



Client Enrollment Application

Welcome to Good Days, a non-profit organization whose financial assistance programs provide thousands of individuals diagnosed with life-altering diseases the opportunity to get the medications they need to help improve their quality of life.

In order for us to begin the process of qualifying you for financial assistance, please complete the enclosed application and return it to Good Days, along with copies of your insurance card(s). Completed applications can be received via mail or fax.

Upon receipt of your completed application, Good Days will determine if you are eligible for financial assistance based on our Program Guidelines and subject to available funding. To verify household size and household income, Good Days will perform a soft inquiry with a third party vendor in order to determine eligibility. This inquiry can only be viewed by you (the client) on your credit history and will not affect your credit score. We will advise you and/or your medication provider of the final outcome.

If you qualify and if funding is available, we will provide you with financial assistance for the remainder of the calendar year. We will also provide you with a username and password so that you may freely access our therapy management portal found at <https://patientsandpros.MyGoodDays.org>

Please understand that all approvals are based on available funding and are approved on a first-come, first-served basis. **Receipt of application does not guarantee funding**

Please call us toll-free at (877) 968-7233 if you have any questions or need assistance filling out the following enrollment forms.

Sincerely,

Good Days,
A Non-Profit Organization

2611 Internet Blvd, Suite 105, Frisco, TX 75034
877-968-7233 • Fax 214-570-3621 • www.mygooddays.org

Private and Confidential when completed

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Required Documentation & Submission Options

Documentation Required

1. Pages 3-4 signed and dated where applicable along with copies household income documentation.
2. A copy of the front and back of the client's insurance cards
3. Income Verification: Good Days and its authorized third party agents will use your demographic information, including but not limited to, Social Security Number, Date of Birth, Name, and/or Address as needed to access your credit information and information derived from public and other sources to estimate your income in conjunction with the eligibility determination process. As a soft credit inquiry, this does not impact your credit score. Good Days and its authorized third party agents reserve the right to ask for additional documents and information at any time.

Submission Options

1. FAX: (214) 570-3621
2. MAIL: Good Days
Attn: Enrollment
2611 Internet Blvd, Suite 105
Frisco, TX 75034



Please review enrollment information below. Complete form by filling in missing information. Make any corrections by writing changes next to the information provided.

Date: <Today's Date>	How much can you afford for this medication? <i>You may be responsible for any remaining balance Good Days does not cover.</i>
ID:	

CLIENT INFORMATION

Client's Name:	Birth Date:
Alternate Contact:	Relationship:
Mailing Address:	Home phone:
	Cell Phone:
	Work Phone:
	Ext:

E-mail Address:

INCOME INFORMATION

Annual Household Income:	Number of people in household:
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PHYSICIAN INFORMATION

Physician Name:	Physician Phone:
Office Address: <i>(if known)</i>	Physician NPI:

DIAGNOSIS INFORMATION

Diagnosis:	
Medication:	
Pharmacy:	Pharmacy Address or Phone: <i>(if known)</i>

MAJOR MEDICAL INSURANCE INFORMATION

Insurance Name:		
ID#:	Group #:	Phone:

DRUG CARD INFORMATION

Insurance Name:	ID#	
BIN:	PCN:	Phone:

Is this a Medicare, Federal or State funded insurance plan?
 Yes No *(circle applicable answer)*

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*Metastatic Cancer Diagnoses Only

For clients in a metastatic cancer fund: Good Days will cover all drugs approved by the Food and Drug Administration (the "FDA") that treat the type of cancer that is the basis of the disease fund into which you have been accepted. For example, if you have metastatic breast cancer, Good Days will cover all drugs that are approved by the FDA to treat breast cancer, not just those drugs that the FDA has expressly approved for the metastatic stage of breast cancer.

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.

Client Attestation:

By signing below, you agree that you have read, understand and agree to adhere to the above statements

Signature of Individual or Individual's representative

Date

Print name of Individual's representative: (If applicable)

Authorized Relationship or Authority to Act (If applicable)

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