



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.

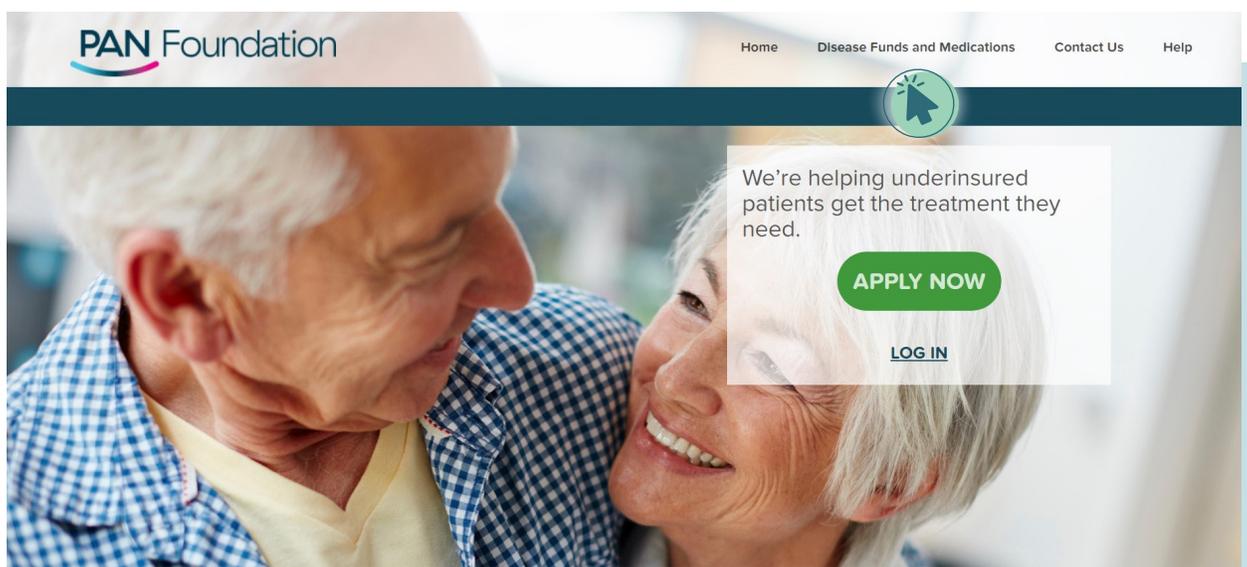
Please note: Patient Portal access is only available on a desktop or laptop computer. The portals are not accessible on a mobile phone or tablet.

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.

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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
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.

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.

Acetadote Search by Disease Search by Medication [Search](#)

[Show All Disease Funds](#)

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 fund Explore resources Our 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)

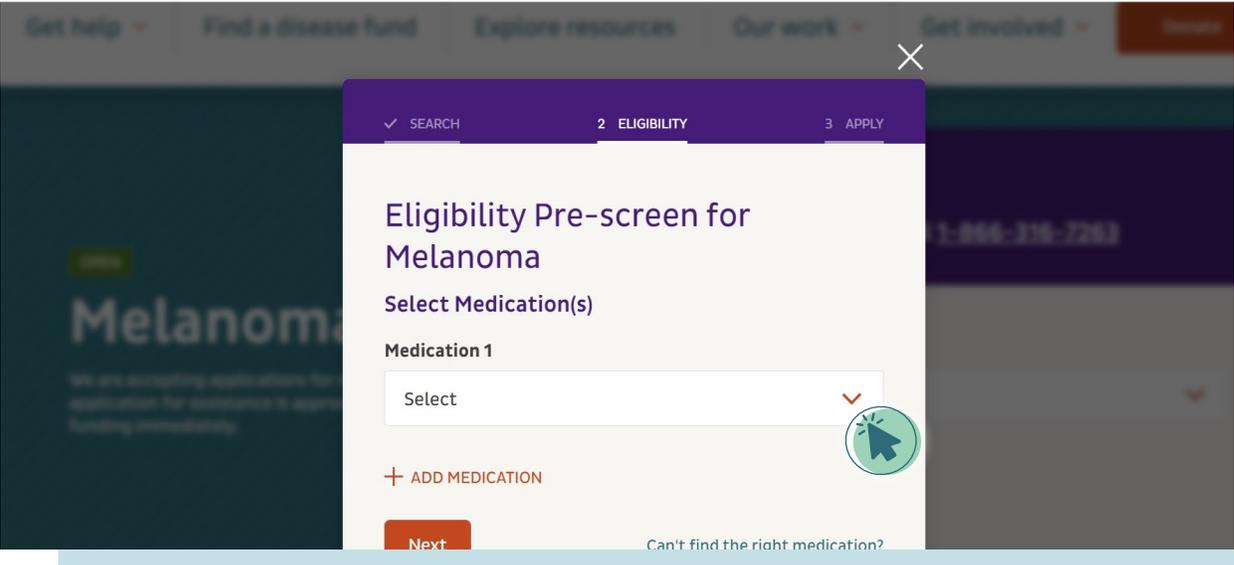
I am a...

Patient
▾

Next
APPLY NOW

5

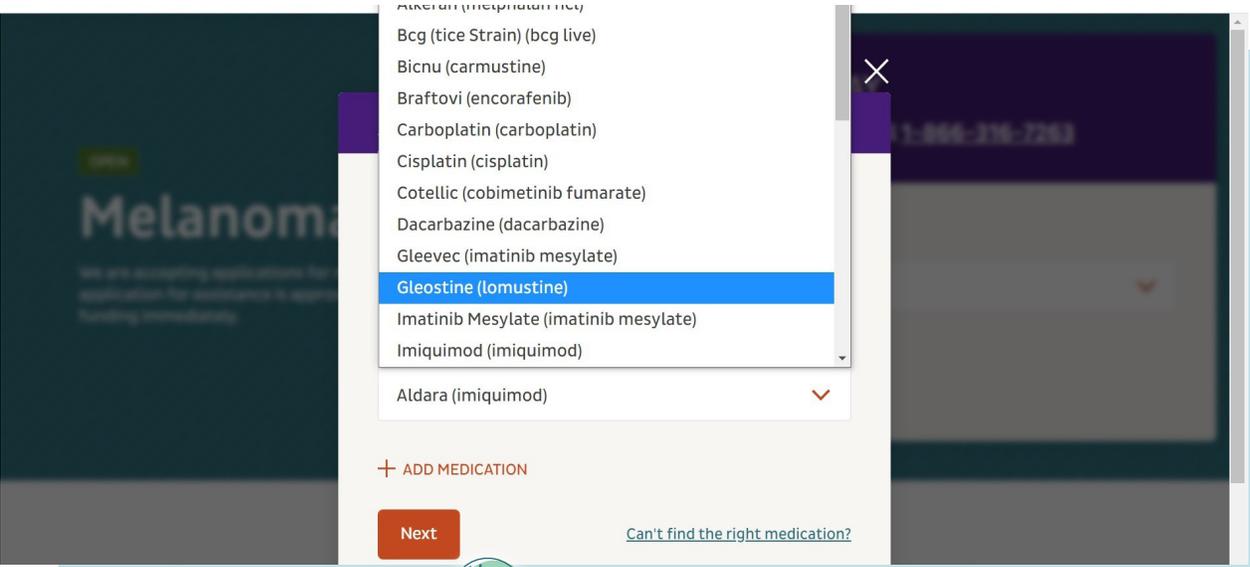
You will be taken to the Melanoma Disease Fund page, where you can use PAN's eligibility checker to pre-screen your eligibility, and find more information about the fund, including the assistance amount, complete eligibility criteria, medications covered, and additional support organizations.



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.

6

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.



7

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

9

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.

The screenshot shows a form with the following sections:

- Do you have insurance coverage?**
 Yes No
- In what state or territory do you live?**
A dropdown menu with the text "Select" and a small orange down arrow icon. A green callout bubble with a mouse cursor icon points to this arrow.
- How many persons reside in your residence?**
A control with a minus sign, the number "1", and a plus sign.
- What is the current annual gross household income?**
An empty text input field.

10

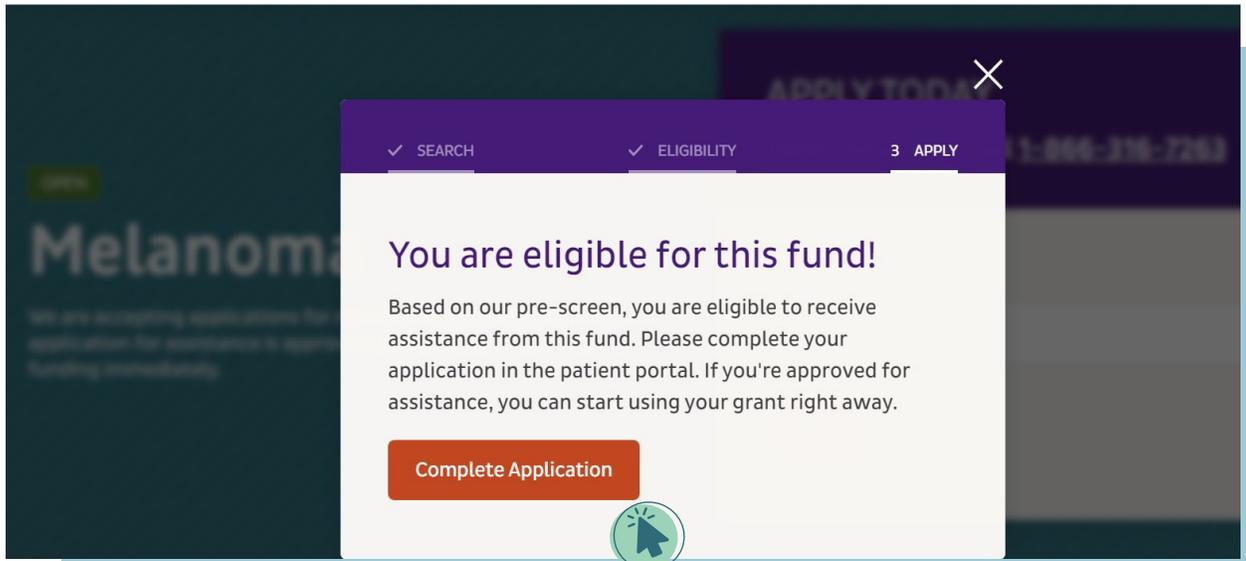
Determine the current annual gross household income by adding the incomes of adults in your household before taxes and other deductions. Type that total number in the box without any spaces or characters (for example: \$50,000 should be typed as 50000). Then click the orange **Next button**.

The screenshot shows the form with the following sections:

- How many persons reside in your residence?**
A control with a minus sign, the number "2", and a plus sign. A green callout bubble with a mouse cursor icon points to the plus sign.
- What is the current annual gross household income?**
A text input field containing the value "50000".
- Next**
An orange button.
- Please note:** To qualify for assistance, patients must be receiving treatment for the selected disease.

11

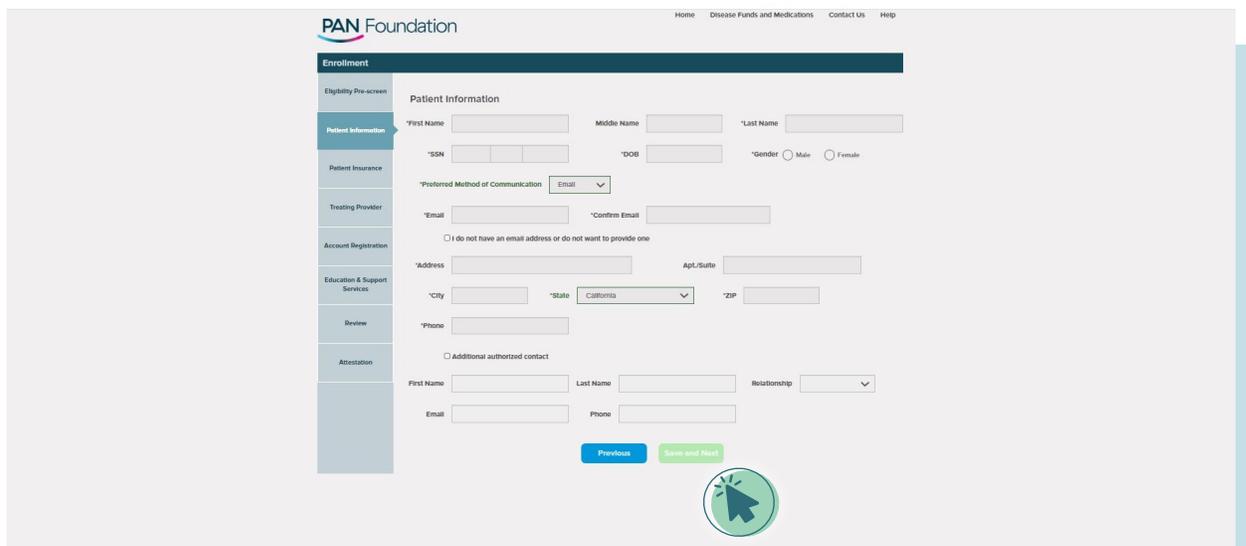
Once you see the **You are eligible for this fund! screen**, click the orange **Complete Application** button.



12

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.



13

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 an enrollment form. On the left is a vertical navigation menu with options: 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 reads: 'Please select 'Other' if you are unable to find the Insurance name'. The form includes several fields: '*Insurance Name' (a search dropdown), '*Payer Type' (a dropdown menu with 'Medicare (Original Fee-for-Service, Parts A, B, or D)' selected), '*Cardholder ID', 'Group Number', and 'Phone'. At the bottom of the form are three buttons: '+ Add New Insurance', 'Previous', and 'Save and Next'.

14

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

The screenshot shows the 'Treating Provider' section of an enrollment form. At the top, the 'PAN Foundation' logo is visible, along with navigation links for Home, Disease Funds and Medications, Contact Us, and Help. The left navigation menu includes: Eligibility Pre-screen, Patient Information, Patient Insurance, Treating Provider (highlighted), Account Registration, and Education & Support Services. The main content area is titled 'Treating Provider' and contains 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 include: 'First Name', 'Last Name', 'Organization', 'State' (a dropdown menu), 'ZIP', and 'NPI'. A 'Search' button is located to the right of the NPI field. At the bottom of the form are two buttons: 'Previous' and 'Save and Next'.

15

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.

nakul goyal Organization

Maryland ZIP NPI **Search**

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

Previous **Save and Next**

16

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: janedoe@gmail.com Your username should be an email address that you use and trust.

Previous **Save and Next**

17

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 'Education and Support Services' section of an enrollment form. On the left is a vertical navigation menu with options: 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 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 list of organizations with a checkbox next to 'Melanoma Research Foundation'. Underneath, there are input fields for 'Patient First Name' (Jane), 'Patient Middle Name', 'Patient Last Name' (Doe), and 'Patient DOB' (08/01/1968). A question asks '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: one for '*Email' (janedoe@gmail.com) and one for '*Phone' ((202) 555-1234), each with a radio button labeled 'Preferred contact method'.

18

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 enrollment process. The left navigation menu includes: 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 contains a 'Pre-screen questionnaire' section with an 'Edit' link. The text says 'Please review your enrollment application for the Melanoma Fund below'. A dropdown menu shows 'Selected medication(s)' with 'Aldara (miquimod)' selected. Below are several questions with radio button or text input options: '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?' (with checkboxes for Medicare, Medicare Advantage, Commercial Insurance, Medicaid, TRICARE, and Other), and 'How many people live in the patient's home?' (2). At the bottom, 'What is the patient's Adjusted Gross Income (See IRS form 1040 Line 37, or Form 1040A Line 21 or Form 1040EZ Line 4)?' is listed as '\$50,000.00'.

19

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**.

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.

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.

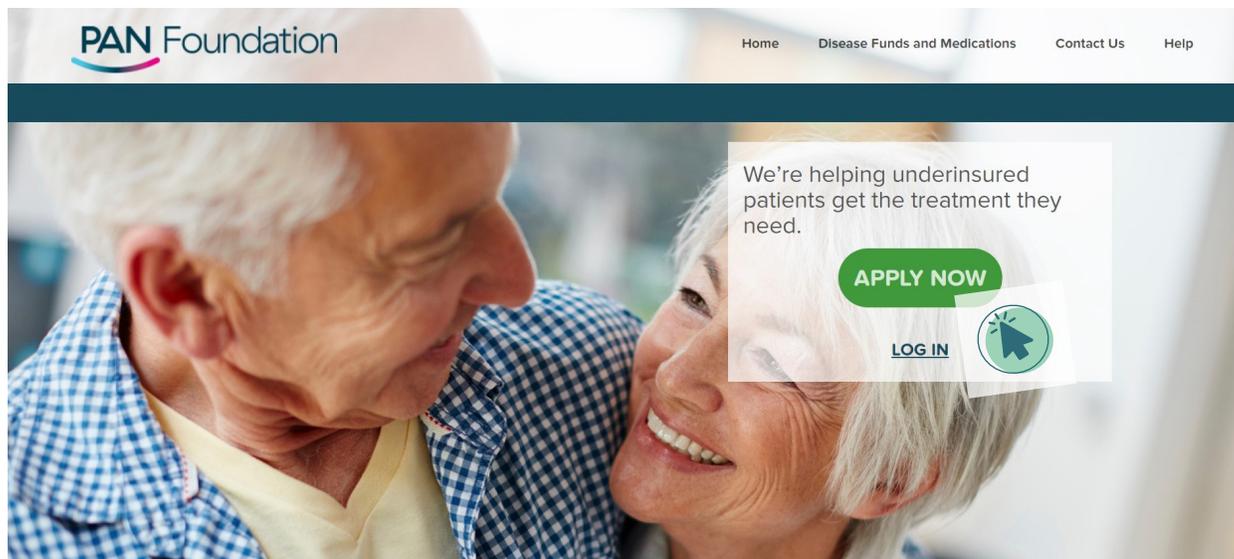
Member ID: 1236339206
 Group ID: 99991039
 RxBin ID: 610728
 PCN: PANF
 Eligibility Start Date: 07/13/2020
 Eligibility End Date: 10/10/2021
 Assistance Amount: \$600.00

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

1

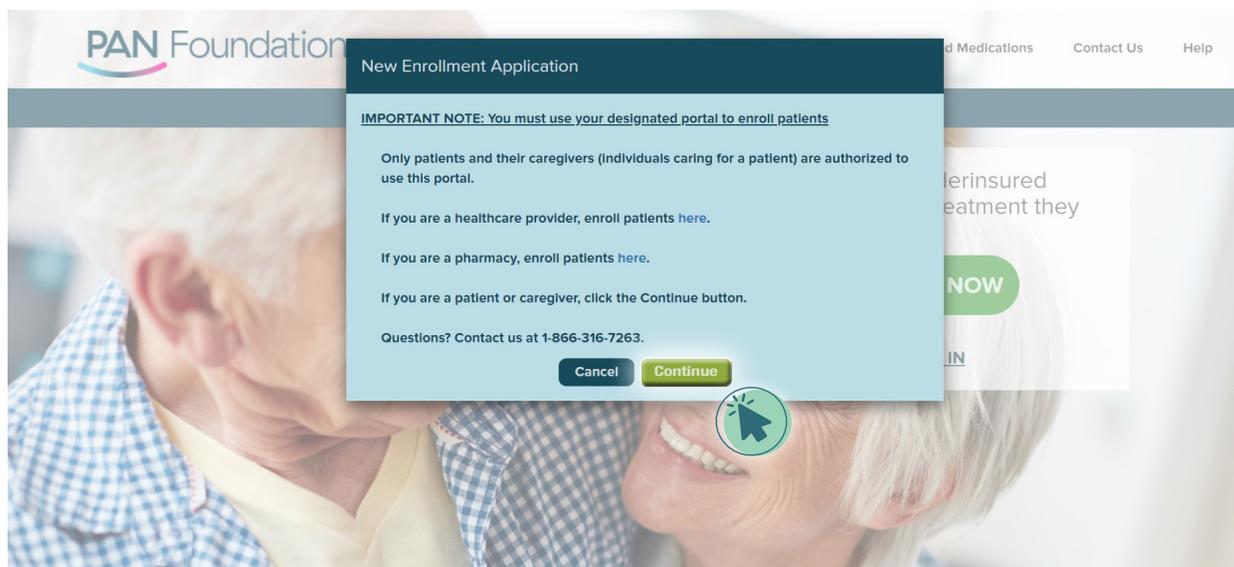
SEARCH AND APPLY THROUGH THE PATIENT PORTAL ELIGIBILITY PRE-SCREEN

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.

Home Disease Funds and Medications Contact Us Help

PAN Foundation

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

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

4

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

Home Disease Funds and Medications Contact Us Help

PAN Foundation

Enrollment

Eligibility Pre-screen

Patient Information

Treating Provider

Account Registration

Review

Attestation

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

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

- 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

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
- Tuberos Sclerosis Complex
- Vulvar cancer
- Waldenstrom Macroglobulinemia
- Wilson Disease-CMTX IT Use Only

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

7

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 interface for an eligibility pre-screen. On the left is a vertical sidebar with five menu items: Account Registration, Education & Support Services, Review, and Attestation. The main content area contains the following questions and options:

- Is the patient living and receiving treatment in the U.S. or U.S. territories? Yes No
- Does the patient have insurance coverage? Yes No
- 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
- In what state or territory does the patient live? Alaska (dropdown menu)
- How many persons reside in the patient's residence? 2 (dropdown menu)
- What is the patient's current annual gross household income? 50000 (text input field)

At the bottom of the form are three buttons: a blue "Previous" button, a green "Check Eligibility" button, and a light green "Save and Next" button. A mouse cursor icon is positioned over the "Check Eligibility" button.

10

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.



11

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**.



12

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

The screenshot shows the PAN Foundation website's 'Enrollment' section. The 'Treating Provider' step is active. The search fields are empty. The navigation menu on the left includes: Eligibility Pre-screen, Patient Information, Patient Insurance, Treating Provider (highlighted), Account Registration, and Education & Support. The top navigation includes: Home, Disease Funds and Medications, Contact Us, and Help.

13

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**.

The screenshot shows the same 'Treating Provider' page, but now with search results. The search fields contain 'nakul', 'goyal', and 'Maryland'. A table of results is displayed below the search fields. The first result is selected with a red circle. The 'Save and Next' button is highlighted in green.

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



14

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.

Previous Save and Next

15

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**.

Enrollment

Eligibility Pre-screen

Patient Information

Patient Insurance

Treating Provider

Account Registration

Education & Support Services

Review

Education and Support Services

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.

Melanoma Research Foundation

Patient First Name Jane

Patient Middle Name

Patient Last Name Doe

Patient DOB 08/01/1968

How would you like to be contacted? Please enter the requested information below and select your preferred method of contact.

*Email Preferred contact method

*Phone Preferred contact method

Previous Save and Next

16

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**.

17

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.

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.

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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

panfoundation.org