



HOW TO:

# ENROLL PATIENTS AND VIEW GRANT DETAILS



This portal guide will take you through the steps to [enroll a new patient](#) in the portal and [access their grant details](#), such as their grant balance, patient ID, and eligibility dates.

## How to enroll a new patient

**Please note:** before you enroll a patient, you will need the patient’s demographic information including their social security number, address, contact information, insurance, diagnosis, medication, household income and size, and physician information.

1

Log in to your [provider](#) or [pharmacy](#) portal account.

**NOTE:** It’s important that each user has individual login information. To keep your information as secure as possible, you should avoid sharing access to your account.

2

After logging in, you will always arrive at the “Patient Dashboard.” Click on the **“Enroll New Patient” button** in the upper right-hand corner of the screen.

The screenshot shows the PAN Foundation Patient Dashboard. At the top right, there are navigation links for Notifications (83), Messaging, Help, and D. PAN. Below these are links for Patients, Claims, Disease Funds and Medications, Disease Fund Wait List, and a highlighted 'Enroll New Patient' button. The main content area is titled 'Patient Dashboard:' and includes a search bar and filters for Active (12) and Renewal Needed (15) patients. A table lists patient records with the following columns: Patient Name, Disease Fund, Provider, Medication, Eligibility Start, Eligibility End, Balance, and Actions. The table contains several rows of patient data, with the last three rows having 'Renew now' buttons in the Actions column.

Patient Name	Disease Fund	Provider	Medication	Eligibility Start	Eligibility End	Balance	Actions
Gary Snyder DOB: 06/02/2013 Member ID: 1236320446	Alzheimer's Disease	Winnie Garcia	Galantamine Hydrobromide (galantamine hbr)	08/04/2021	08/03/2022	\$2,500.00	
	Hepatitis C	Angela William	Harvoni (ledipasvir/sofosbuvir)	07/06/2021	10/03/2022	\$400.00	
	Chronic Iron or Lead Overload	Christopher Ross	Calcium Disodium Versenate (edetate calcium disodium)	05/14/2021	08/11/2022	\$50.00	
Audrey Massey DOB: 09/08/2009 Member ID: 1236345793	Parkinson's Disease	Winnie Garcia	Amantadine (amantadine hcl)	06/29/2021	09/26/2022	\$4,200.00	
Venkat Patel DOB: 03/07/1941 Member ID: 1236345627	Parkinson's Disease	Lauren Pan	10ML BD Syringe (n/a) Amantadine (amantadine hcl) Benztropine Mesylate (benztropine mesylate)	06/25/2021	09/22/2022	\$4,200.00	
Maritza Parker DOB: 07/20/1937 Member ID: 1236344434	Alzheimer's Disease	Christopher Ross	Galantamine Hbr (galantamine hbr) Namenda (memantine hcl)	04/16/2021	07/14/2022	\$2,500.00	
Allan Howard DOB: 06/20/1993 Member ID: 1236340881	Chronic Iron or Lead Overload	Grace Joyce	Desferal (deferroxamine mesylate)	08/01/2020	10/29/2021	\$50.00	Renew now
	Immune Thrombocytopenic Purpura	Owen Monk	Celcept (mycophenolate mofetil hcl)	08/01/2020	10/29/2021	\$4,400.00	Renew now
	Ankylosing Spondylitis	Paul Trees	Arthrotec 75 (diclofenac sodium/misoprostol)	07/28/2020	10/25/2021	\$3,800.00	Renew now

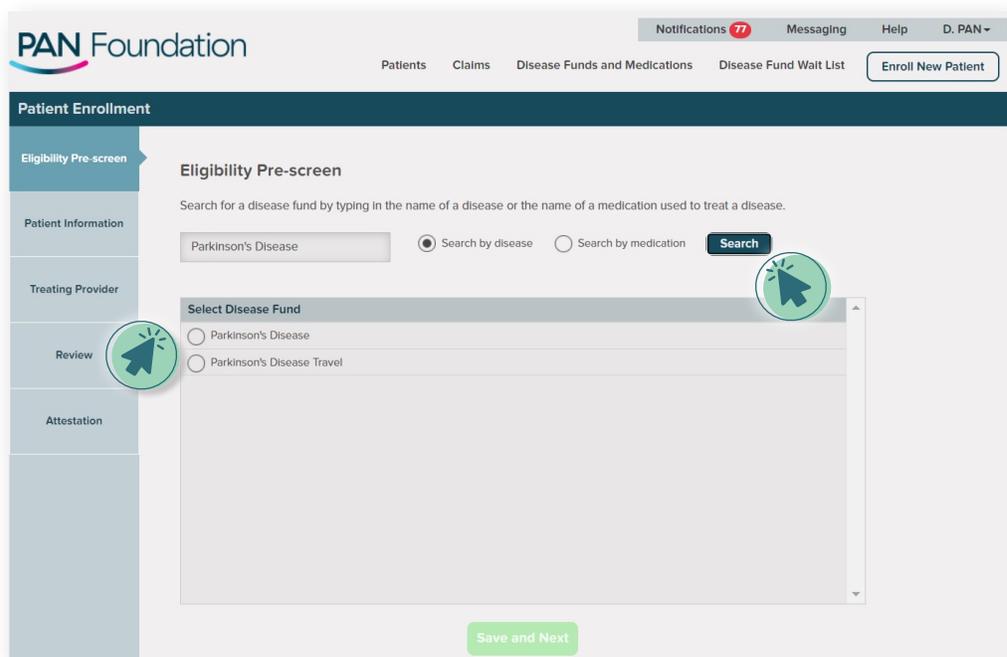
3

On the “**Eligibility Pre-screen**” page, choose search criteria either by disease fund or medication name.

4

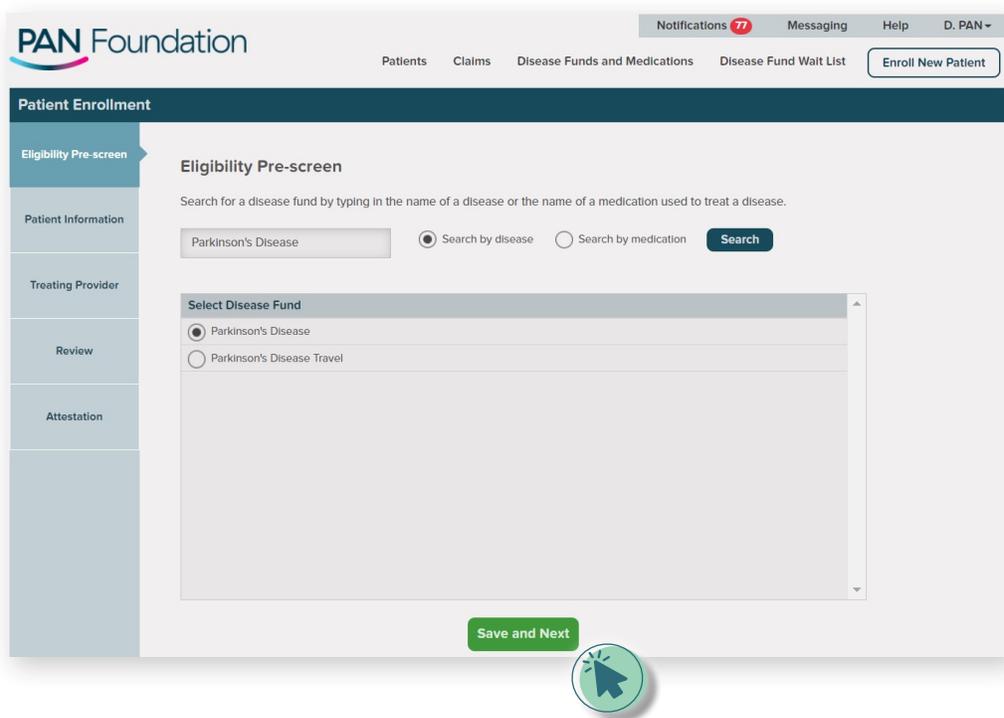
Next, type the appropriate disease state or medication name depending on your search criteria and **click search** to find the right program.

**NOTE:** You should check the PAN website to make sure the diagnosis code or disease subtype is covered under the specific disease fund. Just go to the [Find a Disease Fund webpage](#), select the appropriate disease fund, then scroll down to the About the Disease section at the bottom of the page.



5

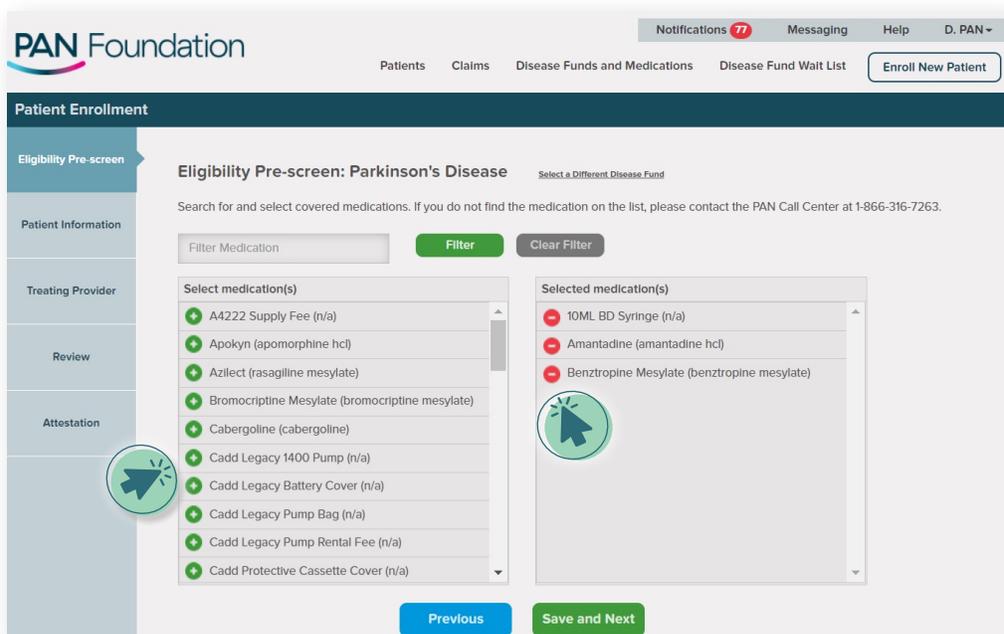
Select the applicable disease fund for your patient. Then, click the green **“Save and Next”** button.



6

Next, select the PAN-covered medication(s) the patient is taking for the associated disease state. If the medication you are looking for is not listed, it is not covered by PAN. If you want to suggest a new medication or disease fund, you can do so by filling out our [Contact Us form](#).

- a. Select medications for your patient by clicking on the **green plus sign**, next to the medication name. Remove selected medications by clicking on the **red minus sign**, next to the medication name.



- b. Or, enter the name or first few letters of the medication in the “Filter Medication” search box. Then click the green **“Filter”** button. To choose a different disease fund, click “Select a Different Disease fund” in the top right corner. To clear the filter, click the gray **“Clear Filter”** button.

The screenshot displays the PAN Foundation Patient Enrollment interface. At the top, the PAN Foundation logo is on the left, and navigation links for 'Patients', 'Claims', 'Disease Funds and Medications', 'Disease Fund Wait List', and 'Enroll New Patient' are on the right. A 'Notifications 77' badge is also present. The main content area is titled 'Eligibility Pre-screen: Parkinson's Disease'. It features a search box containing 'Benz', a green 'Filter' button, and a gray 'Clear Filter' button. Below the search box, there are two columns: 'Select medication(s)' and 'Selected medication(s)'. The 'Select medication(s)' column lists 'Benzotropine Mesylate (benztropine mesylate)' and 'Cogentin (benztropine mesylate)' with green plus icons. The 'Selected medication(s)' column lists '10ML BD Syringe (n/a)' and 'Amantadine (amantadine hcl)' with red minus icons. A green mouse cursor icon points to the 'Filter' button and the 'Save and Next' button at the bottom right. The bottom navigation bar includes 'Previous' and 'Save and Next' buttons.

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When you have selected all your patient’s applicable medications, which will appear in the “Selected medication(s)” column, click the green **“Save and Next”** button.

**NOTE:** If the fund is NOT open, you will get an ineligible notice to sign up for the disease fund wait list. Click **Yes** to add your patient to the waitlist and enter all the required patient information, including social security number, date of birth, phone number, address, etc. Add the provider’s information, including a valid email address, then click the green **“Submit”** button. A success box will confirm that your patient was added to the wait list along with the patient’s unique wait list ID.

For more information about the disease fund wait list, review our [disease fund wait list FAQs](#).

### Sign up for the Disease Fund Wait List

Would you like to add your patient to the wait list?  Yes  No

#### Patient Information

\*First Name  Middle Name  \*Last Name

\*SSN    \*DOB  \*Phone

Email  Confirm Email

\*Address  Apt./Suite

\*City  \*State  \*ZIP

Please note: If you make any changes on this form, it will overwrite the information currently stored in our system for this patient.

#### Provider Information

\*First Name  \*Last Name   Add Provider

\*Email  \*Confirm Email

\*SSN    \*DOB  \*Phone

Email  Confirm Email

\*Address  Apt./Suite

\*City

### Success

**Wait List ID: CM1001054032**

Your patient has been successfully added to the Disease Fund Wait List. You will receive an email when assistance is available. At that time, if your patient still needs assistance, you will have 2 business days to submit an application. Be sure to check your email regularly so you don't miss your opportunity to apply.

Your patient's place on the wait list does not guarantee assistance. Assistance is awarded to eligible applicants on a first-come, first-served basis, and subject to each fund's criteria.

[Contact Us](#) | [Privacy Statement](#) | [Terms & Conditions](#)

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If the fund is open and accepting applications, the pre-screen eligibility questionnaire will appear. The pre-screen questions verify that your patient meets the eligibility requirements for the fund.

- a. The questions will ask for patient information such as U.S. residency status, insurance coverage and type, state of residence, household income, and size. Complete these fields, then click the green **“Check Eligibility”** button to confirm if the patient is eligible to continue. If so, click the green **“Save and Next”** button.

The screenshot shows a web form for a pre-screen eligibility questionnaire. At the top, it asks "Does the patient have insurance coverage?" with radio buttons for "Yes" (selected) and "No". Below this, it asks "What type(s) of insurance does the patient have?" with several checkboxes: "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". The form also includes a dropdown menu for "In what state or territory does the patient live?" set to "Arizona", a dropdown for "How many persons reside in the patient's residence?" set to "2", and a text input for "What is the patient's current annual gross household income?" set to "40000". At the bottom, it displays the message "You are eligible to continue." and three buttons: "Previous" (blue), "Check Eligibility" (green), and "Save and Next" (green). Two mouse cursor icons are overlaid on the "Check Eligibility" and "Save and Next" buttons.

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Next, enter all the required patient demographic details, including their home address, social security number, and date of birth. This information is required for security purposes. Also, please choose a preferred method of communication.

**Note:** If the patient does not have an email address or does not want to provide one, click the no email address box to opt-out. If the patient does not wish to provide a social security number, please contact PAN to apply. You may also enter an additional authorized contact here. Click the green **“Save and Next”** button to continue.

**PAN Foundation** | Notifications 83 | Messaging | Help | D. PAN ▾

Patients | Claims | Disease Funds and Medications | Disease Fund Wait List | **Enroll New Patient**

### Patient Enrollment

- Eligibility Pre-screen
- Patient Information**
- Patient Insurance
- Treating Provider
- Review
- Attestation

#### Patient Information

\*First Name: Venkat | Middle Name: | \*Last Name: Patel

\*SSN: ... .. 1111 | \*DOB: 03/07/1941 | \*Gender:  Male  Female

\*Preferred Method of Communication: Email ▾

\*Email: venkat1@hotmail.com | \*Confirm Email: venkat1@hotmail.com

No email address, or I would rather not provide

\*Address: 111 Street | Apt./Suite: |

\*City: Tucson | \*State: Arizona ▾ | \*ZIP: 22222

\*Phone: (555) 555-5555

Additional authorized contact

\*First Name: Amara | \*Last Name: Patel | \*Relationship: Child ▾

\*Email: AmaraCares@gmail.com | \*Phone: (555) 555-5555

**Previous** | **Save and Next**

**10**

Enter the patient’s insurance information, including payer type, cardholder ID, group number, and phone number. If the patient has additional insurance, click the blue **“Add New Insurance”** button. To continue, click the green **“Save and Next”** button.

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Patients | Claims | Disease Funds and Medications | Disease Fund Wait List | **Enroll New Patient**

### Patient Enrollment

- Eligibility Pre-screen
- Patient Information
- Patient Insurance**
- Treating Provider
- Review
- Attestation

#### Patient Insurance

Primary Insurance

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

\*Insurance Name: Aetna | \*Payer Type: Medicare (Original Fee-for-Service, Parts A, B, or D) ▾

\*Cardholder ID: ABC123123 | Group Number: DFG123123

Phone: (555) 555-5555

**+ Add New Insurance**

**Previous** | **Save and Next**

# 11

Now select the treating provider for your patient.

- a. Find the drop-down list containing all providers associated with the account. To add a new provider, visit your account settings and select the **“Manage Providers” tab** and click **“Add a New Provider.”** If you can't find the provider in the drop-down list, click **“Can't find your provider?”** This lets you search for a provider by last name and state or NPI.

**PAN Foundation** Notifications 101 Messaging Help P. Doctor ▾

Patients Claims Disease Funds and Medications Disease Fund Wait List **Enroll New Patient**

**Patient Enrollment**

Eligibility Pre-screen

Patient Information

Patient Insurance

**Treating Provider**

Review

Attestation

**Treating Provider**

Patricia Doctor, 3657567567

Winnie Garcia	3213213215
Angela William	4546828545
Christopher Ross	7875555555
Lauren Pan	4567898765
Grace Joyce	0000000002
Owen Monk	8645320645
Paul Trees	5469845554
<b>Patricia Doctor</b>	<b>3657567567</b>
Rodger Reed	6546221545
Gary Snyder	5678797999

If the information displayed for the selected physician requires an update, please contact the practice administrator.

**Previous** **Save and Next**

**PAN Foundation** Notifications 101 Messaging Help P. Doctor ▾

Patients Claims Disease Funds and Medications Disease Fund Wait List **Enroll New Patient**

**Patient Enrollment**

Eligibility Pre-screen

Patient Information

Patient Insurance

**Treating Provider**

Review

Attestation

**Treating Provider**

Patricia Doctor, 3657567567

[Can't find your provider?](#)

**Physician details**

<b>Provider Name:</b> Patricia Doctor	<b>NPI:</b> 3657567567	<b>Practice:</b> 4000 Warner Blvd Burbank, CA 91505 (545) 787-9878
<b>Phone:</b> (545) 787-9878	<b>Email address:</b> amareino@gmail.com	

If the information displayed for the selected physician requires an update, please contact the practice administrator.

**Previous** **Save and Next**

12

To continue enrolling the patient, select a provider and click the green **“Save and Next”** button.

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Next, review the pre-screen questions to make sure the information is accurate and complete. Click the “edit” button next to the pencil icon to make any changes. After reviewing, click the green **“Save and Next”** button.

**Patient Enrollment**

Eligibility Pre-screen

Patient Information

Patient Insurance

Treating Provider

**Review**

Attestation

**Review**

**Pre-screen questionnaire** [Edit](#)

Please review your enrollment application for the Parkinson's Disease Fund below

**Selected medication(s)**

Cabergoline (cabergoline)
10ML BD Syringe (n/a)
Xadago (safinamide mesylate)
Selegiline Hcl (selegiline hcl)
Rasagiline Mesylate (rasagiline mesylate)

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)

Phone

Email

**Patient insurance** [Edit](#)

**Primary Insurance**

Insurance Name Amerigroup Medicare Cardholder ID ACB22222

Payer Type Medicare Advantage

Group Number BBQ22222 Phone (333) 333-3333

**Treating Provider** [Edit](#)

F. Name Patricia L. Name Doctor NPI 3657567567

Phone (545) 787-9878 Email doctorfriendly@gmail.com

[Previous](#) [Save and Next](#)



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Finally, read and check that you agree with the authorization attestations and declaration. Then, click the green **“Submit”** button. The system will now process the application.

**Patient Enrollment**

**Attestation**

**Application Submission**

I have authorization from the applicant or authorized caregiver and my employer to submit this application on behalf of the patient.

I will accurately convey to the Foundation the eligibility information I receive for this application. I understand that false or incomplete information could harm the Foundation and constitute fraud for which the provider or pharmacy may be liable.

I agree that this application is subject to audit and that my employer will make all of its records pertaining to the application available upon request.

**Authorization to Release Medical Information**

I have informed the applicant or authorized caregiver that while the Foundation will make every effort to keep the applicant's information private, there are circumstances under which the Foundation may be required to disclose applicant information to others.

I have informed the applicant or authorized caregiver that the Foundation may: i. seek additional information about the applicant from others; ii. modify its eligibility criteria at any time; iii. modify or terminate assistance at any time; or, iv. deny payment for claims.

**Declaration**

I have informed the applicant or authorized caregiver of these attestations and the applicant or authorized caregiver agrees with them.

As a person acting on behalf of the applicant for patient financial assistance, you must also indicate that you agree with these attestations.

I agree with all attestations presented above.

[Previous](#) [Submit](#)

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If the patient enrollment is successful, you'll receive a confirmation with enrollment details such as PAN ID, RxBin ID, PCN, and Group ID number instantly, which you can print. A copy will also be saved in your portal account, and your patient will also get a copy of this information by email or mail.

**PAN Foundation**

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[Patients](#) [Claims](#) [Disease Funds and Medications](#) [Disease Fund Wait List](#) [Enroll New Patient](#)

**Enrollment Successful**

Thank you for enrolling in the Parkinson's Disease fund.

Your application has been conditionally approved, however, your patient must submit the most recent copy of 1040 or 1040EZ as proof of income for review. Please send the proof of income to PAN in the next 15 days by fax (1-866-316-7261) or mail (Patient Access Network Foundation, PO Box 30500, Bethesda, MD 20824). If you fail to submit the proof of income within 15 days, your grant will be suspended. Should your 1040 or 1040EZ indicate that your income exceeds PAN's eligibility criteria, you will not be awarded a grant. Contact the PAN call center with questions at 1-866-316-7263.

**Important Note: Grant Use Policy**

- To ensure your patient's grant remains active, you, your patient or your patient's pharmacist must request and receive payment for a claim from PAN within 120 days of their enrollment date, and within each 120-day interval thereafter.
- During the patient's eligibility period, if PAN does not receive and pay a claim within each 120-day interval, their grant will be canceled.
- PAN will share this information with your patient. If you have questions, call us at 1-866-316-7263.

Member ID: 1236345627  
 Group ID: 99991255  
 RxBin ID: 610728  
 PCN: PANF  
 Eligibility Start Date: 06/25/2021  
 Eligibility End Date: 09/22/2022  
 Assistance Amount: \$4,200.00

[Print Details](#) [Return to Patient List](#)

# How to view grant details

Once you've enrolled your patient, you can view their grant information.

1

Log in to your portal account.

2

Use the search fields in the Patient Dashboard to search for a patient by name, member ID, provider, or disease fund. Click the blue **“Search”** button.

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Patients | Claims | Disease Funds and Medications | Disease Fund Wait List | Enroll New Patient

**Patient Dashboard: Dr. Steinbeck**

Search by Member ID | Select by Provider | Search by Disease Fund | Search

Active 12 | Renewal Needed 15 | Show Expired | Export

Patient Name	Disease Fund	Provider	Medication	Eligibility Start	Eligibility End	Balance	Actions
Gary Snyder DOB: 06/02/2013 Member ID: 1236320446	Alzheimer's Disease	Winnie Garcia	Galantamine Hydrobromide (galantamine hbr)	08/04/2021	08/03/2022	\$2,500.00	
	Hepatitis C	Angela William	Harvoni (ledipasvir/sofosbuvir)	07/06/2021	10/03/2022	\$400.00	
	Chronic Iron or Lead Overload	Christopher Ross	Calcium Disodium Versenate (edetate calcium disodium)	05/14/2021	08/11/2022	\$50.00	
Audrey Massy DOB: 09/08/2009 Member ID: 1236345793	Parkinson's Disease	Winnie Garcia	Amantadine (amantadine hcl)	06/29/2021	09/26/2022	\$4,200.00	
Venkat Patel DOB: 03/07/1941 Member ID: 1236343627	Parkinson's Disease	Lauren Pan	10ML BD Syringe (n/a)	06/25/2021	09/22/2022	\$4,200.00	
			Amantadine (amantadine hcl) Benztropine Mesylate (benztropine mesylate)				
Maritza Parker DOB: 07/20/1937 Member ID: 1236344434	Alzheimer's Disease	Christopher Ross	Galantamine Hbr (galantamine hbr)	04/16/2021	07/14/2022	\$2,500.00	
			Namenda (memantine hcl)				
Allan Howard DOB: 06/20/1993 Member ID: 1236340881	Chronic Iron or Lead Overload	Grace Joyce	Desferal (deferoxamine mesylate)	08/01/2020	10/29/2021	\$50.00	Renew now
	Immune Thrombocytopenic Purpura	Owen Monk	Cellcept (mycophenolate mofetil hcl)	08/01/2020	10/29/2021	\$4,400.00	Renew now
	Ankylosing Spondylitis	Paul Trees	Arthrotec 75 (diclofenac sodium/misoprostol)	07/28/2020	10/25/2021	\$3,800.00	Renew now

**PAN Foundation** | Notifications 70 | Messaging | Help | D. PAN

Patients | Claims | Disease Funds and Medications | Disease Fund Wait List | Enroll New Patient

**Patient Dashboard: Dr. Steinbeck**

Search by Patient | Search by Member ID | Select by Provider | Search by Disease Fund | Search

Active 13 | Renewal Needed 19 | Show Expired | Export

Patient Name	Disease Fund	Provider	Medication	Eligibility Start	Eligibility End	Balance	Actions
Gary Snyder DOB: 06/02/2013 Member ID: 1236320446	Ankylosing Spondylitis	Winnie Garcia	Azulfidine (sulfasalazine)	05/08/2020	08/05/2021	\$3,800.00	Renew now
	Hemophilia Premium	Christopher Ross	Afstyla (antihemophilic factor viii recomb, single-chn, b-dom truncated)	05/06/2020	08/03/2021	\$4,500.00	
	Alzheimer's Disease	Lauren Pan	Galantamine Hydrobromide (galantamine hbr)	05/06/2020	08/03/2021	\$2,500.00	
	Immune Thrombocytopenic Purpura	Grace Joyce	Carimune Nf Nanofiltered (immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml)	05/06/2020	08/03/2021	\$4,400.00	Renew now

**NOTE:** Search results will only show patients with active grants. To view ALL patients (including those that are inactive), re-enter your search terms and click search, then check the **“Show Expired”** box below the search fields. Then click the blue **“Search”** button to find all results for both expired and active grants.

**PAN Foundation** | Notifications 83 | Messaging | Help | D. PAN

Patients | Claims | Disease Funds and Medications | Disease Fund Wait List | [Enroll New Patient](#)

**Patient Dashboard: Dr. Steinbeck**

Search by Patient | Search by Member ID | Select by Provider | Search by Disease Fund | [Search](#)

Active: 55 | Renewal Needed: 45 |  Show Expired | [Export](#)

Patient Name	Disease Fund	Provider	Medication	Eligibility Start	Eligibility End	Balance	Status	Actions
<b>Gary Snyder</b> DOB: 06/02/2013 Member ID: 1236320446	Alzheimer's Disease	Winnie Garcia	Galantamine Hydrobromide (galantamine hbr)	08/04/2021	08/03/2022	\$2,500.00	Active	
	Hepatitis C	Angela William	Harvoni (ledipasvir/sofosbuvir)	07/06/2021	10/03/2022	\$400.00	Active	
	Chronic Iron or Lead Overload	Christopher Ross	Calcium Disodium Versenate (edetate calcium disodium)	05/14/2021	08/11/2022	\$50.00	Active	
	Ankylosing Spondylitis	Winnie Garcia	Azulfidine (sulfasalazine)	05/08/2020	08/05/2021	\$3,800.00	Expired	<a href="#">Renew now</a>
	Hemophilia Premium	Lauren Pan	Afstyla (antihemophilic factor viii recomb, single-chn, b-dom truncated)	05/06/2020	08/03/2021	\$4,500.00	Expired	
	Immune Thrombocytopenic Purpura	Christopher Ross	Carimune Nf Nanofiltered (immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml)	05/06/2020	08/03/2021	\$4,400.00	Expired	<a href="#">Renew now</a>
<b>Audrey Massy</b> DOB: 09/08/2009 Member ID: 1236345793	Parkinson's Disease	Grace Joyce	Amantadine (amantadine hcl)	06/29/2021	09/26/2022	\$4,200.00	Active	
<b>Allan Howard</b> DOB: 03/07/1941 Member ID: 1236345627	Parkinson's Disease	Owen Monk	10ML BD Syringe (n/a) Amantadine (amantadine hcl) Benztropine Mesylate (benztropine mesylate)	06/25/2021	09/22/2022	\$4,200.00	Active	

3

Your patient's information will appear, along with their corresponding disease fund(s), provider(s), medication(s), eligibility start and end dates, grant balance(s), and actions.

**PAN Foundation** | Notifications 70 | Messaging | Help | D. PAN

Patients | Claims | Disease Funds and Medications | Disease Fund Wait List | [Enroll New Patient](#)

**Patient Dashboard: Dr. Steinbeck**

Search by Patient | Search by Member ID | Select by Provider | Search by Disease Fund | [Search](#)

Active: 11 | Renewal Needed: 20 |  Show Expired | [Export](#)

Patient Name	Disease Fund	Provider	Medication	Eligibility Start	Eligibility End	Balance	Status	Actions
<b>Gary Snyder</b> DOB: 06/02/2013 Member ID: 1236320446	Ankylosing Spondylitis	Winnie Garcia	Azulfidine (sulfasalazine)	05/08/2020	08/05/2021	\$3,800.00	Expired	<a href="#">Renew now</a>
	Hemophilia Premium	Christopher Ross	Afstyla (antihemophilic factor viii recomb, single-chn, b-dom truncated)	05/06/2020	08/03/2021	\$4,500.00	Expired	
	Alzheimer's Disease	Lauren Pan	Galantamine Hydrobromide (galantamine hbr)	05/06/2020	08/03/2021	\$2,500.00	Expired	<a href="#">Renew now</a>
	Immune Thrombocytopenic Purpura	Grace Joyce	Carimune Nf Nanofiltered (immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml)	05/06/2020	08/03/2021	\$4,400.00	Expired	<a href="#">Renew now</a>

4

Click on the patient’s name to find the grant summary page, containing the claim submission deadline. In the summary table, click the blue **“View Details”** button under the **“Action”** column to find grant details. This includes the total grant amount, current balance, and the date the funds were awarded.

**PAN Foundation** Notifications **70** Messaging Help D. PAN ▾

Patients Claims Disease Funds and Medications Disease Fund Wait List [Enroll New Patient](#)

**Gary Snyder - ID 1236320446**

Grants Claims Documents Patient Details

[Back to Patient Dashboard](#)

**Grant Summary**  
Your existing grant(s) are listed in the table below.  
You can view and manage your grants, personal details, claims and documents by clicking the tabs on this page.  
Select the icon in the Action column below to apply for a renewal or request a second grant.

Disease Fund	Eligibility Start Date	Eligibility End Date	Claims Submission Deadline	Physician	Medications	Balance	Status	Action
Immune Thrombocytopenic Purpura	05/06/2020	08/03/2021	10/02/2021	Winnie Garcia	Carimune Nf Nanofiltered (immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml)	\$4,400.00	Active	<a href="#">View Details</a> <a href="#">Renew now</a>
Hemophilia Premium	05/06/2020	08/03/2021	10/02/2021	Rodger Reed	Afstyla (antihemophilic factor viii recomb, single-chn, b-dom truncated)	\$4,500.00	Active	<a href="#">View Details</a> <a href="#">Renew now</a>
Ankylosing Spondylitis	05/08/2020	08/05/2021	10/04/2021	Grace Joyce	Azulfidine (sulfasalazine)	\$3,800.00	Active	<a href="#">View Details</a> <a href="#">Renew now</a>

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Above the grant summary table are tabs for grants, claims, documents, and patient details.

**Gary Snyder - ID 1236320446**

Grants Claims Documents Patient Details

[Back to Patient Dashboard](#)

**Grant Summary**  
Your existing grant(s) are listed in the table below.  
You can view and manage your grants, personal details, claims and documents by clicking the tabs on this page.  
Select the icon in the Action column below to apply for a renewal or request a second grant.

Disease Fund	Eligibility Start Date	Eligibility End Date	Claims Submission Deadline	Physician	Medications	Balance	Status	Action
Immune Thrombocytopenic Purpura	05/06/2020	08/03/2021	10/02/2021	Rodger Reed	Carimune Nf Nanofiltered (immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml)	\$4,400.00	Active	<a href="#">Hide Details</a> <a href="#">Renew now</a>

**Grant Details**

	Grant Amount	Current Balance	Date Awarded
Initial Grant	\$4,400.00	\$4,400.00	08/04/2020

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In the claims tab, you can upload and find processed claims.

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In the documents tab, you can click the PDF links to find patient documents such as welcome, grant use policy, and, if needed, income verification request letters. Welcome letters contain claim processing information such as the patient ID number and eligibility dates.

**NOTE:** If income verification is needed, the patient will get an email or mailed letter and has 15 business days to respond.

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Patients | Claims | Disease Funds and Medications | Disease Fund Wait List | [Enroll New Patient](#)

**Gary Snyder - ID 1236320446**

Grants | Claims | **Documents** | Patient Details

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Document Name	Date
<a href="#">Welcome Letter for HCP_57379330.pdf</a>	8/6/2020
<a href="#">Income Verification_57379645.pdf</a>	8/6/2020
<a href="#">Income Verification_57379305.pdf</a>	8/4/2020
<a href="#">Welcome Letter for HCP_57379304.pdf</a>	8/4/2020
<a href="#">Income Verification_57379303.pdf</a>	8/4/2020
<a href="#">Welcome Letter for HCP_57379302.pdf</a>	8/4/2020
<a href="#">Income Verification_57379263.pdf</a>	8/4/2020
<a href="#">Welcome Letter for Premium Assistance (HCP)_57379262.pdf</a>	8/4/2020

4000 Warner Blvd  
Burbank, CA 91505

**Re:** Gary Snyder  
**Patient ID Number:** 1236320446

Dear Winnie Garcia,

We are pleased to inform you that Gary Snail has been approved for Patient Access Network (PAN) Foundation assistance. PAN has shared this information with your patient.

**Approval Details**

- **Patient ID Number:** 1236320446
- **Assistance Program:** Ankylosing Spondylitis
- **Group Number:** 99991108
- **Patient assistance starts on:** 5/8/2020 and continues until 8/5/2021
- **Expenses can be submitted until:** Monday, October 4, 2021
- **Amount of Assistance Available:** 3800.00
- **Covered Services:** Azulfidine (sulfasalazine)\*
- **Application Submitted by:** Carrot Broccoli

After the eligibility period has ended, you can apply on behalf of your patient for an additional year of assistance, as needed.

**How to Submit Claims for Your Patients**

There are three ways to file a claim on behalf of your patient:

- **Online:** Electronically using payer ID 38225
- **Mail:** Patient Access Network Foundation, PO Box 2310, Mt. Clemens, MI 48046
- **Fax:** 1-844-726-4728

For more details, see the [Provider Billing Guide](#): [panfoundation.org/PANProviderBillingGuide](http://panfoundation.org/PANProviderBillingGuide).

Patient details may also be reviewed and edited in the “Patient Details” tab. Click **“Edit,”** next to the pencil icon of the section you want to update (e.g., patient address). After making your edits, click **“Save” or “Cancel”** to continue.

**NOTE:** A patient’s date of birth and social security number can’t be edited.

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**Gary Snyder - ID 1236320446**

Grants | Claims | Documents | **Patient Details**

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**Patient Demographics** [Edit](#)

First Name	Middle Name	Last Name
Gary		Snyder
SSN	DOB	Gender
xxx-xx-4562	06/02/2013	Male
Phone	Preferred Method of Communication	Email
546-546-5488	Email	doctorfriendly@gmail.com

**Patient Address** [Edit](#)

Street Address	Building/Suite	
123 Pineapple House Road		
City	State	ZIP
Alexandria	Virginia	22306

**Patient Alternate Contact** [Edit](#)

No records found

**Patient Insurance** [Edit](#)

Insurance Name	Payer Type	
Gold Coast	Medicare (Original Fee-for-Service, Parts A, B, or D)	
Cardholder ID	Group Number	Phone
54654		

**Patient Financial Information**

For more information about enrollment or how to use the PAN portal refer to our [webinar library](#), our other [how-to guides](#), or review the [Pharmacy](#) or [Provider](#) FAQs.



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[panfoundation.org](https://panfoundation.org)