

Breathe PA Patient Assistance Program Application

Do You Qualify for Assistance?

ALL MUST APPLY

- You live within our 10-county service area:** Armstrong, Allegheny, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland
- You have a qualifying lung disease diagnosis:** COPD, Asthma, Pulmonary Fibrosis, Sleep Apnea, Bronchiectasis, and/or Interstitial Lung Disease (Lung cancer and cystic fibrosis are ineligible diagnoses)
- You meet the following income guidelines:**

Household Size	Total Annual Income	Total Monthly Income
	less than or equal to \$45,180	less than or equal to \$3,765
	less than or equal to \$61,320	less than or equal to \$5,110
	less than or equal to \$77,460	less than or equal to \$6,455
	less than or equal to \$93,600	less than or equal to \$7,800

Choose One Assistance Option:

Assistance Option 1

- Medication
 - Pulmonary Rehab
- plus two supplies

Up to \$400 per month / 4 months

OR

Assistance Option 2

- Sleep Apnea Equipment
- plus two supplies

Up to \$400 total

AND

Supplies

limit of two

- Oxygen tubing
- Valved Holding Chambers
- Nebulizer Set-ups (Adult and Pediatric)
- Peak Flow Meters (Low and Full Range)
- Dust Mite Pillow and Mattress Cover
- Nebulizers
- Humidifier
- Air Purifier
- CPAP Filters
- CPAP Tubing

Medications Available

Medications will be shipped by our partner pharmacy only.

Advair Diskus	Atrovent HFA	Perforomist Solution	Spiriva Handihaler
Advair HFA	Atrovent Solution	Prednisone	Stiolto Respimat
AirDuo Respiclick	Bevespi Aerosphere	Pro Air RespiClick	Striverdi Respimat
Albuterol Solution	Breo Ellipta	ProAir Digihaler	Symbicort
Alvesco	Brovana	ProAir HFA	Trelegy Ellipta
Anoro Ellipta	Budesonide	Proventil HFA	Tudorza Pressair
Arcapta Neohaler	Combivent Respimat	Pulmicort Flexhaler	Utibron Neohaler
ArmonAir RespiClick	Dulera	QVAR Redihaler	Ventolin HFA
Arnuity Ellipta	Duoneb Solution	Seebri Neohaler	Wixela Inhub
Asmanex HFA	Fluticasone	Serevent Diskus	Xopenex HFA
Asmanex Twisthaler	Incruse Ellipta	Spiriva Respimat	Xopenex Solution

Support through Breathe PA's Patient Assistance Program is available annually for a single patient application and may be renewed on July 1st as funds are available.

1

Patient Information

Patient Name: _____ DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone Number: _____ Email: _____

Number of Adults in your Household: _____

Medication: _____ Diagnosis: _____

2

Health Insurance Information (if applicable)

I have insurance (if yes, please fill in details below)

I do not have insurance

Insurance Co.: _____ Policy Holder Name: _____

Policy Number: _____ Group Number: _____

3

Referral Source

Name: _____ Phone Number: _____

Facility: _____

4

Documents to Submit with Application

Please submit the following documents with your application. *This application will not be considered without ALL information completed and financial verification attached.*

- Copy of W2 form or previous year's 1040a Form, or SS Award Letter
- Copy of Disability Income, Workers' Comp, or Unemployment Comp (if only source of income)
- Copy of Insurance Card, FRONT and BACK (if applicable)
- Copy of medication prescription with approved diagnosis

5

Patient Authorization

Patient Name (print): _____ Date: _____

Authorized Representative Name (if applicable): _____

Relationship to Patient: _____ Phone Number: _____

Patient Signature / Authorized Representative Signature Date

**Submit
Application**

Please fax a completed referral form and the required attachments to:

ATTN: Breathe PA Patient Assistance Program

Fax: (724) 772-1180

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