

	CO-PAY ASSISTANCE PROGRAM	SUSAN LANG TRAVEL PROGRAM	PEDs/AYA URGENT NEED PROGRAM	PATIENT AID PROGRAM	DISASTER RELIEF PROGRAM	COVID-19 PROGRAM	ADULT UNP/CHARLIE'S FUND PROGRAM	PRE CAR T-CELL THERAPY PATIENT TRAVEL ASSISTANCE PROGRAM
APPLICATION PROCESS								
Patient/caregiver/guardian can apply	X	X		X	X	X		X
Care Team Member can apply on behalf of the patient	X PHARMACY CAN APPLY	X	X CARE TEAM MEMBER ONLY	X	X	X	X CARE TEAM MEMBER ONLY	X
"Care Team" Members include: doctor, oncologist, nurse, medical assistant, child life specialist, social worker, case manager, etc.								
Verification Process	Physician signature required to confirm diagnosis	Physician signature is required to confirm diagnosis	Physician signature is required to confirm diagnosis			Patient can attest	Physician signature is required to confirm diagnosis	Physician signature is required to confirm diagnosis
	Instant Experian verification for identity, residency, and income	Instant Experian verification for identity, residency, and income	Instant Experian verification for identity, residency, and income	Instant Experian verification for identity & residency	Instant Experian verification for identity, residency, and income		Instant Experian verification for identity, residency, and income	Instant Experian verification for identity, residency, and income
Patients have 90 days to complete their application	X	X	X	X			X	X
Patients have 30 days to complete their application					X	X		
AWARD DETAILS								
Amount of Award	Dependent on the disease fund	\$500	\$500	\$100	Will vary	\$250	\$500	\$2,500
Form of Payment from LLS	Check/Pharmacy Benefit Card Direct payment to provider or reimbursement to patient	Travel Credit Card	Check mailed to patient	Check mailed to patient	Check mailed to patient	Credit Card	Check mailed to patient	Travel Credit Card
Length of Award Period	1 year	6 months	1 year	1 year	1 year	1 year	1 year	6 months
Patients are able to re-apply for all LLS Patient Financial Assistance Programs EXCEPT the Patient Aid Program, COVID-19 & Disaster Relief								
Re-Apply	X	X	X				X	X
Re-Apply Dates	End of award period	End of award period	End of award period	N/A	N/A	N/A	End of award period	End of award period
Type of Assistance Provided	Blood cancer treatment-related co-payments. Private insurance premiums. Medicare Part B, Medicare Plan D, Medicare Supplementary Health Insurance, Medicare Advantage premium, Medicaid Spend Down or co-pay obligations.	Ground transportation (gas, tolls, car rental, taxi, bus, train, ambulance services, etc.), car repair, car parts or services, air travel, baggage fees, and lodging related expenses.	Non-medical expenses including rent, mortgage, lodging, utilities, childcare, eldercare, food, transportation, car repair, car insurance, phone service, and acute dental work related to treatment.	Cancer-related expenses	Cancer-related expenses.	Cancer-related expenses.	Non-medical expenses including rent, mortgage, lodging, utilities, childcare, eldercare, food, transportation, car repair, car insurance, phone service, and acute dental work related to treatment.	Ground transportation (gas, tolls, car rental, taxi, bus, train, ambulance services, etc.), car repair, car parts or services, air travel, baggage fees, and lodging related expenses from the evaluation phase through the end of the conditioning therapy phase.