

HEALTHWELL FOUNDATION GRANT REQUEST CHECKLIST

Whether you are applying [online](#) or over the phone, you will need the following information when completing a grant request for yourself or on behalf of someone else. You may print this handy checklist as a guide.

Grant Eligibility Requirements:

- ☐ How many people are in the patient's household?
- ☐ What is the total annual **household** income (*from all contributing members*)?
- ☐ Patient's state of residence
- ☐ Fund to which the patient is applying for assistance
- ☐ Type of assistance patient is requesting (copay or premium, note: not all funds offer premium assistance)
- ☐ **If you are applying on behalf of someone else (as a social worker, patient advocate or family member for example),** you will need to attest that you have permission from the patient to apply on their behalf.

If you are unsure as to whether or not you have the patient's express permission to apply to HealthWell for charitable assistance on their behalf, please do not attest to such.

Have the patient apply [online](#) or by calling 800-675-8416.

Patient Information:

- ☐ First and last name
- ☐ Social security number*
- ☐ Date of birth
- ☐ Email address
- ☐ Phone number
- ☐ Referral source
- ☐ Street address, city, state, zip code

*If you do not have a Social Security Number, you will need to call 1-800-675-8416 to speak to a HealthWell representative.

Contact Information (If applying on someone else's behalf):

- ☐ Contact first and last name
- ☐ Contact relationship
- ☐ Contact email address
- ☐ Contact phone number

Patient Insurance Information:

- ☐ All insurance types (*i.e., private, Medicare, Medicaid, military, state programs*)
- ☐ Policy holder name
- ☐ Policy number
- ☐ Insurance company

NEXT STEPS

The HealthWell Foundation is a charitable organization that is obligated to serve patients on a **first-come, first-served basis**.

Depending on the fund, some patients will receive a pharmacy card (called the *HealthWell Pharmacy Card*) with their approval letter. Other patients will receive a reimbursement request form for either copayment reimbursement or premium payment requests. These forms and supporting documentation can be uploaded through the Provider Portal or Patient Portal or can be faxed directly to 800-282-7692.

Use HealthWell's [Online](#) Tools to Check the Status of a Grant Request

Online Application Status Lookup Tool, allows anyone who submitted an online grant application to check the status of that application with only a few clicks.

The Provider Portal, a cloud-based secure provider portal, allows providers to build their own portfolio to manage patients online. Through the portal, providers can add and remove patients, sort by patient or grant status, and review missing information and payments.

The Patient Portal allows grant recipients to check the status of their grant, view pharmacy card information and monitor their grant(s) and payments.

Pharmacy Questions

Hotline agents are not able to assist with rejected claims or pharmacy card technical issues.

Contact the pharmacy card help desk with technical questions or issues at **855-326-9533**.

For claims processing information such as BIN, group number, and patient ID, you may use the **Pharmacy Card Lookup Tool, the Patient Portal, or the Provider Portal**.