

Insulin Monthly Assistance Program (IMAP)

**Diabetes Assistance Application
Attachment 2**

Applicant's Name _____

Use this attachment to apply for financial assistance to help with the purchase of any diabetes medication that must be injected (insulin, BYETTA, or Symlin). This program does not cover topical or oral diabetes medications.

To qualify for monthly assistance you must:

- Show proof of what you pay out of pocket for injected medications each month (receipts required)
- Have no insurance coverage for the injected drug; or
- Have a co-pay of at least half the cost of the medication (i.e., if insulin costs \$80.00 and your co-pay is at least \$40 then you may be eligible for cash assistance); or
- Have satisfactorily demonstrated other reasons or causes for financial hardship.

Have you applied for assistance through your insulin or other injected drug company's assistance program?

- _____ Yes, I was turned down (please attach denial letter)
- _____ No, I do not intend to
- _____ No, I was not aware that drug companies can help me
- _____ Yes, I already had assistance but do not qualify for more (please attach initial approval letter)
- _____ No, because of my situation I know that I do not qualify and there cannot apply

Your monthly expenses of injected diabetes medications

| Item | <i>If you have insurance Co-Pay (if any) or cost to you for injected meds</i> | <i>If you have no Insurance Cost to you for injected medications</i> |
|---------------------|---|--|
| Insulin (list type) | | |
| Lantus | | |
| BYETTA | | |
| Symlin | | |
| Other | | |

Our ability to provide cash assistance is limited to available program funding at any given time. This program *may* award 1-3 months of financial assistance to help you – it is not intended as a long-term solution for purchasing your injected drugs. We strongly encourage you to contact the manufacturer of your injected drug as they will also have an assistance program you may qualify for.

If you have been denied assistance elsewhere or have run out of assistance through another program please send a copy of proof with your application – it may help us process your application sooner and increase your eligibility for benefits.