Lions Diabetes Emergency Relief Fund Guidelines

(Medications picked up at UPMC McKeesport Outpatient Pharmacy)

**Purpose:** The “Lions Diabetes Emergency Relief Fund” was founded to help people who need immediate short-term assistance with the cost of their diabetes medications and supplies. Reasons for help include the loss of health insurance or being unable to afford the copay at the pharmacy. Contributions are made to the Lions Diabetes Board of Allegheny and Westmoreland Counties, through the kind generosity of the Lions’ Clubs throughout Allegheny and Westmoreland Counties, UPMC McKeesport, and the hospital community.

**Procedure:** Applicant must complete this form which can be obtained in the following ways:

1. From their MD office
2. By calling the UPMC McKeesport Outpatient Pharmacy Lions fund at **412-664-3057**
3. Print from 14-B Lions’ website: <http://e-district.org/sites/14b/>

Prescriptions are required for diabetes-related medications and supplies being requested. Physician office can fax or e-prescribe to UPMC McKeesport Outpatient Pharmacy. Income may be verified.

Please note that if applicant has billable insurance, medications will be billed through insurance, but the **Lions fund will support unaffordable out of pocket costs**.

Upon approval, the applicant will be given the needed medication/supplies which includes one month plus one refill per rolling calendar year.

Applicants will be encouraged to follow-up with **medication manufacturer assistance programs**, **Good RX and/or medical assistance office.**

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| **Lilly** (Humulin, Humalog) **1-800-545-6962** Cannot have insurance, must meet income criteria  Lilly Medicare Answers **1-877-795-4559** Cannot have or qualify for low income Subsidy, can be on  Medicare Part D |
| **Novo Nordisk** (Novolin, Novolog, Levemir) **1-866-310-7549** Cannot have or qualify for any  government or private insurance, if you are in the doughnut hole, it’s worth applying.  Copay Card Program 1-855-292-5966 Will help with copay when on insurance |
| **Sanofi** (Lantus, Apidra) **1-888-847-4877** Cannot have or qualify for any government or private  insurance, if you are in the doughnut hole, it’s worth applying.  Copay Assistance Card 1-866-390-5622 option 2 Will help with copay when on insurance |
| **www.needymeds.org -** Needy Meds directs patients to the correct Assistance program  **www.pparx.org** – Partnership for prescription assistance |

**Insulin Manufacturers Assistance Program Phone Numbers for Additional Support**

Lions Diabetes Emergency Relief Fund Application

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_

RENT\_\_\_ OWN\_\_\_ NUMBER OF DEPENDENTS \_\_\_\_\_\_\_\_

PHYSICIAN’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How did you hear about this fund? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### REASON FOR REQUEST

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received assistance from the Lions Diabetes Fund before?

Yes \_\_\_\_\_ NO \_\_\_\_\_ If so, when? (month/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL MONTHLY INCOME $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL MONTHLY EXPENSES $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEARLY INCOME $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The patient is asked to donate $10** toward theircoverage(cash, credit card or checks made out to UPMC McKeesport Outpatient Pharmacy).

|  |  |
| --- | --- |
| Lions Diabetes Emergency Relief Fund **Income Eligibility Guidelines**  (250% 2023 poverty guideline) | |
| **Family Size** | **Yearly Income**  **less than** |
| 1 | $36,450 |
| 2 | $49,300 |
| 3 | $62,150 |
| 4 | $75,000 |
| 5 | $87,850 |
| 6 | $100,700 |
| 7 | $113,550 |
| 8 | $126,400 |
| For households with more than 8, add $12,850 for each additional person. | |

**To the best of my ability, I certify that the above facts and figures are correct. If found that I am not being truthful, use of the fund will not be permitted in the future.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature Date**