

## LEUKEMIA & LYMPHOMA LLS PATIENT FINANCIAL ASSISTANCE PROGRAMS SOCIETY"

SOCIETY*	CO-PAY ASSISTANCE PROGRAM	SUSAN LANG TRAVEL PROGRAM	PEDs/AYA URGENT NEED PROGRAM	PATIENT AID PROGRAM *CLOSED FY21	DISASTER RELIEF PROGRAM	COVID-19 PROGRAM	ADULT UNP/CHARLIE'S FUND PROGRAM	PRE CAR T-CELL THERAPY PATIENT TRAVEL ASSISTANCE PROGRAM
LLS Financial Assistance Phone No. 1-877-557-2672	lls.org/copay	lls.org/travel	lls.org/urgentneed	lls.org/patientaid	N/A	lls.org/covid	lls.org/urgentneed	www.LLS/org/PreCARTTravel
ELIGIBILITY Household income at or below 500% of the Federal Poverty Level (FPL)	x	x	x				x	x
U.S citizen or permanent resident of the U.S. or U.S territories	x	x	x		x	x	x	x
Social Security # (Patient/Parent/Guardian to call Intake Specialist if unable to provide SS#)	x	x	x	Х	x	x	x	x
Insurance (must have to apply)	x							
Covered Blood Cancer Diagnosis	x	x	x	Х	x	x	x	x
Physician Signature/Attestation Required to confirm diagnosis	x	x	x	X Patient/caregiver can attest	x	X Patient/caregiver can attest	x	x
Patient must be in active treatment, scheduled to begin treatment, or being monitored by physician.	x	x	x	x	x	x	x	x
PROGRAM CRITERIA								
Reside in "disaster area" according to FEMA					x			
Pediatric/young adult			x					
Patient must live in a specific zip code		Central and Southern California Travel Fund and Local Travel Programs have specific zip codes						
Adult blood cancer patient (40+ years old)							x	x
Patient is being evaluated for paticipation in CAR T-cell therapy clinical trial or is being evaluated to receive CAR T-cell therapy								x

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APPLICATION PROCESS										
Patient/caregiver/guardian can apply	x	x		x	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	x	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.										
Verification Process	Physician signature required to confirm diagnosis	Physician signature is required to confirm diagnosis	Physician signature is required to confirm diagnosis			Patient can attest	Physician signature is required to confirm diagnosis	Physician signature is required to confirm 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, residency, and income		Instant Experian verification for identity, residency, and income	Instant Experian verification for identity, residency, and income		
Patients have <u>90 days</u> to	x	x	x	Х			x	x		
complete their application Patients have <u>30 days</u> to complete their application					x	х				
AWARD DETAILS										
Amount of Award	Dependent on the disease fund	\$500	\$500		Will vary	\$250	\$500	\$2,500		
Form of Payment from LLS	Check/Pharmacy Benefit Card Direct payment to provider or reimbursement to patient	Travel Credit Card	Check mailed to patient	Check mailed to patient	Check mailed to patient	Credit Card	Check mailed to patient	Travel Credit Card		
Length of Award Period	1 year	6 months	1 year		1 year	1 year	1 year	6 months		
Patients are able to re-apply for all LLS Patient Financial Assistance Programs EXCEPT the Patient Aid Program, COVID-19 & Disaster Relief										
Re-Apply	x	x	x				x	x		
Re-Apply Dates	End of award period	End of award period	End of award period	N/A	N/A	N/A	End of award period	End of award period		
Type of Assistance Provided	Blood cancer treatment- related co-payments. Private insurance premiums. Medicare Part B, Medicare Plan D, Medicare Supplementary Health Insurance, Medicare Advantage premium, Medicaid Spend Down or co- pay obligations.	Ground transportation (gas, tolls, car rental, taxi, bus, train, ambulance services, etc.), car repair, car parts or services, 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	Cancer-related expenses.	Cancer-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.	Ground transportation (gas, tolls, car rental, taxi, bus, train, ambulance services, etc.), car repair, car parts or services, air travel, baggage fees, and lodging related expenses from the evaluation phase through the end of the conditioning therapy phase.		