



LLS PATIENT FINANCIAL ASSISTANCE PROGRAMS

	CO-PAY ASSISTANCE PROGRAM	SUSAN LANG TRAVEL PROGRAM	URGENT NEED PROGRAM	PATIENT AID PROGRAM
LLS Financial Assistance Phone No. 1-877-557-2672	lls.org/copay	lls.org/travel	lls.org/urgentneed	lls.org/patientaid
ELIGIBILITY				
Household income at or below 500% of the Federal Poverty Level (FPL)	X	X	X	
U.S citizen or permanent resident of the U.S. or U.S territories	X	X	X	X
Social Security # (Patient/Parent/Guardian to call Intake Specialist if unable to provide SS#)	X	X	X	X
Insurance (must have to apply)	X			
Covered Blood Cancer Diagnosis	X	X	X	X
Physician Signature Required to confirm diagnosis	X	X		
Patient must be in active treatment, scheduled to begin treatment, or being monitored by physician.	X	X	X	X
PROGRAM CRITERIA				
Pediatric/young adult OR adult enrolled in a clinical trial			X	
Patient must live in a specific zip code		Central and Southern California Travel Fund has specific zip codes		

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APPLICATION PROCESS				
Patient/caregiver/guardian can apply	X	X		X
Care Team Member can apply on behalf of the patient	X PHARMACY CAN APPLY	X	X CARE TEAM MEMBER <u>ONLY</u>	X
"Care Team" Members include: doctor, oncologist, nurse, medical assistant, child life specialist, social worker, case manager, etc.				
Re-Apply	X	X ²	X	
Verification Process	Physician signature required to confirm diagnosis	Physician signature is required to confirm diagnosis	Health care professional verbally attests to patient diagnosis	Applicant verbally attests to patient 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 and residency
AWARD DETAILS				
Amount of Award	Dependent on the disease fund	\$500	\$500	\$100
Form(s) of Payment from LLS	Check/Pharmacy Benefit Card	Travel Credit Card	Check mailed to patient	Check mailed to patient
Length of Award Period	1 year	6 months	1 year	N/A
Type of Assistance Provided	Blood cancer treatment-related co-payments, private and public insurance premiums, deductibles, Medicaid Spend Down.	Ground transportation (gas, tolls, car rental, car repair, taxi, bus, train, ambulance services, etc.), 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