



2016 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 verification of your household income and copies of your insurance card(s). Completed applications can be received via mail or fax. Details of acceptable documentation and submission options are outlined on page two.

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. 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.cdfund.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

Good Days

Toll Free 877-968-7233 * Fax 214-570-3621 or 214-570-3622



Required Documentation & Submission Options

Documentation Required

1. Pages 3-5 signed and dated where applicable along with household income documentation.
2. A copy of the front and back of the patient's insurance cards
3. Documents supporting household income level MUST be **ONE** of the following. Please send copies only
 - 2014 tax return
 - 2015 Letter from Social Security stating income for each member in patient's household
 - 2014 W-2s or 1099s for patient's household
 - One month of pay stubs or a letter from each employer on company letterhead attesting to employment and compensation for each member in patient's household for 2015
 - Copy of patient's most recent bank statement

Submission Options

1. FAX: (214) 570-3621 or (214) 570-3622
2. MAIL:

Good Days
Attn: Enrollment
1100 Valwood Pkwy, Ste. 104
Carrollton, TX 75006



Frequently Asked Questions (FAQ's)

- Do I have to re-enroll when I just recently enrolled and was approved for assistance?
 - **Answer:** Patients that are approved during the first three quarters of the year (January-September) must re-enroll for the following calendar year to be considered for funding in the 2015 calendar year as all grants expire 12/31/2014.
- How can I tell if my insurance is a Medicare Part D Plan?
 - **Answer:** Generally, if you are enrolled in a Medicare Prescription drug plan, then your prescription insurance is a Medicare D Plan. Additionally, if your prescription insurance is part of a Medicare plan, it will feature "Medicare" on the prescription drug card.
- If my income has not changed since my last enrollment, why do I have to resend my income documents in order to re-enroll for the following calendar year?
 - **Answer:** Good Days is required to have new copies of household income documentation for each new enrollment to verify patient's current household income and eligibility.
- For income verification, do I need to send you everything you have listed for documenting household income?
 - **Answer:** No. The form states that you must send **ONE** of the following as proof of income. Please send the document(s) that accurately reflect the income for the household
- What is the purpose of the Authorization for Use or Release of Information form?
 - **Answer:** The Authorization for Use or Release of Information form gives Good Days permission to communicate with your provider regarding your patient assistance for the purposes of payment and therapy management.
- When will I know if I am approved?
 - **Answer:** Once an application is received, Good Days has provided a toll-free number to check the status of your application. Please feel free to call 877-968-7233. (It is the responsibility of the patient to ensure Good Days receives a re-enrollment application to process for 2015 eligibility. Receipt of completed paperwork does not guarantee funding availability for the following calendar year. You may call the same number after 1/1/2015 to check funding availability for the 2015 calendar year.)
- If awarded funding, when will my grant expire?
 - **Answer:** Good Days Assistance Programs run from the date of funding approval through the remainder of the calendar year or upon exhaustion of funding.
- If I order my medication prior to funding being available, will Good Days be able to reimburse me the amount I paid prior to being awarded a grant?
 - **Answer:** Good Days can only begin assistance after funding has been awarded. If medication is purchased prior to funding availability, Good Days will not be able to reimburse the patient for the out-of-pocket cost.