LEUKEMIA & LYMPHOMA SOCIETY®	CO-PAY ASSISTANCE PROGRAM	SUSAN LANG TRAVEL PROGRAM	URGENT NEED PROGRAM	Local Financial Assistance	PATIENT AID PROGRAM	Financial Relief	PRE CAR T-CELL THERAPY PATIENT TRAVEL ASSISTANCE PROGRAM
LLS Financial Assistance Phone No. 1-877-557-2672	www.lls.org/copay	www.lls.org/travel	www.lls.org/urgentneed	www.lls.org/localfinancialassistance	www.lls.org/patientaid	www.lls.org/financial-relief	www.LLS.org/PreCARTTravel
ELIGIBILITY							
Household income at or below 600% of the Federal Poverty Level (FPL)	**X**	**X**	**X**	**X**	**N/A**	**N/A**	**X**
U.S citizen or permanent resident of the U.S. or U.S territories	**X**	**X**	**X**	**X**	**N/A**	**X**	**X**
Social Security # (Patient/Parent/Guardian to call Intake Specialist if unable to provide SS#)	**X**	**X**	**X**	**X**	**N/A**	**X**	**X**
Insurance (must have to apply)	**X**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Covered Blood Cancer Diagnosis	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Physician Signature/Attestation Required to confirm diagnosis	**X**	**X**	**X**	**X**	**N/A**	**X**	**X**
Patient must be in active treatment, scheduled to begin treatment, or being monitored by physician.	**X**	**X**	**X**	**X**	**X**	**X**	**X**
PROGRAM CRITERIA							
Patient must live in a specific zip code				**X**		**X**	

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APPLICATION PROCESS							
Patient/caregiver/guardian/ Healthcare Team Memeber can apply	**X PHARMACY CAN APPLY**	**X**	**CARE TEAM MEMBER ONLY**	**X**	**X**	**X**	**X**
Patients have 30 days to complete their application	**X**	**X**	**X**	**X**	**X**	**X**	**X**
AWARD DETAILS							
Amount of Award	Dependent on the disease fund	$500	$500	$500	$100-one time	$250	$2,500
Form of Payment from LLS	Check/Pharmacy Benefit Card Direct payment to provider or reimbursement to patient	Credit Card	Check mailed to patient	Check mailed to patient	Check mailed to patient	Check mailed to patient	Credit Card
Length of Award Period	1 year	6 months	1 year	6 months	one-time only	one-time only	6 months
Patients are able to re-apply for all LLS Patient Financial Assistance Programs at the end of their award coverage period EXCEPT for the Patient Aid Program & Financial Relief.							