



Co-Pay Relief and Prescription Assistance Programs for People with Cancer

Organization	Contact Info	Program Information *funding is limited and can change – please call to confirm what is available
CancerCare Co-Payment Assistance Foundation	1-866-55-COPAY www.cancercarecopay.org	Provides co-payment assistance for pharmaceutical products to insured individuals who are covered by private insurance, employer-sponsored health plan or have Medicare Part D or Medicare Advantage. Household income must be at or within 400% US Federal Poverty guidelines for people residing and receiving treatment in the United States or its territories. Must be US citizen or valid resident alien. Conditions covered: <ul style="list-style-type: none"> • Breast Cancer • Colorectal Cancer • Lung Cancer • Pancreatic Cancer
Chronic Disease Fund	1-877-968-7233 www.cdfund.org	Co-payment assistance for pharmaceutical products for patients with private insurance or Medicare part D. Patients who utilize a participating pharmacy can have their out of pocket expenses remitted by the fund directly to the pharmacy. Patients using non-participating pharmacies can submit receipts for reimbursement. The following conditions covered are: <ul style="list-style-type: none"> • Breast Cancer • Multiple Myeloma • Colon Cancer • Non-small Cell Lung Cancer
Healthwell Foundation	1-800-675-8416 www.healthwellfoundation.org	Addresses the needs of individuals who cannot afford their insurance co-payments, premiums, co-insurance, or other out-of-pocket health care costs . Offers assistance for the following specific conditions: <ul style="list-style-type: none"> • Breast Cancer • Carcinoid tumors and related symptoms • Chemotherapy Induced Anemia/Neutropenia • Colorectal Cancer • Cutaneous T-Cell Lymphoma • Head and Neck Cancers • Hodgkin’s Disease • Non-Hodgkin’s Lymphoma • Non-Small Cell Lung Cancer • Wilms’ Tumor
The Leukemia and Lymphoma Society	1-877-557-2672 www.LLS.org/copay	This program helps patients meet their health insurance or Medicare Plan B or D premiums or co-payment obligations . Household income must be at or within 500% above the US Federal Poverty guidelines for people residing in the United States and Puerto Rico. Offers assistance for the following conditions. <ul style="list-style-type: none"> • Acute Myelogenous Leukemia • Chronic Lymphocytic Leukemia • Lymphoma • Multiple Myeloma • Myelodysplastic Syndrome

Other National Cancer Financial Assistance Programs

Organization	Contact Info	Program Information *funding is limited and can change – please call to confirm what is available
American Cancer Society	1-800-ACS-2345 www.cancer.org	All Cancer Diagnoses Access to referrals for financial assistance. Some local offices may provide transportation assistance, temporary housing, wigs or prescription assistance.
Brain Tumor Society-BTS Cares	1-617-924-9997 www.tbts.org	For patients with Primary Brain Tumors only Grants up to \$2000 a year for non medical related costs such as transportation, homecare, home adaptations and childcare.
CancerCare	1-800-813-HOPE (4673) www.cancercare.org	All Cancer Diagnoses Limited financial grants for transportation, homecare, childcare and pain medications. Also, Linking Arms Program can provide grant for breast cancer patients to help with oral medications and lymphedema supply costs.
Leukemia and Lymphoma Society	1-800-955-4572 www.LLS.org	Leukemia, Lymphoma, Hodgkin’s diseases and Myeloma Grants up to \$500 a year for some uncovered expenses including prescriptions, certain medical tests and transportation costs.
Lymphoma Research Foundation	1-800-500-9976 www.lymphoma.org	Lymphomas Grants up to \$250 for expenses that include: travel and transportation, temporary lodging, childcare and homecare, cosmetic devices such as wigs and hats, medical devices and hygiene products.
National Brain Tumor Foundation	Patient Line: 1-415-834-9970 Email: nbtf@braintumor.org www.braintumor.org	For patients with Primary or Metastatic Brain Tumors ages 18 and older Grants up to \$1000 for treatment-related expenses.
National Marrow Donor Program	Office of Patient Advocacy Case Management: 1-888-999-6743 Email: patientinfo@nmdp.org www.marrow.org	For patients in need of a life saving bone marrow or cord blood cell transplant through the National Marrow Donor Program (NMDP). Funds available for unrelated donor search through the NMDP as well as out of pocket expenses following an unrelated donor or cord blood transplant through the NMDP, such as: lodging, food, transportation, co-pays and insurance premiums. Grant applications only accepted through qualified NMDP affiliated transplant center personnel.
Patient Advocate Foundation Colorectal Care Line	1-866-657-8634 www.colorectalcareline.org	Limited financial grant for Colorectal patients for transportation reimbursement, temporary lodging, childcare and food costs associated with out of town treatment.