



Taj Pharma Trientine Patient Services Program Application for Patient Assistance Program

What is Patient Assistance?

- The Taj Pharma Trientine Patient Assistance Program is offered to allow qualified patients to obtain free medication. It is not a government program or an insurance plan.
- If a patient qualifies, they may receive free Trientine medication each month through the program end date as long as they continue to meet the program requirements.
- Medication will be sent directly to the patient's home or an alternate shipping address of choice. All packages require a signature at the time of delivery.
- Medication is sent in a 30 day supply.

Program Qualification:

Patient may qualify for the Program if:

- The patient does not have existing drug coverage for the prescribed product under any prescription drug benefit, including private insurance, Medicare, Medicaid, or other government insurance programs ***or*** the Patient is in the 90-Day Waiting Period for Medicare coverage. ***and***
- The patient is a U.S. Resident, Green Card or Work Visa holder. ***and***
- The patient has an income at or below 500% of the Federal Poverty Level (FPL) ***or*** the patient has experienced a recent financial challenge due to circumstances such as changes in household income, loss of employment, changes in marital status or changes in household number: *(Supporting documentation explaining changes in circumstance and new income will be required).*

Taj Pharma reserves the right to change, rescind, or revoke this program at any time.

If you think you, the patient, or as the caregiver your patient qualifies for the Program please complete and sign the application on the next page and

Next Steps

QUESTIONS: Call: +91 -022-2637-4592;

If patient has no insurance:

- Completed application
- Proof of income: *(include one of the following)*
 - A copy of last year's federal income tax returns for patient, spouse, and dependents
 - All income statements from jobs (W2 or 1099)
 - Social Security Income Yearly Benefits Statement

If patient has financial hardship:

Supporting documentation explaining changes in circumstances (i.e., loss of employment, change in marital status, etc.) will be required along with income information.

Taj Pharma Trientine Patient Services Program

Please print clearly in **black** or **blue ink**. Once you have completed this page, please fax to 866-810-3258.

Patient Information

Name: _____ Date of Birth: __/__/____
(mm/dd/yyyy) _____
First Middle Initial Last
Address _____ State _____ Zip _____
: _____ City: _____ : _____ : _____
Phone: _____ Gender: Male Female
(_____) _____

Social Security Number

____ - ____ - _____

If you don't have a Social Security Number you must provide one of the following:

- Green Card Number:
- Confirmation letter from the government stating a U.S. Green Card application has been submitted
- Work Visa Number:

Income

Number of people in household:
(include patient, spouse and dependents)

Total combined household income: \$ _____ Monthly **or**
\$ _____ Yearly (include patient, spouse and dependents)

NOTE: Patient will need to provide proof of income

Insurance

Does the patient have any form of prescription drug coverage?

- Employer furnished or private drug coverage
- Medicaid
- Medicare Part A
- Medicare Part B
- Medicare Part D
- VA or Military Benefits
- State assistance program for medicine
- None

PATIENT ATTESTATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

The Taj Pharma Trientine patient assistance program (PAP) must have the patient's authorization to determine eligibility for patient assistance and to conduct insurance research. By signing below, I authorize Taj Pharmaceutical Industries, Inc. ("Taj Pharma") and/or its affiliates, and Diplomat Pharmacy, Inc. and/or its affiliates ("Diplomat") to contact me, my insurer(s), and physicians, and authorize my insurer(s) to disclose to Diplomat my Protected Health Information, as defined within 45 C.F.R. § 160.103, including but not limited to medical records and treatment, health insurance coverage, my name, address, telephone number, insurance plan, and/or group numbers. Furthermore, I authorize Diplomat to provide the insurer(s), including Medicare, with my name, date of birth, Social Security Number, diagnosis, insurance information or other relevant information about me. By signing below, I also attest that the financial information I have provided is complete and accurate and agree that Diplomat may verify this information. I understand that

my choice about whether to sign this Attestation and Authorization for Release will not change the way my healthcare providers or insurer(s) treat me. I understand that I may cancel (revoke) this Authorization for Release at any time by contacting Diplomat or Taj Pharma. I understand that once my Protected Health Information is disclosed, it will no longer be protected by federal privacy law as Protected Health Information and may be re-disclosed. I acknowledge that Taj Pharma reserves the right to change or revoke this program at any time. By signing below I authorize Diplomat to contact me directly about available assistance programs, treatments and therapies and/or reimbursement and access related information.

Patient Signature: _____ **Date:** _____
(If patient cannot sign, patient's legally authorized representative must sign)

Prescriber Information

Prescriber's Name: _____ Phone: (_____) _____
 NPI _____ Fax: _____
 #: _____ (_____) _____
 Address: _____
 City: _____ State: _____ Zip: _____

Prescription	
Patient Name:	DOB:
Product	
Trientine _____ mg	
Qty: 30- Day Supply	
Sig:	
Refills:	
<i>Product(s) to be filled for a 30 day supply with refills authorized for up to one year from original date of this prescription. Product(s) will be shipped direct to the patient.</i>	
Print Prescriber Name: _____	
Prescriber Signature: _____	Date: _____

Next Steps

QUESTIONS: Call: +91-022-2637-4592

Note : This product information is intended only for residents of the India. Taj Pharmaceuticals Limited, medicines help to treat and prevent a range of conditions—from the most common to the most challenging—for people around the world. The Price of the drugs indicated above may not match the actual price at which they are sold. Prices can change depending on many factors, including local taxes. These are only approximate indicative prices of the drug. The products discussed herein may have different product labelling in different countries. The product information provided in this site is intended only for the residents of India.

Information for Health Care Professionals

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