



HOW TO:  
**RENEW A GRANT**



The Patient Access Network (PAN) Foundation created this easy-to-use guide that shows you how to renew your grant.

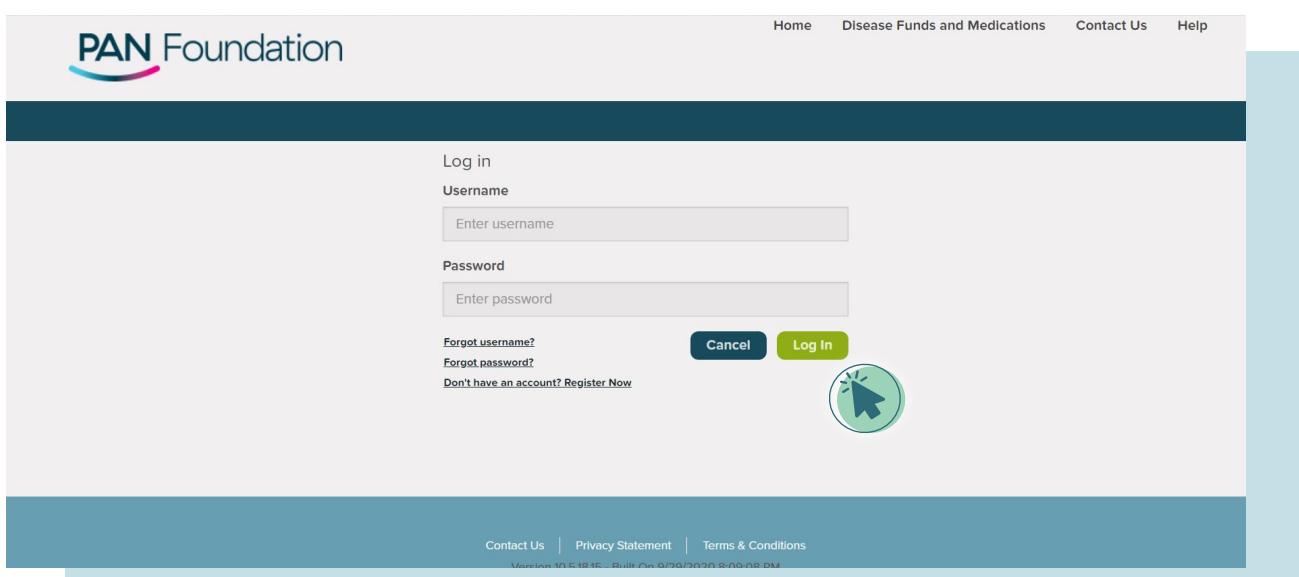
In most cases, a grant starts on your approval date and continues for 12 months or until the grant is used in full, whichever comes first. Your exact eligibility dates are included in your welcome packet/email and can be accessed through the Patient Portal.

If a grant is eligible for renewal and the fund is open, you do not need to re-apply—you only need to confirm all existing information on your grant application.

**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.

1

First, log in to your account by typing in your Username (your email address) and your Password and clicking the green **Log In** button.



2

Once you are in the portal, your unique Patient Details page includes a My Grants tab that lists the details of your grant(s), including eligibility start and end dates, claims submission deadlines, status, and more..

Disease Fund	Eligibility Start Date	Eligibility End Date	Claims Submission Deadline	Physician	Medications	Balance	Status	Action
Bipolar Disorder	07/13/2020	10/10/2021	12/09/2021	Nakul Goyal	A-Hydrocort (hydrocortisone sod succinate)	\$600.00	Active	<a href="#">View Details</a>

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3

If your grant is eligible for renewal, it will have a blue Renew Now button under the Action column. In this example, the Multiple Sclerosis Disease Fund can be renewed. Click on **Renew Now**.

Disease Fund	Eligibility Start Date	Eligibility End Date	Claims Submission Deadline	Physician	Medications	Balance	Status	Action
Short Bowel Syndrome Premium	01/28/2020	04/26/2021	06/25/2021	Vijay Shrestha	Total Parenteral Nutrition Formulation (n/a)	\$200.00	Active	<a href="#">View Details</a>
Immune Thrombocytopenic Purpura Travel	01/09/2020	04/07/2021	06/06/2021	Vijay Shrestha	Bivigam (immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml)	\$1,400.00	Active	<a href="#">View Details</a>
Multiple Sclerosis	11/24/2018	02/22/2020	05/20/2021	Vijay Shrestha	Betamethasone Acetate-Sod Phos (betamethasone acetate and sodium phos in sterile water/pf)	\$0.00	Inactive	<a href="#">View Details</a>
Chronic Iron or Lead Overload	01/03/2020	04/01/2021	05/31/2021	Vijay Shrestha	Deferasirox (deferasirox)	\$500.00	Active	<a href="#">View Details</a>
Glioblastoma	01/23/2019	04/22/2020	06/21/2020	Karen Smith	Carboplatin (carboplatin)	\$0.00	Expired	<a href="#">View Details</a>

4

The Review page will list all of your enrollment details in four sections, including Pre-screen questionnaire, Patient information, Patient insurance, and Treating provider. Scroll down the entire page and ensure all your existing information is still accurate. If you need to change any of the information, click on **Edit** at the top of each section and update as needed.

5

Be sure to **check the small box at the bottom of each section** confirming I have reviewed this information and it is still accurate. This field is required. If this information has changed, please click **Edit** to update the information. Then click **Save and Next**.

## 6

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 renewal 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**.

Eligibility Pre-screen

Patient Information

Patient Insurance

Treating Provider

Review

Attestation

**Attestation**

**Application Submission**

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**

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.

I understand and agree that the Foundation may: i. seek additional information about me from others; ii. modify its eligibility criteria at any time; or iii. modify or terminate assistance at any time.

**Applicant Declaration**

I agree with all attestations presented above.

I am authorized to complete this application on behalf of the patient.

[Previous](#)

[Submit](#)





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