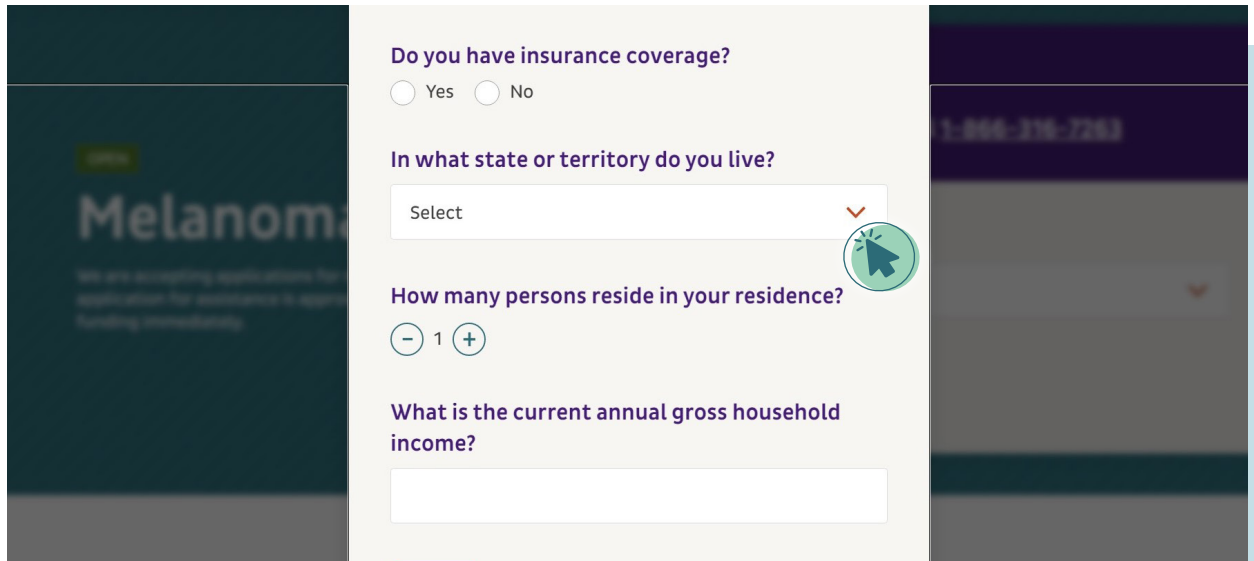
☒ Yes ☐ No

**What type(s) of insurance do you have?**

- ☐ Medicare (Original Fee-for-Service, Parts A, B, or D)
- ☐ Medicare Advantage
- ☐ Commercial Insurance (Employer-sponsored)
- ☐ Commercial Insurance (Private or Exchange/Marketplace)
- ☐ Medicaid (Medicaid, Medicaid HMO, MediCal, or CHIP)
- ☐ TRICARE
- ☐ Other

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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.



**Do you have insurance coverage?**  
☐ Yes ☐ No

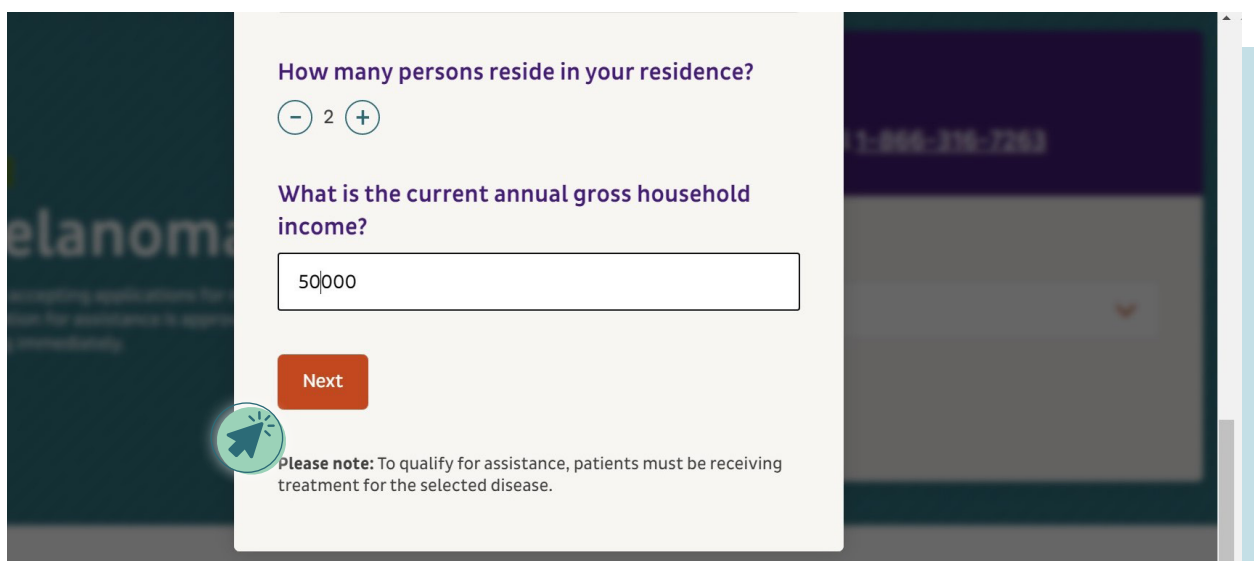
**In what state or territory do you live?**  
 Select

**How many persons reside in your residence?**  
 – 1 +

**What is the current annual gross household income?**

10

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**.



**How many persons reside in your residence?**  
 – 2 +

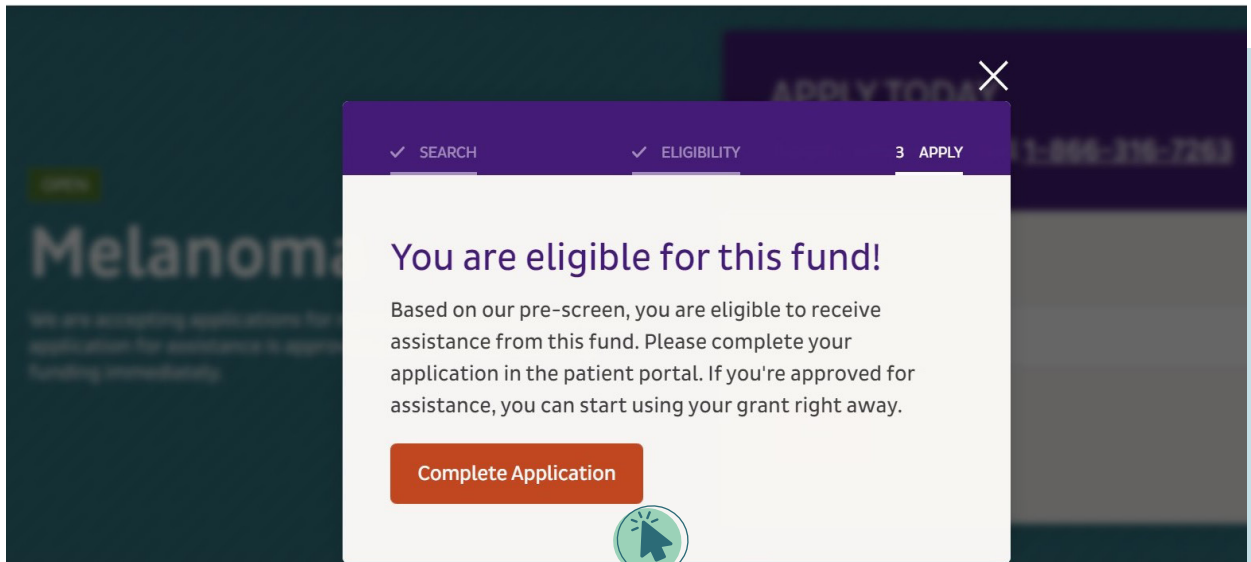
**What is the current annual gross household income?**

**Next**

**Please note:** To qualify for assistance, patients must be receiving treatment for the selected disease.

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Once you see the **You are eligible for this fund! screen**, click the orange **Complete Application** button.



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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.



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Next, fill in the Patient Insurance information. You must fill in all the boxes marked with an asterisk (\*). Then click **Save and Next**.

The screenshot shows the 'Patient Insurance' section of the enrollment process. On the left is a vertical navigation menu with the following items: Eligibility Pre-screen, Patient Information, Patient Insurance (highlighted), Treating Provider, Account Registration, Education & Support Services, and Review. The main content area is titled 'Patient Insurance' and contains a 'Primary Insurance' section. A note states: 'Please select "Other" if you are unable to find the insurance name'. The form includes the following fields:
 

- \*Insurance Name: A dropdown menu with the placeholder text 'Type to search'.
- \*Payer Type: A dropdown menu with 'Medicare (Original Fee-for-Service, Parts A, B, or D)' selected.
- \*Cardholder ID: A text input field.
- Group Number: A text input field.
- Phone: A text input field.

 Below these fields is a blue button labeled '+ Add New Insurance'. At the bottom right of the form are two buttons: 'Previous' (blue) and 'Save and Next' (green).

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Fill in the information for your medical professional on the Treating Provider page.

The screenshot shows the 'Treating Provider' section of the enrollment process. The top navigation bar includes the 'PAN Foundation' logo and links for Home, Disease Funds and Medications, Contact Us, and Help. The left navigation menu is identical to the previous page, with 'Treating Provider' highlighted. The main content area is titled 'Treating Provider' and includes a search instruction: 'You may search for your provider by entering the below search fields. You must enter either an NPI, or a Last Name and State to search for a provider. If you cannot find your provider, please reach out to the PAN call center at 1-866-316-7263.' The search fields are:
 

- First Name: Text input field.
- Last Name: Text input field.
- Organization: Text input field.
- State: A dropdown menu.
- ZIP: Text input field.
- NPI: Text input field.

 A dark blue 'Search' button is located to the right of the NPI field. At the bottom right are 'Previous' (blue) and 'Save and Next' (green) buttons.

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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**.

**Enrollment**

- Eligibility Pre-screen
- Patient Information
- Patient Insurance
- Treating Provider**
- Account Registration
- Education & Support Services
- Review

### Treating Provider

You may search for your provider by entering the below search fields. You must enter either an NPI, or a Last Name and State to search for a provider. If you cannot find your provider, please reach out to the PAN call center at 1-866-316-7263.

Please select the treating/prescribing provider from the list below. If more than one provider is associated with the patient's treatment, select the primary provider.

Please note: PHI will be shared with the prescribing provider selected below.

	First Name	Last Name	NPI	Organization	Address	City	State	ZIP
<input checked="" type="radio"/>	Nakul	Goyal	1194738567		3801 International Dr Suite 211	Silver Spring	MD	20906

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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**.

**Enrollment**

- Eligibility Pre-screen
- Patient Information
- Patient Insurance
- Treating Provider
- Account Registration**
- Education & Support Services
- Review

To create a Patient Portal account for future use, please confirm the following details and click Submit. You will receive an email to the address below with instructions for how to finish the account creation process.

\*Email/Username:  Your username should be an email address that you use and trust.

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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 screenshot shows the 'Enrollment' process with a sidebar on the left containing the following steps: Eligibility Pre-screen, Patient Information, Patient Insurance, Treating Provider, Account Registration, **Education & Support Services** (highlighted), and Review. The main content area is titled 'Education and Support Services' and includes the following text: 'The PAN Foundation partners with the following organization(s) to provide education and support services to patients. If you would like to be contacted by an organization(s) below, please check that box and enter the requested information.'

Below this text is a checkbox labeled 'Melanoma Research Foundation'. To the right of the checkbox are the following fields:

- Patient First Name: Jane
- Patient Middle Name: (empty)
- Patient Last Name: Doe
- Patient DOB: 08/01/1968

Below these fields is the text: 'How would you like to be contacted? Please enter the requested information below and select your preferred method of contact.'

There are two rows of input fields:

- \*Email: janedoe@gmail.com (with a radio button labeled 'Preferred contact method')
- \*Phone: (202) 555-1234 (with a radio button labeled 'Preferred contact method')

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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 screenshot shows the 'Review' page in the enrollment process. The sidebar on the left contains the following steps: Eligibility Pre-screen, Patient Information, Patient Insurance, Treating Provider, Account Registration, Education & Support Services, **Review** (highlighted), and Attestation. The main content area is titled 'Review' and includes the following text: 'Please review your enrollment application for the Melanoma Fund below'.

Below this text is a dropdown menu labeled 'Selected medication(s)' with 'Aldara (imiquimod)' selected. Below the dropdown are the following questions and answers:

- Is the patient living and receiving treatment in the U.S. or U.S. territories? Yes
- Does the patient have insurance coverage? Yes
- What type(s) of Insurance does the patient have?
  - Medicare (Original Fee-for-Service, Parts A, B, or D) ☒
  - Medicare Advantage ☐
  - Commercial Insurance (Employer-sponsored) ☐
  - Commercial Insurance (Private or Exchange/Marketplace) ☐
  - Medicaid (Medicaid, Medicaid HMO, MediCal, or CHIP) ☐
  - TRICARE ☐
  - Other ☐
- How many people live in the patient's home? 2
- What is the patient's Adjusted Gross Income (See IRS form 1040 Line 37, or Form 1040A Line 21 or Form 1040EZ Line 4)? \$50,000.00

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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**.

The screenshot shows the PAN Foundation website's Enrollment page. The left sidebar contains a list of steps: Eligibility Pre-screen, Patient Information, Patient Insurance, Treating Provider, Account Registration, Education & Support Services, Review, and Attestation (which is highlighted). The main content area is titled 'Attestation' and includes sections for 'Application Submission', 'Authorization to Release Medical Information', and 'Applicant Declaration'. The 'Applicant Declaration' section has two radio button options: 'I agree with all attestations presented above.' and 'I am authorized to complete this application on behalf of the patient.' Both options are currently unselected. At the bottom right, there are 'Previous' and 'Submit' buttons. A mouse cursor icon is pointing at the 'Submit' button.

20

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.

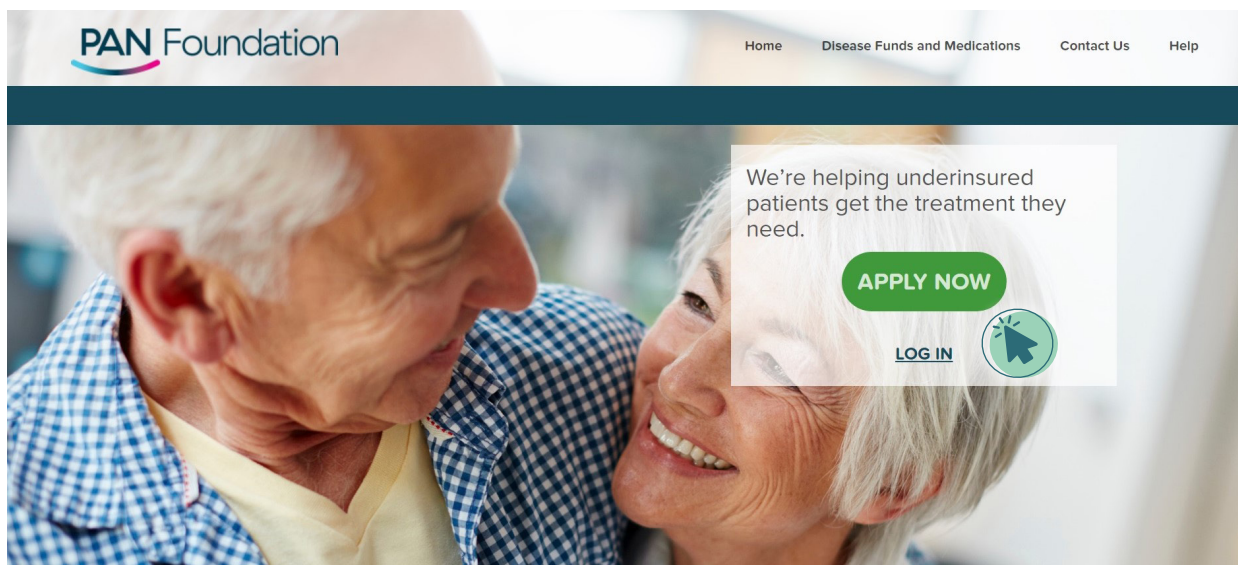
The screenshot shows a page titled 'Thank you for enrolling in the Bipolar Disorder fund.' It states that the application has been conditionally approved and provides instructions on how to submit proof of income. It lists approved tax documents for residents of the U.S., Guam, or the U.S. Virgin Islands (1040, 1040A, 1040EZ, 482), residents of Puerto Rico (482), residents of Northern Mariana Island (1040CM, 1040A-CM, 1040EZ-CM), and residents of American Samoa (390). It also includes an 'Important Note: Grant Use Policy' with three bullet points regarding claim submission and cancellation. At the bottom, it displays member and group information: Member ID: 1236339206, Group ID: 99991039, RxBin ID: 610728, PCN: PANF, Eligibility Start Date: 07/13/2020, Eligibility End Date: 10/10/2021, and Assistance Amount: \$600.00.

Search for a disease fund, check eligibility directly in our patient portal, and then complete your application.

1

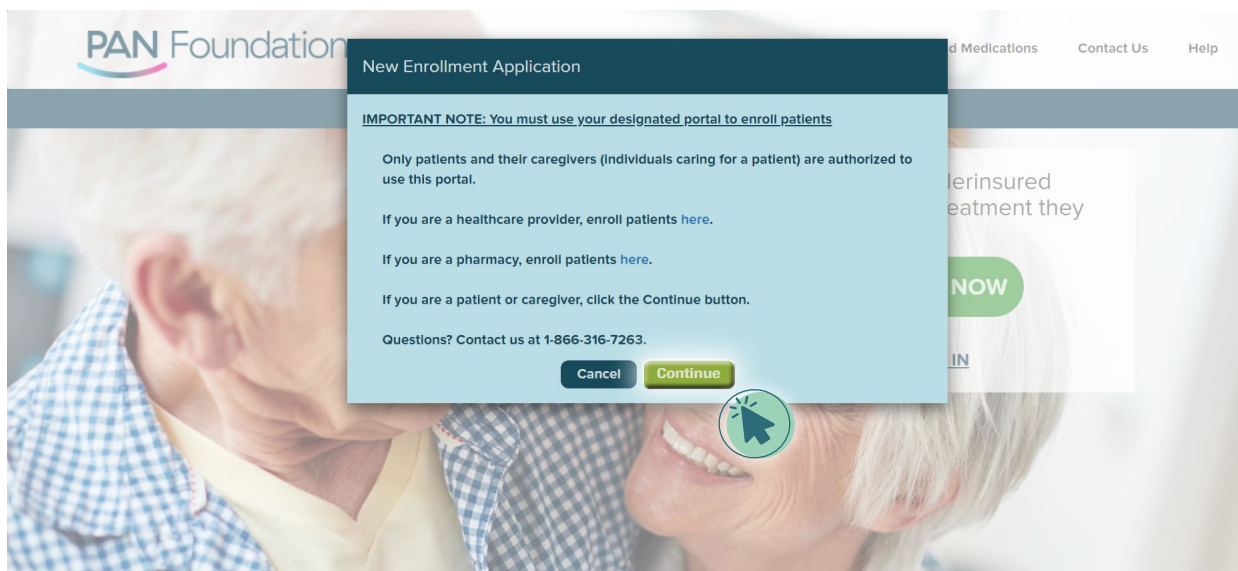
### SEARCH AND APPLY THROUGH THE PATIENT PORTAL ELIGIBILITY PRE-SCREEN

From our Patient Portal at **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

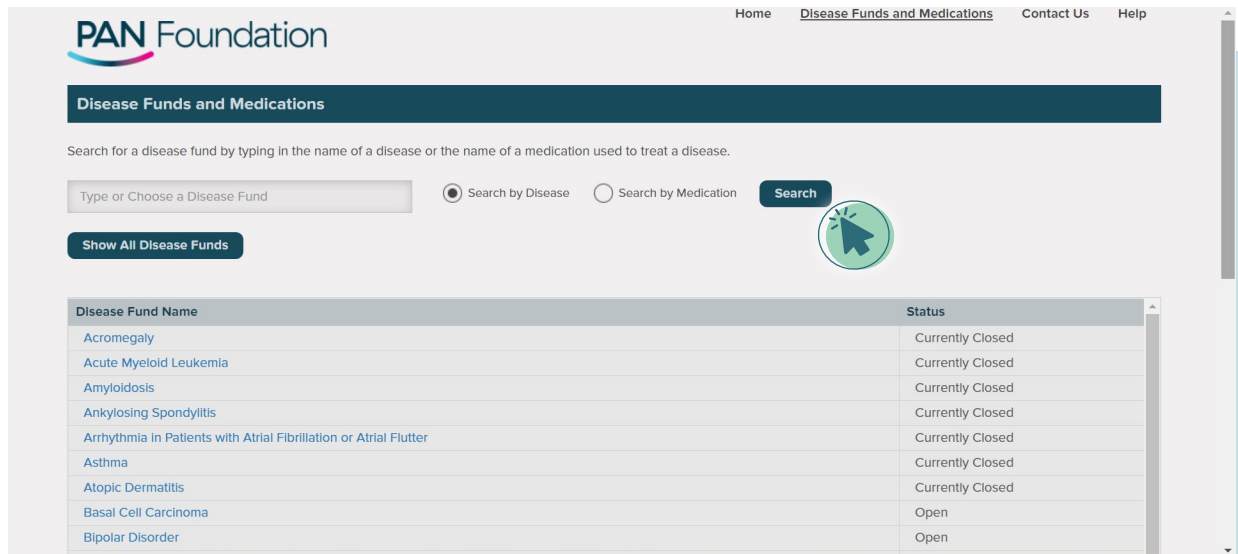
On the blue New Enrollment Application authorized use box, click the green **Continue** button.



3

The Eligibility Pre-screen page lets you search for a grant that can help you. You can do this in one of three ways:

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



**PAN Foundation**

Home [Disease Funds and Medications](#) [Contact Us](#) [Help](#)

**Disease Funds and Medications**

Search for a disease fund by typing in the name of a disease or the name of a medication used to treat a disease.

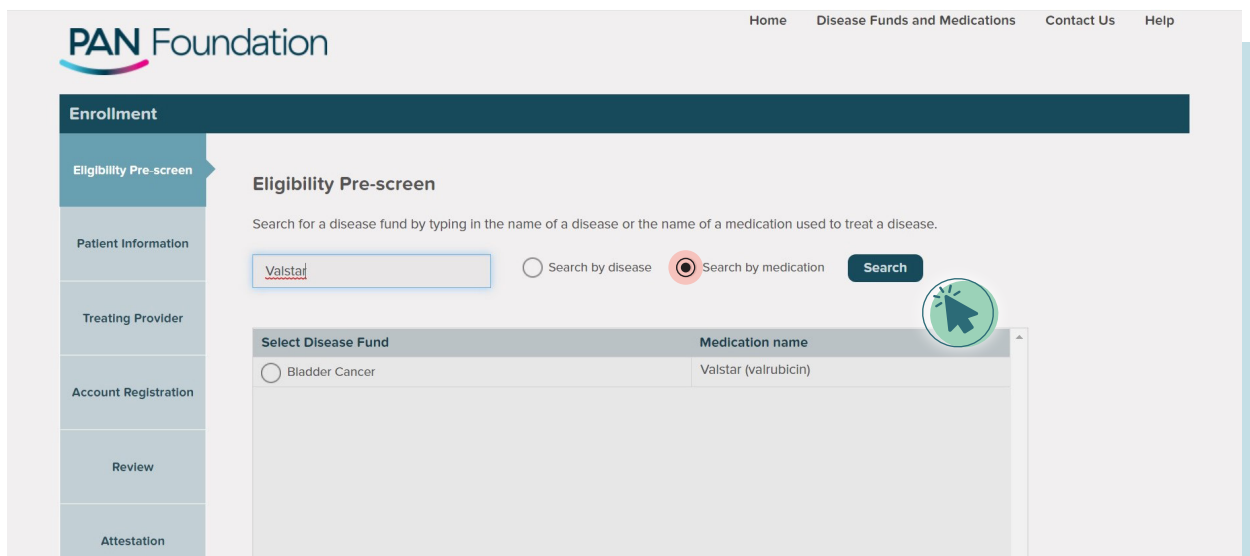
Type or Choose a Disease Fund ☒ Search by Disease ☐ Search by Medication **Search**

**Show All Disease Funds**

Disease Fund Name	Status
<a href="#">Acromegaly</a>	Currently Closed
<a href="#">Acute Myeloid Leukemia</a>	Currently Closed
<a href="#">Amyloidosis</a>	Currently Closed
<a href="#">Ankylosing Spondylitis</a>	Currently Closed
<a href="#">Arrhythmia in Patients with Atrial Fibrillation or Atrial Flutter</a>	Currently Closed
<a href="#">Asthma</a>	Currently Closed
<a href="#">Atopic Dermatitis</a>	Currently Closed
<a href="#">Basal Cell Carcinoma</a>	Open
<a href="#">Bipolar Disorder</a>	Open

4

Or type in a medication name (be sure the Search by medication bubble is selected) and click the blue **Search** button.



**PAN Foundation**

Home [Disease Funds and Medications](#) [Contact Us](#) [Help](#)

**Enrollment**

**Eligibility Pre-screen**

Search for a disease fund by typing in the name of a disease or the name of a medication used to treat a disease.

Valstar ☐ Search by disease ☒ Search by medication **Search**

Select Disease Fund	Medication name
<input type="radio"/> Bladder Cancer	Valstar (valrubicin)



5

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.

Search for a disease fund by typing in the name of a disease or the name of a medication used to treat a disease.

Type or Choose a Disease Fund

☒ Search by disease ☐ Search by medication [Search](#)

- ☐ Immune Thrombocytopenic Purpura
- ☐ Immune Thrombocytopenic Purpura Travel
- ☐ Inflammatory Bowel Disease
- ☐ Inherited Retinal Disease
- ☐ Inherited Retinal Disease Premium
- ☐ Inherited Retinal Disease Travel
- ☐ Macular Diseases
- ☐ Mantle Cell Lymphoma
- ☐ Melanoma
- ☐ Metastatic Breast Cancer
- ☐ Multiple Myeloma
- ☐ Multiple Sclerosis

[Save and Next](#)

6

Then, be sure to scroll to the bottom of the page and click the green **Save and Next** button.

☐ TestApproved

☐ TestDF

☐ Testing Emails

☐ TestPrem

☐ Thyroid Cancer

☐ Totally New Test

☐ Transportation Assistance Program

☐ Trumpism

☐ Tuberous Sclerosis Complex

☒ Vulvar cancer

☐ Waldenstrom Macroglobulinemia

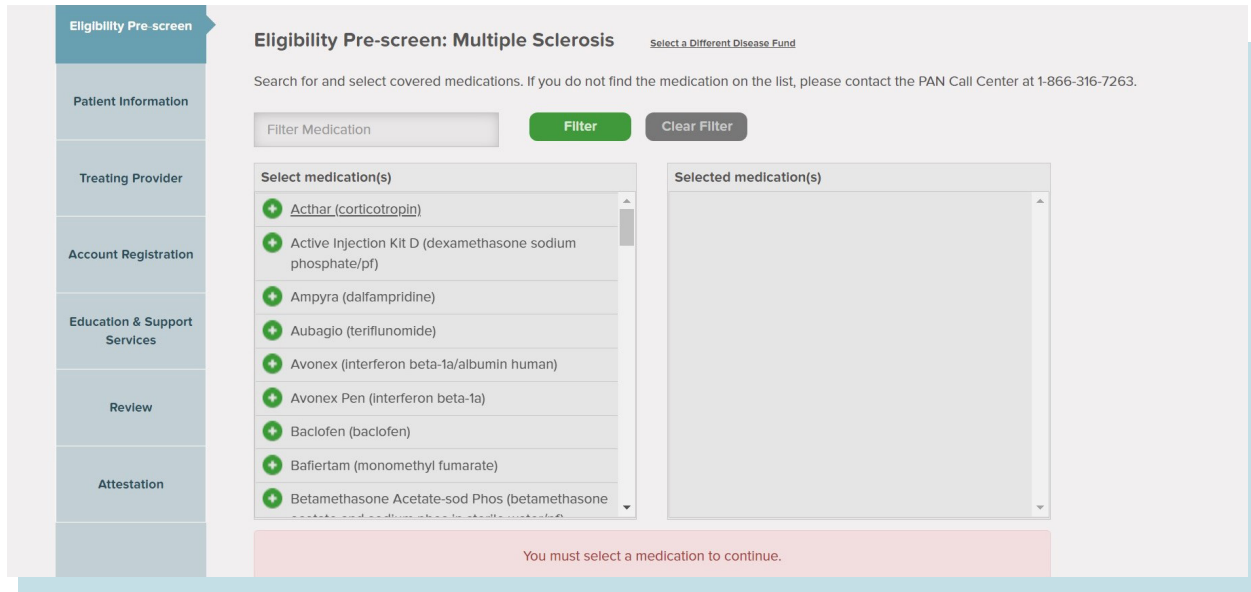
☐ Wilson Disease-CMTX IT Use Only

[Save and Next](#)

[Contact Us](#) | [Privacy Statement](#) | [Terms & Conditions](#)  
Version 10.5.19 - Built On 10/7/2020 7:56:49 AM

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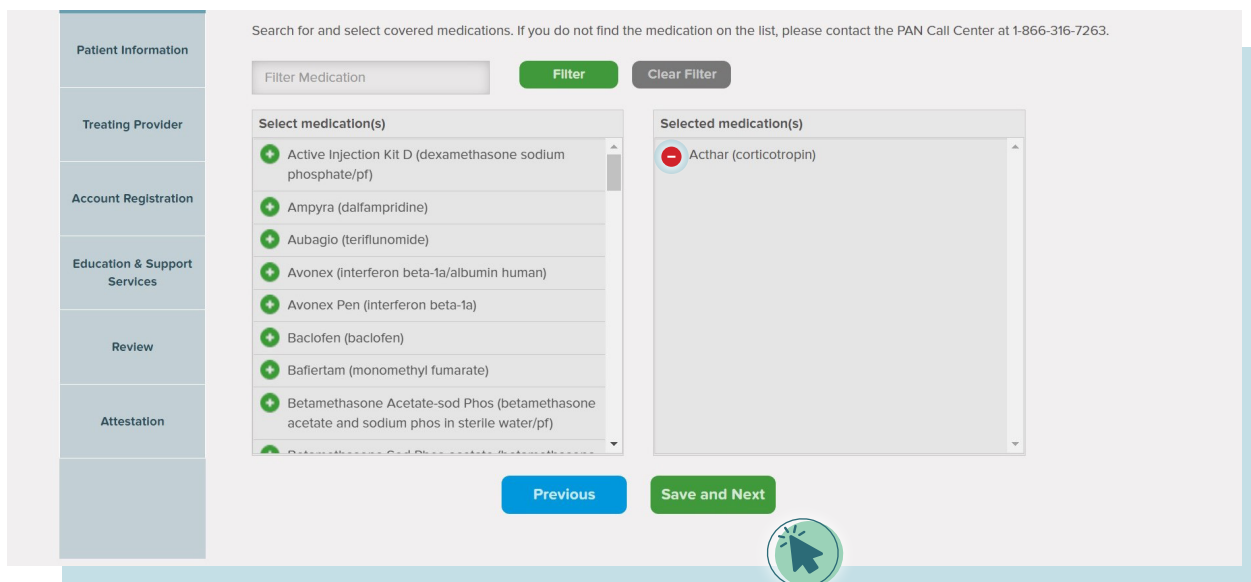
Once you've selected the disease fund, you'll see a list of covered medications. Select the applicable medication by clicking on the green + sign. The medication will appear in the Selected medication(s) box.



8

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.

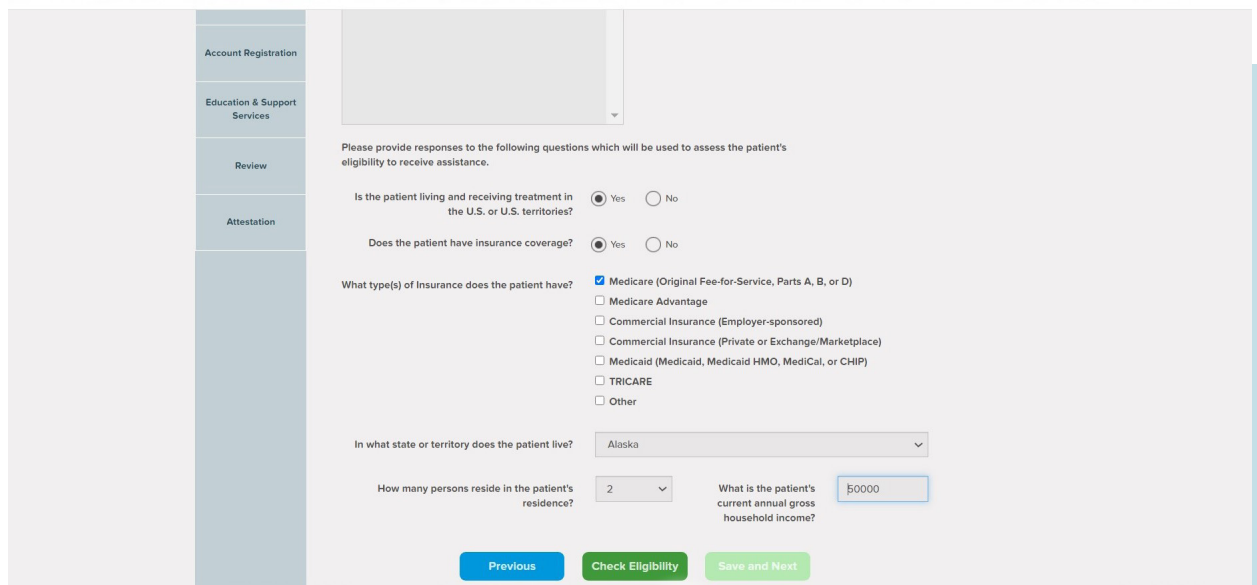


# 9

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.



The screenshot shows a web application interface for an eligibility pre-screen. On the left is a sidebar with five menu items: 'Account Registration', 'Education & Support Services', 'Review', 'Attestation', and a highlighted 'Attestation' item. The main content area contains the following questions and input fields:

- Is the patient living and receiving treatment in the U.S. or U.S. territories?** Radio buttons for 'Yes' (selected) and 'No'.
- Does the patient have insurance coverage?** Radio buttons for 'Yes' (selected) and 'No'.
- What type(s) of Insurance does the patient have?** A list of checkboxes:
  - ☒ Medicare (Original Fee-for-Service, Parts A, B, or D)
  - ☐ Medicare Advantage
  - ☐ Commercial Insurance (Employer-sponsored)
  - ☐ Commercial Insurance (Private or Exchange/Marketplace)
  - ☐ Medicaid (Medicaid, Medicaid HMO, MediCal, or CHIP)
  - ☐ TRICARE
  - ☐ Other
- In what state or territory does the patient live?** A dropdown menu showing 'Alaska'.
- How many persons reside in the patient's residence?** A dropdown menu showing '2'.
- What is the patient's current annual gross household income?** A text input field containing '50000'.

At the bottom of the form are three buttons: 'Previous' (blue), 'Check Eligibility' (green), and 'Save and Next' (green). A mouse cursor icon is pointing at the 'Check Eligibility' button.

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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.

**Patient Information**

\*First Name  Middle Name  \*Last Name

\*SSN  \*DOB  \*Gender ☐ Male ☐ Female

\*Preferred Method of Communication  Email

\*Email  \*Confirm Email

☐ I do not have an email address or do not want to provide one

\*Address  Apt./Suite

\*City  \*State  \*ZIP

\*Phone

☐ Additional authorized contact

First Name  Last Name  Relationship

Email  Phone

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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**.

**Patient Insurance**

Primary Insurance

Please select 'Other' if you are unable to find the Insurance name

\*Insurance Name  \*Payer Type

\*Cardholder ID  Group Number

Phone

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Fill in the information for your medical professional on the Treating Provider page.

The screenshot shows the PAN Foundation Enrollment page. The left sidebar contains the following menu items: Enrollment, Eligibility Pre-screen, Patient Information, Patient Insurance, Treating Provider (highlighted), Account Registration, and Education & Support. The main content area is titled "Treating Provider" and includes a search instruction: "You may search for your provider by entering the below search fields. You must enter either an NPI, or a Last Name and State to search for a provider. If you cannot find your provider, please reach out to the PAN call center at 1-866-316-7263." Below this are input fields for First Name, Last Name, Organization, State (a dropdown menu), ZIP, and NPI, followed by a Search button. At the bottom of the main area are Previous and Save and Next buttons.

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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**.

This screenshot shows the same "Treating Provider" section after a search. The search fields now contain "nakul" in the First Name field, "goyal" in the Last Name field, and "Maryland" in the State dropdown. The Search button has been clicked. Below the search fields, a message states: "Please select the treating/prescribing provider from the list below. If more than one provider is associated with the patient's treatment, select the primary provider." Below this is a note: "Please note: PHI will be shared with the prescribing provider selected below." A table of search results is displayed with the following columns: First Name, Last Name, NPI, Organization, Address, City, State, and ZIP. The first row shows "Nakul" and "Goyal" with NPI "1194738567" and address "3801 International Dr Suite 211, Silver Spring, MD 20906". A red circle highlights the selection bubble next to the first row. At the bottom are Previous and Save and Next buttons.

First Name	Last Name	NPI	Organization	Address	City	State	ZIP
Nakul	Goyal	1194738567		3801 International Dr Suite 211	Silver Spring	MD	20906

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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 screenshot shows the 'Enrollment' page with a sidebar on the left containing the following steps: Eligibility Pre-screen, Patient Information, Patient Insurance, Treating Provider, **Account Registration** (highlighted with a blue arrow), Education & Support Services, and Review. The main content area is titled 'Enrollment' and contains the following text: 'To create a Patient Portal account for future use, please confirm the following details and click Submit. You will receive an email to the address below with instructions for how to finish the account creation process.' Below this text is a form with a label '\*Email/Username:' and a text input field containing 'janedoe@gmail.com'. To the right of the input field is a note: 'Your username should be an email address that you use and trust.' At the bottom of the form are two buttons: 'Previous' (blue) and 'Save and Next' (green). A green circular icon with a white mouse cursor pointing at it is positioned over the 'Save and Next' button.

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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 screenshot shows the 'Enrollment' page with a sidebar on the left containing the following steps: Eligibility Pre-screen, Patient Information, Patient Insurance, Treating Provider, Account Registration, **Education & Support Services** (highlighted with a blue arrow), and Review. The main content area is titled 'Education and Support Services' and contains the following text: 'The PAN Foundation partners with the following organization(s) to provide education and support services to patients. If you would like to be contacted by an organization(s) below, please check that box and enter the requested information.' Below this text is a form with a checkbox next to the text 'Melanoma Research Foundation'. Below the checkbox are four labels with corresponding text input fields: 'Patient First Name' (Jane), 'Patient Middle Name' (empty), 'Patient Last Name' (Doe), and 'Patient DOB' (08/01/1968). Below these fields is a text input field for 'Email' containing 'janedoe@gmail.com' and a radio button labeled 'Preferred contact method'. Below the email field is a text input field for 'Phone' containing '(202) 555-1234' and another radio button labeled 'Preferred contact method'. At the bottom of the form are two buttons: 'Previous' (blue) and 'Save and Next' (green).



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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 screenshot shows the 'Review' page of the PAN Foundation enrollment application. On the left is a vertical navigation menu with the following items: Eligibility Pre-screen, Patient Information, Patient Insurance, Treating Provider, Account Registration, Education & Support Services, **Review** (highlighted with a blue arrow), and Attestation. The main content area is titled 'Review' and contains a 'Pre-screen questionnaire' section with an 'Edit' link. Below this, it says 'Please review your enrollment application for the Melanoma Fund below'. The questionnaire includes a dropdown for 'Selected medication(s)' showing 'Aldara (Imiquimod)'. It then asks several questions with 'Yes' or 'No' buttons: 'Is the patient living and receiving treatment in the U.S. or U.S. territories?' (Yes), 'Does the patient have insurance coverage?' (Yes), and 'What type(s) of insurance does the patient have?'. The insurance options are: Medicare (Original Fee-for-Service, Parts A, B, or D) [checked], Medicare Advantage, Commercial Insurance (Employer-sponsored), Commercial Insurance (Private or Exchange/Marketplace), Medicaid (Medicaid, Medicaid HMO, MediCal, or CHIP), TRICARE, and Other. It also asks 'How many people live in the patient's home?' with the answer '2'. Finally, it asks 'What is the patient's Adjusted Gross Income (See IRS form 1040 Line 37, or Form 1040A Line 21 or Form 1040EZ Line 4)?' with the answer '\$50,000.00'.

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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**.

The screenshot shows the 'Attestation' page of the PAN Foundation enrollment application. The top navigation bar includes 'Home', 'Disease Funds and Medications', 'Contact Us', and 'Help'. The left navigation menu is the same as in the previous screenshot, but 'Attestation' is now highlighted with a blue arrow. The main content area is titled 'Attestation' and contains three sections: 'Application Submission' with a statement 'I attest and certify under penalty of law that the information provided in this application for financial assistance is accurate and complete.', 'Authorization to Release Medical Information' with a statement 'I authorize my healthcare provider(s) and my insurance company(ies) to disclose to the Patient Access Network Foundation, its third party administrators, and other representatives information about me, my current medical condition and my health insurance coverage. I understand that while the Foundation will make every effort to keep my information private, there are circumstances under which the Foundation may be required to disclose my information to others.', and 'Applicant Declaration' with two checkboxes: 'I agree with all attestations presented above.' and 'I am authorized to complete this application on behalf of the patient.' At the bottom right are 'Previous' and 'Submit' buttons. A mouse cursor icon is visible over the 'Submit' button.

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 at (1-866-316-7263), or by mail addressed to (Patient Access Network Foundation, PO Box 30500, Bethesda, MD 20824).

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 with questions at 1-866-316-7263, Monday through Friday, 9 a.m. to 7 p.m. ET. We are here to help.

**Approved Tax Documents for Proof of Income:**

**For residents of the U.S., Guam or the U.S. Virgin Islands:**

- 1040 Federal Form
- 1040 A Federal Form
- 1040EZ Federal Tax Form

**For residents of Puerto Rico:**

- 482 Form

**For residents of Northern Mariana Island:**

- 1040CM
- 1040A-CM
- 1040EZ-CM

**For residents of American Samoa:**

- 390 Form

**Important Note: Grant Use Policy**

- To ensure your grant remains active, you, your healthcare provider or your pharmacist 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 1-866-316-7263.

Member ID: 1236339206

Group ID: 99991039

RxBin ID: 610728

PCN: PANF

Eligibility Start Date: 07/13/2020

Eligibility End Date: 10/10/2021

Assistance Amount: \$600.00



**PAN** Foundation

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