



Declaration

You attest and certify to Good Days and its agents that the information provided in your application is complete and accurate. You authorize Good Days to do an estimated income verification check utilizing your social security number, date of birth, name, and address to estimate your income. Good Days may ask for additional documents and information at any time.

If any inaccurate information or fraudulent activity relating to the assistance provided to you is discovered, it may be recouped. You understand that you are free at any time to switch providers, practitioners, suppliers, or treatments within the Good Days formulary for your diagnosis without affecting your continued eligibility for assistance.

Assistance is not guaranteed. Good Days reserves the right, to modify the eligibility criteria or modify or discontinue assistance at any time.

Limitation of Liability

You agree that Good Days, our sponsors, and our donors shall not be liable for any damages of any kind, without limitation, arising out of or in connection with you receiving financial assistance, co-pay relief, or other value-added benefits or services provided as a part of this program.