



Patient Enrollment Application

Welcome to Good Days, a non-profit organization whose financial assistance programs provide thousands of individuals diagnosed with life-altering diseases the opportunity to get the medications they need to help improve their quality of life.

In order for us to begin the process of qualifying you for financial assistance, please complete the enclosed application and return it to Good Days, along with copies of your insurance card(s). Completed applications can be received via mail or fax.

Upon receipt of your completed application, Good Days will determine if you are eligible for financial assistance based on our Program Guidelines and subject to available funding. To verify household size and household income Good Days will perform a soft inquiry with a third party vendor in order to determine eligibility. This inquiry can only be viewed by you (the patient) on your credit history and will not affect your credit score. We will advise you and/or your medication provider of the final outcome.

If you qualify and if funding is available, we will provide you with financial assistance for the remainder of the calendar year. We will also provide you with a username and password so that you may freely access our therapy management portal found at <https://patientsandpros.MyGoodDays.org>

Please understand that all approvals are based on available funding and are approved on a first-come, first-served basis. **Receipt of application does not guarantee funding**

Please call us toll-free at (877) 968-7233 if you have any questions or need assistance filling out the following enrollment forms.

Sincerely,

Good Days,
A Non-Profit Organization

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

Private and Confidential when completed



Required Documentation & Submission Options

Documentation Required

1. Pages 3-5 signed and dated where applicable along with copies household income documentation.
2. A copy of the front and back of the patient's insurance cards
3. Income Verification: Good Days and its authorized third party agents will use your demographic information, including but not limited to, Social Security Number, Date of Birth, Name, and/or Address as needed to access your credit information and information derived from public and other sources to estimate your income in conjunction with the eligibility determination process. As a soft credit inquiry, this does not impact your credit score. Good Days and its authorized third party agents reserve the right to ask for additional documents and information at any time.

Submission Options

1. FAX: (214) 570-3621
2. MAIL: Good Days
Attn: Enrollment
2611 Internet Blvd, Suite 105
Frisco, TX 75034