

INSURANCE VERIFICATION	
What Do I Submit?	PAGE 1 ONLY. Patient signs and dates consent on the bottom of Page 1
When do I choose this option?	<ul style="list-style-type: none"> ♦ For any patient with insurance (commercial, Medicare Part D), to research his/her Renvela or Hektorol coverage and most cost effective means of access ♦ For any patient needing Prior Authorization or Formulary Exception help for Renvela or Hektorol

APPLYING FOR ASSISTANCE WITH RENVELA AND/OR HECTOROL		
What Do I Submit?	PAGE 1 & 2	
Programs Offered	RENAL PATIENT ASSISTANCE PROGRAM (RPAP)	RENVELA MEDICARE PART D ASSISTANCE PROGRAM (PDAP)
When do I choose this option?	<ul style="list-style-type: none"> ♦ Patient has no Rx coverage/no insurance ♦ Patient is in the 90 day waiting period for Medicare coverage 	<ul style="list-style-type: none"> ♦ Patient is enrolled into a Medicare Prescription Drug Plan (PDP or MA-PD)
What are the program eligibility requirements?	<ul style="list-style-type: none"> ♦ Applicant must be a US citizen or legal resident ♦ If not a US citizen, Green Card or Permanent Resident Card is required ♦ Front and back copies of insurance cards ♦ Medicare beneficiary not enrolled in a PDP and not eligible for Limited Income Subsidy (LIS) ♦ Medicare beneficiary with an annual household income (income of self, spouse and claimed dependents) below 150% of the Federal Poverty Level (FPL) (see below) must attach LIS denial letter from SSA 	<ul style="list-style-type: none"> ♦ Front and back copies of insurance cards ♦ Household income between 150% and 300% of the Federal Poverty Level (FPL) (see below) ♦ Medicare beneficiary with an annual household income (income of self, spouse and claimed dependents) below 150% of the FPL (see below) must attach Limited Income Subsidy (LIS) denial letter from SSA ♦ \$1,000 household out-of-pocket spend on prescriptions in 2012 ♦ Please attach pharmacy print out or Explanation of Benefits (EOB) from PDP or MA-PD
How many months of drug will be supplied?	<ul style="list-style-type: none"> ♦ Product(s) to be filled for up to a 3 month supply with refills authorized for up to 1 year from original date of this prescription for patients who remain qualified ♦ The 2012 Refill Form will be included in each shipment. Refill requests should be sent to Renassist within three weeks prior to the supply end date 	<ul style="list-style-type: none"> ♦ Product(s) to be filled for a 3 month supply with refills authorized for up to 1 year from original date of this prescription. Part D Assistance product will be supplied until 12/31/2012 ♦ The 2012 Refill Form will be included in each shipment. Refill requests should be sent to Renassist within three weeks prior to the supply end date
Program Deadline	Rolling admission	November 15, 2012*

2011 Federal Poverty Level Guidelines
(Subject to change in 2012)

	48 Contiguous States and DC		Alaska		Hawaii	
Persons in family	150% Monthly	300% Monthly	150% Monthly	300% Monthly	150% Monthly	300% Monthly
1	\$1361	\$2723	\$1700	\$3400	\$1568	\$3135
2	\$1839	\$3678	\$2298	\$4595	\$2116	\$4233
3	\$2316	\$4633	\$2895	\$5790	\$2665	\$5330

How to Apply for LIS (Extra Help) through the Social Security Administration:

Applications can be submitted by calling 1-800-772-1213 or online at www.socialsecurity.gov/prescriptionhelp.

*Subject to change