

<b>Pharmaceutical Company</b>	Diplomat Specialty Pharmacy
<b>Program Name</b>	Diplomat's Co-Pay Assistance Navigator Program
<b>Program Address</b>	4100 S Saginaw St. Flint, MI 48507
<b>Phone Number</b>	877-977-9118 ext. 89399
<b>Fax Number</b>	810-282-0176
<b>Medications on Program</b>	Ethyol (amifostine)
<b>Application Forms</b>	Not Applicable
<b>On-line Application</b>	No on-line application available at this time
<b>Web Site</b>	<a href="#">Click to go to program's web site</a>
<b>Eligibility Guidelines and Notes</b>	Individual eligibility and level of financial support is determined on a case by case basis. Medical diagnosis necessary for this program is not specified. US residency requirements are not specified. The Co-Pay Navigator is a full service program to help patients seek funding assistance for the co-pay portion of their required medications. There is no charge for this service. Physicians/physicians' offices may submit an application online at the website indicated above, or fax information as directed below.
<b>Application Process</b>	The physician/physician's office should fax the prescription, diagnosis, patient demographics and any insurance information to 810-282-0176 Attn: Paula Brooks/Funding. A Patient Care Coordinator will contact the patient within 24-48 business hours.
<b>Application Requirements</b>	Will be discussed with the patient and physician after the initial request to the program is received.
<b>Program Details</b>	Not applicable.
<b>Last Updated</b>	February 24, 2011

<b>Pharmaceutical Company</b>	HealthWell Foundation
<b>Program Name</b>	HealthWell Foundation Copay Program
<b>Program Address</b>	P.O Box 4133 Gaithersburg, MD 20878
<b>Phone Number</b>	800-675-8416
<b>Fax Number</b>	800-282-7692
<b>Medications on Program</b>	Ethyol Injection 10ml (amifostine)
<b>Application</b>	

<b>Forms</b>	Not Applicable
<b>On-line Application</b>	No on-line application available at this time
<b>Web Site</b>	<a href="#">Click to go to program's web site</a>
<b>Eligibility Guidelines and Notes</b>	<p>Applicants with insurance are eligible. The Foundation considers an individual's financial, medical, and insurance situation when determining who is eligible for assistance. Families with incomes below 400% of the Federal Poverty Level may qualify. Cost of living in a particular city or state is also taken into account. Medication must be used for medically appropriate condition. The patient must also reside in the US. This program provides financial assistance to eligible individuals to cover coinsurance, copayments, healthcare premiums and deductibles for certain treatments. Also, for those who are eligible for health insurance, but cannot afford the insurance premium, the foundation may be able to help by paying some or all of the medical portion of insurance premiums. The patient is being treated for a specific disease for which funding is available and has insurance that covers the treatment for this disease. Call for most recent medications as the list is subject to change.</p>
<b>Application Process</b>	<p>Anyone can call to get the application sent out or it may be completed online. The application is sent out or it may be completed online. The patient is notified of eligibility for the program. The estimated timeline is 3-5 business days.</p>
<b>Application Requirements</b>	<p>The doctor must fill out a section and sign the application. The patient must fill out a section, sign the application and attach proof of income.</p>
<b>Program Details</b>	Not applicable.
<b>Last Updated</b>	December 28, 2010