

Are high out-of-pocket healthcare costs keeping your patients from getting critical treatment? We're here to help.

As a leading charitable foundation and healthcare advocacy organization, the PAN Foundation is dedicated to accelerating access to treatment for those who need it most and empowering patients on their healthcare journeys. We provide critical financial assistance for treatment costs, advocate for policy solutions that expand access to care, and deliver education on complex topics.

How to apply for financial assistance for your patients



Check if a fund is open

There are three ways to check the status of PAN funds:

- 1. Visit PAN's website, panfoundation.org
- 2. Use a PAN portal account, panfoundation.org/panportals
- 3. Call us at 1-866-316-7263 (Monday through Friday, 9:00am 5:30pm ET)

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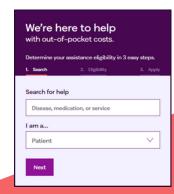
Verify your patient's eligibility

Eligibility varies by disease fund and type of grant. In general, to qualify for a PAN grant, your patient must meet these criteria:

- ☐ Be getting treatment for the disease named in the disease fund.
- ☐ Have health insurance that covers their qualifying medication or product. **Note:** health insurance requirements vary by disease fund.
- ☐ Be prescribed a medication or product that is listed in PAN's list of covered medications for that disease.
- ☐ Have an income that falls at or below the indicated level of the Federal Poverty Level. **Note:** income requirements vary by disease fund.
- Reside and receive treatment in the United States or U.S. territories. **Note:** U.S. citizenship is not required.

Tip: Use our homepage eligibility tool to check your patient's eligibility for a disease fund and begin the application process right from the **panfoundation.org** homepage.

Patients can apply for a PAN grant if they are: currently in treatment or taking medication for their diagnosis, or got treatment in the last 90 days, or scheduled to begin treatment in the next 120 days.





Gather all required information

Be prepared with the following information in order to submit their application:

- Patient's ICD-10 diagnosis code(s)
- Patient's first and last name, social security number, date of birth, address, phone number, email address if available
- Patient's diagnosis and medication name(s)
- Patient's health insurance carrier name and insurance member ID
- · Patient's income and number of people in the household
- Provider and facility's name, NPI, email, phone number, address



Submit their application

You can apply on your patient's behalf online through the PAN portal or by calling us at 1-866-316-7263 (Monday through Friday, 9:00am - 5:30pm ET).

Next steps

Once your patient's application has been submitted, the PAN Foundation team will review it and provide a decision instantly. If approved, the patient can begin submitting reimbursement requests.



Learn more about enrolling your patients at panfoundation.org



