

Thank you for downloading this prescription assistance document from NeedyMeds. We hope this program will help you get the medicine you need.

REMEMBER — Send your completed application to the address on the form, NOT to NeedyMeds.

Did you know that NeedyMeds has thousands of other free resources?

Here's a look at more ways we can help you save money on medicine and healthcare costs. Each one can be found under the "**Healthcare Savings**" tab on our website:

- **Diagnosis-Based Assistance** — NeedyMeds lists thousands of assistance programs for almost any health condition. If you are going through chemo treatment for cancer, there are programs that can help with wig costs and scalp-cooling products. We also list resources for free diabetes testing supplies, caregiver lodging support, and much more.
- **Free, Low-Cost, and Sliding Scale Clinics** — This popular collection contains information on 18,000+ free, low-cost, and sliding scale medical, dental, mental health and substance abuse clinics across the U.S. It's a great resource if you need affordable medical treatment and don't know where to go.
- **Coupons, Rebates & More** — You can use the NeedyMeds website to find 2,600+ cost-saving opportunities for both prescription and over-the-counter drugs and medical supplies.
- **Medical Transportation** — Need help getting to the doctor's office or medical facility? You may be eligible for financial assistance if you meet certain requirements.

NeedyMeds also offers information on diagnosis-based camps and retreats, recreational programs, scholarships, government programs, \$4 generic drug programs, and more.

Finally, I want to tell you about the NeedyMeds Drug Discount Card. Thousands of people use this free, anonymous, and easy-to-use tool to get the best price on their medications. Use the card to get discounts on lab tests and also to save 40% on durable medical equipment. To date, our drug discount card has saved patients over \$300,000,000. Check out the following page to learn more.

Feel free to call our toll-free helpline if you have any questions. We can be reached at 1-800-503-6897 Monday-Friday, 9am-5pm Eastern Time.

Thank you for using NeedyMeds. Please let us know if we can do anything else to help you afford the costs of your healthcare.



Rich Sagall, MD
President, NeedyMeds

Clip the card and save



DRUG DISCOUNT CARD

BIN: 020750
RX PCN: NMeds
RX GRP: PDFPDF
ID: NMNA019309901930

Customer Care
1-888-602-2978

This is a drug discount program, not an insurance plan.

NeedyMeds Drug Discount Card
www.needymeds.org

Patient: You may use this card at any of over 65,000 participating pharmacies to save on all prescription medicines. You cannot use this card with Medicare including part D, Medicaid, or any other state or federal programs unless you choose not to use your government-sponsored program. In addition, you cannot use this card with any health insurance program, but you can use it in place of your insurance if the card offers a better price. For questions call 1-888-602-2978 or visit www.drugdiscountcardinfo.com.

Pharmacist: Administered by Medical Security Company, LLC, Tucson, AZ.

Pharmacy Help Desk: 1-800-404-1031.



- Save up to 80% on medications*
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family

- Use the card as often as needed
- Free, no fees or registration
- Never expires

What will receive a discount?

All prescription medications are eligible for savings, including over-the-counter medicines and medical supplies written as a prescription, as well as human-equivalent pet medications with a prescription by a veterinarian.

Save up to 40% off durable medical equipment, including canes, crutches, splints, incontinence supplies and more. You can also save on diabetic supplies such as glucose meters, test strips, lancets and diabetic shoes. Visit www.needymeds.org/dme to learn more.

You can also save an extra 5% on affordable lab tests and online results. No doctor's order or insurance needed. Visit www.needymeds.org/L2L for more information.

What if I have insurance?

Anyone can use the card, but it can't be combined with state or federal insurance. You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

To obtain a plastic drug discount card, send a self-addressed, stamped envelope to:

NeedyMeds Drug Discount Card
50 Whittemore St.
Gloucester, MA 01930

The card is not valid in combination with insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.

* Average savings of 60%, with potential savings of up to 80% or more (based on 2018 national program savings data). All prescription medications are eligible for savings.

This is a drug discount program, not an insurance plan. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Users are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may call 1-888-602-2978 with questions or concerns or to obtain further information.



Please review enrollment information below. Complete form by filling in missing information. Make any corrections by writing changes next to the information provided.

Date:	How much can you afford for this medication? <i>You may be responsible for any remaining balance Good Days does not cover.</i>
ID or SSN:	

PATIENT INFORMATION

Patient's Name:	Birth Date:
Alternate Contact:	Relationship:
Mailing Address:	Home phone:
	Cell Phone:
	Work Phone:
	Ext:

E-mail Address:

INCOME INFORMATION

Annual Household Income:	Number of people in household:
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PHYSICIAN INFORMATION

Physician Name:	Physician Phone:
Office Address: <i>(if known)</i>	Physician NPI:

DIAGNOSIS INFORMATION

Diagnosis:	
Medication:	
Pharmacy:	Pharmacy Address or Phone: <i>(if known)</i>

MAJOR MEDICAL INSURANCE INFORMATION

Insurance Name:		
ID#:	Group #:	Phone:

DRUG CARD INFORMATION

Insurance Name:	ID#	
BIN:	PCN:	Phone:

Is this a Medicare, Federal or State funded insurance plan? Yes No <i>(circle applicable answer)</i>
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*****THIS PAGE MUST BE RETURNED*****

2611 Internet Blvd, Suite 105 Frisco, TX 75034
877-968-7233 • Fax 214-570-3621 • www.mygooddays.org
Private and Confidential when completed



*Metastatic Cancer Diagnoses Only

For patients in a metastatic cancer fund: If your physician has prescribed a drug to treat your metastatic cancer that is not on Good Days' formulary, please contact us. We may be able to cover the prescribed drug if we receive additional documentation showing that the drug otherwise meets our criteria. For our metastatic cancer funds, Good Days will cover all drugs approved by the Food and Drug Administration (the "FDA") that treat the type of cancer that is the basis of the disease fund into which you have been accepted. For example, if you have metastatic breast cancer, Good Days will cover all drugs that are approved by the FDA to treat breast cancer, not just those drugs that the FDA has expressly approved for the metastatic stage of breast cancer.

Declaration

You attest and certify to Good Days and its agents that the information provided in your application is complete and accurate. You understand that, and consent to, your reported financial information being verified by an audit as deemed necessary by Good Days. Good Days, and its authorized third party agents, such as credit monitoring companies, may use your demographic information, including but not limited to your social security number, date of birth, name, and address in order to estimate your income in conjunction with the eligibility process. You understand that Good Days, and its authorized third party agents, reserve the right to ask for additional documents and information at any time. As a soft credit inquiry, this does not impact your credit score.

You further understand that any false or incomplete information provided by you to Good Days could unduly harm your application process, Good Days, its reputation, and its tax exempt status. You also understand that any financial assistance provided to you by Good Days may be recouped, if Good Days becomes aware of any inaccurate information or fraudulent activity relating to your application or the assistance provided to you. You understand that you are free at any time to switch providers, practitioners, suppliers, or treatments within the Good Days formulary for your diagnosis without affecting your continued eligibility for assistance.

You understand that you are not guaranteed or promised assistance. Any assistance Good Days may provide is limited to the terms and conditions established by Good Days. Good Days reserves the right at any time, and for any reason without notice, to modify the eligibility criteria or modify or discontinue any assistance.

Limitation of Liability:

You agree that Good Days, our sponsors, and our donors shall not be liable for any damages of any kind, without limitation, arising out of or in connection with you receiving financial assistance, co-pay relief, or other value-added benefits or services provided as a part of this program.

Patient Attestation:

You agree to be fully compliant in taking the drug for which financial assistance is being provided in accordance with your doctor's directions.

By signing below you agree that you have read, understand and agree to adhere to the above statements

Signature of Individual or Individual's representative

Date

Print name of Individual's representative: (If applicable)

Authorized Relationship or Authority to Act (If applicable)

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2611 Internet Blvd, Suite 105 Frisco, TX 75034
877-968-7233 • Fax 214-570-3621 • www.mygooddays.org
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Terms of the Consent Pertaining to the Disclosure of your Personal Information

In order for you to receive assistance through Good Days, you authorize your physicians, pharmacies and insurance companies to disclose to Good Days and its applicable contractors, employees, agents and other representatives your personal information. In addition you authorize Good Days to use and disclose your personal information to Good Days' agents, third parties acting on its behalf, credit monitoring companies, or any of your healthcare providers.

Your personal information may include, but not be limited to, your name, address, phone number, email address, date of birth, social security number, insurance status and numbers, amount of financial assistance allocated and dispensed, diagnosis information, and treatment information.

You consent to the disclosure of your personal information for the following purposes: (i) to enable Good Days to determine whether you are eligible and qualify for financial assistance for any medication(s); (ii) to enable Good Days to provide financial assistance to you for your medication(s); (iii) to refer you to, or to determine your eligibility for, other programs, foundations or alternate sources of funding or coverage for your healthcare costs, products and services; (iv) to facilitate the audit or review of Good Days' operations; and (v) to enable Good Days to manage its patient assistance programs.

You understand that your personal information that is disclosed may be re-disclosed by the recipient and no longer protected by federal or state privacy regulations and laws. You consent to Good Days re-validating your personal information. You consent to Good Days electronically disclosing your personal information to third parties as permitted or required by law.

You may revoke this consent at any time by mailing a signed letter of revocation to Good Days' Privacy Officer at 2611 Internet Blvd, Suite 105 Frisco, TX 75034 or faxing the written consent to Good Days' Privacy Officer at the following fax number: (214) 570-3636. Revoking this consent will not have any effect on actions that Good Days took in reliance on the consent before it received notice of your revocation. If you revoke this consent, you will not be able to receive future assistance through Good Days. However, your applicable healthcare providers and insurance companies, who are disclosing the information to Good Days, may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this consent.

This consent expires six years from the date that you last receive assistance from Good Days, if not revoked sooner.

Signature of Individual or Individual's representative

Date

Print name of Individual's representative: (If applicable)

Authorized Relationship or Authority to Act (If applicable)

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PLEASE VISIT WWW.MYGOODDAYS.ORG/APPLY TO PRINT A COPY OF THE CONSENT

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