



HEALTHWELL FOUNDATION GRANT REQUEST CHECKLIST

Whether you are applying [online](#) or over the phone, you will need the following information when completing a grant request for yourself, or on behalf of someone else. You may print this handy check list out as a guide.

Grant Eligibility Requirements:

- How many people are in the patient's household?
- What is the annual **household** income (*not just patient's income*)?
- State of residence
- Fund to which you are applying for assistance
- Type of assistance you are requesting (*copay or premium*)
- If you are applying on behalf of someone else (as a social worker, patient advocate or family member for example), you will need to attest that you have permission from the patient to apply on their behalf.**

NOTE: If you affirm that **you have spoken with the patient and have their express permission to apply on their behalf**, and we later hear from the patient that they did not grant such permission and do not wish to make an application for charitable assistance from HealthWell, the HealthWell Foundation reserves the right to disallow any further online applications from you and/or the facility you represent.

If you are unsure as to whether or not you have the patient's express permission to apply to HealthWell for charitable assistance on their behalf, please do not check the attestation box.

Have the patient call us directly to apply at 800-675-8416.

Patient Information:

- First and last name
- Social security number
- Date of birth
- Email address
- Phone number
- Referral source (*note: a drop down menu will be provided*)
- Street address, city, state, zip code

Contact Information (*If applying on someone else's behalf*):

- Contact first and last name
- Contact relationship (*note: a drop down menu will be provided*)
- Contact email address
- Contact phone number

Patient Primary Insurance Information:

- Insurance type (*i.e., private, Medicare, Medicaid*)
- Policy holder name
- Policy number
- Insurer name



NEXT STEPS: ONCE YOU HAVE APPLIED TO THE HEALTHWELL FOUNDATION

After completing the grant request, the following documentation must be submitted via fax or mail **within 30 days**:

- [Statement of Treatment](#) (signed by provider)
- Copy of the front and back of the patient's insurance card and pharmacy card (if applicable)

If HealthWell does not receive your supporting documentation within 30 days, your grant will be closed and your funds will be re-allocated to another patient in need. You will not be eligible to re-apply until January 1 of the following calendar year.

The HealthWell Foundation is a charitable organization that receives approximately 20 requests for every one grant that we approve, and is legally obligated to serve patients on a **first-come, first-served basis. Therefore, there can be no exceptions to this requirement and no extensions for the submission of paperwork.**

After HealthWell has received the required documentation mentioned above, assuming the information provided does not change the patient's eligibility, **the patient's grant start date is the date the application was submitted** (e.g., date of phone call with HealthWell or date online application was submitted).

In addition, for patients who obtain their drug from the pharmacy, the patient will receive their pharmacy card (called the HealthWell Copayment Assistance Card) in the mail at the patient's address of record. Providers will also receive a copy of the patient's approval letter.

Thank you for doing your part to assist us in serving you more efficiently. Every dollar we can save together goes back into our funds

to increase patient access to high-cost medications.

Note: As a charity, the HealthWell Foundation cannot afford to contact providers and patients with grant request status updates.

Calling to Check on the Status of a Grant Request?

Please use our automated telephone system, which is available 24/7. Dial **800-675-8416** and follow the instructions for using the system. You will need to have one of the following pieces of information to use the automated system: (1) patient's social security number, (2) patient's HealthWell I.D. number, or (3) patient's telephone number and date of birth.

The call center line is designed specifically to take **new** applications from patients in need.

You will not receive any additional information by holding to speak with call center personnel as call center personnel access the same system to answer your questions.

By calling and holding for an operator, you will, however, tremendously increase the cost of operating this charitable program.

Pharmacy Questions?

Call center personnel are not able, in any manner, to assist with rejecting claims and other pharmacy card issues.

Contact the pharmacy card help desk at **866-287-1032**. For card balances, BIN, and group number, you may use the HealthWell automated system at **800-675-8416**. You will not need to hold to speak with anyone.

Thank you for doing your part to reduce costs.