

CENTRAL JERSEY ONCOLOGY CENTER

Patient Co-Pay Relief and Prescription Assistance Programs

We are delighted to assist our patients in receiving assistance through various medication and co-pay assistance programs, along with other suggestions for needs such as medication coupons and wigs for patients.

There are many programs sponsored by organizations and pharmaceutical companies. Many of programs will take into consideration your *overall* financial situation. Below is information on several programs and attached is a chart noting an additional seven organizations which sponsor programs, and a general summary of the specific program offerings. CJOC has specific details for each of these programs regarding procedures for applying. For additional information on the programs on the attached chart, please contact our Billing Department at 732.390.7750.

- ◇ **Pharmaceutical Company Assistance Programs**—Each pharmaceutical company has special Patient Assistance Programs. Our Pharmacist, Eileen Peng, is familiar with the various companies and their particular programs. If you are interested in discussing pharmaceutical company assistance with Ms. Peng, please contact her or notify your CJOC physician.
- ◇ **Medication Co-Pay Assistance Programs**—Our Pharmacist, Eileen Peng, may send your prescriptions to specialty pharmacies. These pharmacies dispense certain chemotherapy-related medications, which may or may not be available at your local pharmacy. In the event where a patient's co-pay is high in cost, the specialty pharmacy may be able to direct the patient to various assistance programs available based on the patient's disease, medications and income. Ms. Peng is familiar with many programs available to patients, and which one may be appropriate. She is delighted to offer assistance to our patients and in some cases, patients may be required to give Ms. Peng verbal and/or written consent to assist them.
- ◇ **Prescription Savings Cards** are available for NJ patients and families *who do not have any prescription coverage*. Sponsored by The Medical Society of NJ, QualCare, Inc. and Avia Partners, this will enable them to save up to 50% on all of their prescription needs.
- ◇ **Wigs** are available for patients at no charge. CJOC has some “gently used” wigs in the East Brunswick office that patients are welcome to look through—they are in the nursing area. There are also some new and some gently used wigs for patients at the American Cancer Society offices on Route 1 in North Brunswick. Patients are welcome to schedule an appointment with the ACS at 1.800.ACS. 2345 to look through and choose what's best for them. It is recommended that patients then take their wigs to their own stylist and have them styled.



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Central Jersey Oncology Center Patient Co-Pay Relief and Prescription Assistance Programs

Organization	Contact Info	Program Information
CancerCare Co-Payment Assistance Foundation	1.866.552.6729 WWW.CANCERCARECOPAY.ORG	Provides co-payment assistance for up to \$10,000 per year for medications to insured individuals who are covered by private insurance or Medicare. Certain criteria must be met related to diagnosis, treatment and financial situation. Conditions covered: Breast, Colorectal, Lung and Pancreatic Cancers
Chronic Disease Fund	1.877.968.7233 WWW.CDFUND.ORG	Co-Payment assistance for medications for patients with private insurance or Medicare Part D who meet certain income qualification guidelines. Conditions covered: Breast, Colorectal and Lung Cancers; Multiple Myeloma
HealthWell Foundation	1.800.675.8416 WWW.HEALTHWELLFOUNDATION.ORG	Provides financial assistance to eligible patients to cover out-of-pocket healthcare costs including: prescription drug coinsurance, co-payments, and deductibles; health insurance premiums. A list of the 22 diseases HealthWell supports is attached.
The Leukemia & Lymphoma Society	1.877.557.2672 WWW.LLS.ORG/COPAY	LLS sponsors two types of aid programs: 1) Financial Aid of up to \$500 for costs related to cancer treatment that are not covered by insurance including chemotherapy, radiation & medications; blood and marrow lab tests; blood transfusions; co-pays and deductibles; transportation. 2) Co-Pay Assistance of up to \$5000 for private or public insurance premiums, and co-pays for prescription drugs. Prescription insurance coverage is required to qualify. Conditions covered: chronic myelogenous leukemia, myeloma, myelodysplastic syndromes, and Waldenstrom macroglobulinemia
Partnership for Prescription Assistance	1.888.477.2669 WWW.PPARX.ORG	Partnership for Prescription Assistance assists patients who lack prescription coverage to get medicines they need through the public or private program that's right for them. Many will get them free or nearly free.
American Cancer Soc.	1.800.ACS.2345 WWW.CANCER.ORG	ACS will reimburse patients up to a \$100 per year (up to \$400 total lifetime) for transportation costs.
Pharmaceutical Assistance to the Aged and Disabled (PAAD)	1.800.792.9745 WWW.STATE.NJ.US/HEALTH/SENIORBENEFITS/PAAD.SHTML	PAAD helps eligible New Jersey Residents pay for prescription drugs.

CANCERCARE CO-PAYMENT ASSISTANCE FOUNDATION

1.866.552.6729
WWW.CANCERCARECOPAY.ORG

The Foundation receives funding from individuals, corporate sponsors, including pharmaceutical companies, and foundations. The CancerCare Co-Payment Assistance Foundation is a not-for-profit organization established in 2007 to address the needs of individuals who cannot afford their insurance co-payments to cover the cost of medications for treating cancer. Certain criteria must be met related to diagnosis, treatment, and financial situation. You must also have private insurance or Medicare that covers a portion of the prescribed chemotherapy or cancer drug. At this time, assistance is available for breast, colorectal, lung, pancreatic, head and neck, and renal cell cancers. Only FDA-approved medications indicated for your cancer type and certain related costs to administer the medication may be covered. Visit www.cancercarecopay.org for a list of the medications covered. The program does not assist with pain or chemotherapy related symptom management medications or radiation costs.

Application Process:

- 1) Call CancerCare for pre-screening to find out if you are eligible for co-pay assistance at 1.866.552.6729 ext. 1. Funding is based on a set scale based on the number of people in your household, income and cost of living in your area (see chart on back of this sheet). You will need to have the following information ready when you call: patient name, address, phone number, social security number, date of birth, insurance information, household income and a list of prescriptions. You will also need the name, address and phone number of the prescribing physician.
- 2) If CancerCare determines that you are eligible to apply, they will mail you a form, which will be precoded for your particular case. You will need to complete this form and return it to CancerCare with your most recent tax statement; checking account statement; and a copy of your insurance card. You will also need to give a form verifying treatment to your CJOC physician to complete and fax or mail to CancerCare.
- 3) If you are approved, you may receive up to \$10,000 per year. The processing of your application generally takes 10-12 business days. (Patients may reapply each year for additional funds.)
- 4) CancerCare will notify you of how your funds will be distributed:
 - CancerCare will notify CJOC of the amount of funds you have been awarded and CJOC's billing department will forward the required billing statements to CancerCare. Your award will be paid directly to CJOC.
 - CancerCare may pay your local pharmacy directly for your medications or, in the event your pharmacy will not bill them directly, CancerCare may recommend you use a mail-order pharmacy that they are affiliated with.
 - In the event a patient has already paid bills out-of-pocket, CancerCare will consider reimbursement to the patient for treatment received for up to the previous 90 days.
- 5) In the event you are not eligible for CancerCare assistance, CancerCare will refer you to another organization that may be able to help.



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CancerCare Co-Payment Assistance Foundation Income Limits*

Persons in Family or Household	48 Contiguous States and DC	Alaska	Hawaii
1	\$41,600	\$52,000	\$47,840
2	\$56,000	\$70,000	\$64,400
3	\$70,400	\$88,000	\$80,960
4	\$84,800	\$106,000	\$97,520
5	\$99,200	\$124,000	\$114,080
6	\$113,600	\$142,000	\$130,640
7	\$128,000	\$160,000	\$147,200
8	\$142,400	\$178,000	\$163,760
For each additional person, add:	\$14,400	\$18,000	\$16,560

** Note, these amounts are four (4) times the 2008 Federal Poverty Level as defined by the United States Department of Health and Human Services*

CHRONIC DISEASE FUND

1.877.968.7233
WWW.CDFUND.ORG

The Chronic Disease Fund is a non-profit charitable organization that helps underinsured patients with chronic disease obtain the expensive medications they need. This fund currently supports patients with breast, colorectal, and lung cancers; and multiple myeloma. They assist patients who meet income qualification guidelines and have private insurance or a Medicare Part D plan, but cannot afford the co-payments. They pay the patient's out-of-pocket costs directly to the provider. Patients who utilize a participating pharmacy can have their out-of-pocket expenses remitted by the Fund directly to the pharmacy. Patients using non-participating pharmacies can submit receipts for reimbursement.

Process:

- 1) Complete patient application and mail or fax it to CDF or visit www.cdfund.org and complete this application online. You must also submit copies of a tax return or other financial information, and your insurance card.**
- 2) If you are approved, they will contact you and/or your pharmacy.**



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HEALTHWELL FOUNDATION

1.800.675.8416

WWW.HEALTHWELLFOUNDATION.ORG

The HealthWell Foundation is a non-profit, charitable organization that provides financial assistance to eligible patients to cover out-of-pocket healthcare costs, including: prescription drug coinsurance, co-payments, and deductibles; health insurance premiums; and other selected out-of-pocket healthcare costs.

Eligibility is based on an individual's financial, medical, and insurance situation.

Individuals covered by insurance, Medicare or Medicaid may be eligible. The Foundation helps patients with selected disease (see list on back of this sheet).

Application Process:

- 1) You may apply online at www.healthwellfoundation.org or by completing the application and mailing or faxing it to the Healthwell Foundation.
- 2) You will need to submit a copy of your current income tax return or other financial statements.
- 3) If you are applying for prescription drug coinsurance or co-payment assistance, you must complete information on the names of the drugs for which you request assistance and the co-payment amount, along with the pharmacy information. Your prescribing physician must also complete a statement of treatment.
- 4) If you are applying for health insurance premium assistance, you must send a letter from your insurer or employer confirming your monthly premium payment and your plan coverage for specific medications prescribed by your physician.



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Medications and Disease States

The HealthWell Foundation® assists with numerous disease states and medications. Below is a list of the disease states we support. Please note that this list is subject to change.

Fund Name
Acute Porphyrias
Age-Related Macular Degeneration
Anemia Associated with Chronic Renal Insufficiency/Chronic Renal Failure
Ankylosing Spondylitis
Asthma, Moderate to Severe
Breast Cancer
Carcinoid Tumors and Symptoms Related to Carcinoid Tumors
Chemotherapy Induced Anemia/Chemotherapy Induced Neutropenia
Colorectal Carcinoma
Cutaneous T-Cell Lymphoma
Head and Neck Cancer—CLOSED
Hodgkin's Disease—CLOSED
Idiopathic Thrombocytopenic Purpura—CLOSED
Immunosuppressive Treatment for Solid Organ Transplant Recipients
Iron Overload as a Result of Blood Transfusions—CLOSED
Multiple Myeloma - CLOSED
Myelodysplastic Syndromes - CLOSED
Non-Hodgkin's Lymphoma
Non-Small Cell Lung Cancer—CLOSED
Psoriasis
Psoriatic Arthritis
Rheumatoid Arthritis
Secondary Hyperparathyroidism
Wilms' Tumor

THE LEUKEMIA-LYMPHOMA SOCIETY

*1.877.557.2672
WWW.LLS.ORG*

*This society has two types of aid programs:
Patient Financial Aid and Co-Pay Assistance*

1) Patient Financial Aid Program

Funded by public contributions, this program provides supplementary financial assistance to patients with financial need. Reimbursements of up to a maximum of \$500 per year are issued directly to the patient. Patients need to complete a short form requesting aid; their physician needs to sign the form. This form is then mailed or faxed to the local chapter, which for CJOC is the Northern NJ Chapter: Leukemia & Lymphoma Society, 14 Commerce Drive, Cranford, NJ 07016 (Ph 908.956.6600; Fax 908.956.6601) . Once patient is enrolled, they will receive a "Request for Reimbursement" form to send in with receipts. The patient will not need to send any personal financial aid information. Payments are generally mailed within 2-3 weeks after all information is received. The program will reimburse you up to \$500 per year for costs related to your cancer treatment that are not covered by your insurance, including:

- Chemotherapy, radiation therapy and most medications used to treat your cancer
- Blood and marrow lab tests
- Blood transfusion
- Co-pays and deductibles incurred for cancer treatments
- Transportation to and from the doctor's office, treatment center, hospital, clinic, and support groups
- Reimbursable travel expenses, including mileage (\$.05 per mile), airline tickets, public transportation, parking fees, and tolls

2) Co-Pay Assistance Program

This fund gives assistance of up to \$5000 for the following diagnoses: chronic myelogenous leukemia, myeloma, myelodysplastic syndromes, and Waldenstrom macroglobulinemia.. It offers assistance for private or public insurance premiums and for co-pays for prescription drugs. Prescription insurance coverage is required for a patient to qualify for this program. A physician must confirm patient's diagnosis. See the back of this sheet for information on financial guidelines.

Process: 1) Applications need to be completed by the patient and mailed or faxed. Documentation verifying household income must be included. 2) There is a one page form which the physician needs to complete and mail or fax. 3) Applications will be reviewed within 10-20 business days. 4) Payment is generally sent directly to the local pharmacy, hospital, doctor, or insurance provider. Less commonly, it is sent directly to the patient. (Applications may also be downloaded directly from their website, listed at the top of this page.)



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2009 Health & Human Services Poverty Guidelines & Dollar Figures for 500% above the Federal Poverty Guidelines

Persons in Family or Household	48 Contigu- ous States, Puerto Rico and D.C.	500%	Alaska	500%	Hawaii	500%
1	\$10,830	\$54,150	\$13,530	\$67,650	\$12,460	\$62,300
2	\$14,570	\$72,850	\$18,210	\$91,050	\$16,760	\$83,800
3	\$18,310	\$91,550	\$22,890	\$114,450	\$21,060	\$105,300
4	\$22,050	\$110,250	\$27,570	\$137,800	\$25,360	\$126,800
5	\$25,790	\$128,950	\$32,250	\$161,250	\$29,660	\$148,300
6	\$29,530	\$147,650	\$36,930	\$184,650	\$33,960	\$169,800
7	\$33,270	\$166,350	\$41,610	\$208,050	\$38,260	\$191,300
8	\$37,010	\$185,050	\$46,290	\$231,450	\$42,560	\$212,800
For each additional person add	\$3,740	\$18,700	\$4,680	\$23,400	\$4,300	\$21,500

SOURCE: *Federal Register*, Vol. 73, No. 15, January 23, 2008, pp. 3971–3972

<http://aspe.hhs.gov/poverty/08poverty.shtml>

Adapted by The Leukemia & Lymphoma Society's Prescription Drug Co-Pay Assistance Program, copay@LLS.org,
877-557-2672 (877-LLS-COPAY)

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE

FUNDED BY PHARMA—AMERICA'S PHARMACEUTICAL COMPANIES

1.888.477.2669

WWW.PPARX.ORG

The Partnership for Prescription Assistance brings together America's pharmaceutical companies, doctors, other healthcare providers, patient advocacy organizations and community groups to help qualifying patients who lack prescription coverage to get the medicines they need through the public or private program that's right for them. Many will get them free or nearly free. They offer a single point of access to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical companies. More than 2,500 brand-name and generic medicines are covered. Visit their website at www.pparx.org for a list of the many programs they have access to.

Application Process:

- 1) Call 1.888.477.2669.**
- 2) Give them names of medicines taken.**
- 3) Specialist will answer questions and help you apply.**



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AMERICAN CANCER SOCIETY FINANCIAL ASSISTANCE

**1.800.ACS.2345
WWW.CANCER.ORG**

*ACS will reimburse patients up to a \$100 per year (up to \$400 lifetime)
for transportation costs.*

Application Process:

- 1) Request application.
- 2) Complete application—your CJOC physician must complete a section of this form.
- 3) Patient to mail form to ACS, it is necessary to forward your receipts with your request.
- 4) ACS will forward check directly to patient.



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PHARMACEUTICAL ASSISTANCE TO THE AGED AND DISABLED (PAAD)

1.800.792.9745

WWW.STATE.NJ.US/HEALTH/SENIORBENEFITS/PAAD.SHTML

The Pharmaceutical Assistance to the Aged and Disabled program helps eligible New Jersey residents pay for prescription drugs. The PAAD co-payment will be \$6 for each covered generic drug prescription and \$7 for each covered brand name drug prescription. A PAAD beneficiary must be a New Jersey resident; 65 years or older, or at least 18 years of age and receiving Social Security Title II Disability Benefits; have annual income for 2009 of less than \$24,432 if single or less than \$29,956 if married. PAAD beneficiaries are also required to enroll in Medicare Part D Prescription Drug Plan.

Application Process:

- 1) Call the Dept. of Health and Senior Services, toll-free at 1.800.792.9745.
- 2) Request an application, and one will be mailed to you. Or, you may download this form at www.state.nj.us/health/seniorbenefits/paad.shtml
- 3) You will be required to submit financial information to PAAD.
- 4) Once a PAAD representative determines your eligibility, you should receive an identification card within thirty days. With your PAAD card, you pay the pharmacist no more than \$6 for covered generic prescription drugs, and no more than \$7 for covered brand name prescription drugs.

*If you have health insurance or retirement benefits that provide prescription coverage equal to or better than PAAD, or if you are receiving Medicaid, you would NOT be eligible. However, you are eligible if your health insurance or retirement benefits offer limited or partial coverage.



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ADDITIONAL PATIENT ASSISTANCE PROGRAMS

National Organization for Rare Disorders (NORD) - Assists uninsured or under-insured individuals in securing life-saving or life-sustaining medications including Trisenox, Theracys, and Matulane. Offers co-payment assistance for: Advanced Renal Cell Carcinoma; Hepatocellular Carcinoma; Hodgkin's Lymphoma; Paroxysmal Nocturnal Hemoglobinuria. **Website: www.rarediseases.com Phone: 1-800-999-6673(voicemail only) or 1-203-744-0100**

Partnership for Prescription Assistance (PPA) - Offers a single point of access to more than 475 public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies. Includes assistance for the uninsured. **Website: www.pparx.org Phone: 1-888-477-2669**

Patient Access Network Foundation—Assists patients who cannot access the treatments they need due to out-of-pocket health care costs including deductibles, co-payments, and co-insurance. Offers assistance for the following specific conditions: Breast Cancer; Colorectal Cancer; Cutaneous T-Cell Lymphoma; Multiple Myeloma; Myelodysplastic Syndrom (MDS); Non-Hodgkin's Lymphoma; Non-Small Cell Lung Cancer; Pancreatic Cancer; Oncology Cytoprotection; Anemia. **Website: www.patientaccessnetwork.org Phone: 1-866-316-7263**

Patient Advocate Foundation's Co-Pay Relief Program—Provides direct co-payment assistance for pharmaceutical products to insured patients who financially and medically qualify. Offers assistance for the following specific conditions: Breast Cancer; Colon Cancer; Head and Neck; Lung Cancer; Lymphoma; Kidney Cancer; Malignant Brain Tumors; Multiple Myeloma; Pancreatic Cancer; Sarcoma; Secondary issues as a result of cancer treatment. **Website: www.copays.org Phone: 1-866-512-3861**

Patient Services Incorporated (PSI) - Assists patients in locating health insurance policies. Provides health insurance premium assistance and co-payment assistance for the following conditions: Bone Metastases; Chronic Myeloid Leukemia; Chronic Myelocytic Leukemia; Cutaneous T-Cell Lymphoma; Gastrointestinal Stromal Tumors. **Website: www.uneedpsi.org Phone: 1-800-366-7741**

Brain Tumor Society—For patients with primary brain tumors only. Grants up to \$2000 per year for non medical related costs such as transportation, homecare, home adaptations, and childcare. **Website: www.tbts.org Phone: 1-800-770-8287**

National Brain Tumor Foundation—For patients with primary or metastatic brain tumors ages 18 and older. Grants up to \$1000 for treatment-related expenses.



Lymphoma Research Foundation—Grants up to \$250 for expenses that include: travel and transportation; temporary lodging; childcare and homecare; cosmetic devices such as wigs and hats; medical devices and hygiene products.

Website: www.lymphoma.org Phone: 1-800-500-9976

National Marrow Donor Program—For patients in need of a life-saving bone marrow or cord blood cell transplant through the National Marrow Donor Program (NMDP). Funds available for unrelated donor search through the NMDP as well as out-of-pocket expenses following an unrelated donor or cord blood transplant through the NMDP, such as: lodging, food, transportation, co-pays, and insurance premiums. Grant applications only accepted through qualified NMDP affiliated transplant center personnel. **Website: www.marrows.org Office of Patient Advocacy Case Management: 1-888-999-6743**

Patient Advocate Foundation Colorectal Care Line—Limited financial grant for colorectal patients for transportation reimbursement, temporary lodging, childcare and food costs associated with out-of-town treatment.

Website: www.colorectalcareline.org Phone: 1-866-657-8634

Sarcoma Alliance—Grants up to \$1000 to reimburse medical and other expenses directly related to getting a second opinion from a sarcoma specialist.

Website: www.sarcomaalliance.org Phone: 1-415-381-7236



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