



Patient Responsibilities

- * Must fully complete application
- * Request original prescriptions from physician
- * Copy of Medicare Card (*if applicable*)
- * Provide proof of income:
 - Social Security Statement, Pension, Worker's Comp.
Or
 - Bi-weekly pay (*2 pay stubs*), weekly pay (*3 or 4 pay stubs*)
Or
 - Award letters
Or
 - Support letter

- * If you do not have proof of income, please obtain any of the documents listed above from the individual who is supporting you.

- * When you only have **30 days** of your medications, you should contact your **physician** or **social worker** and request **two** new original prescriptions, one will be sent to ACN-PAP and the other one will be sent to you. ACN-PAP must order patients' refills; **the pharmacy cannot fill refill request.**

**PLEASE GIVE THIS DOCUMENT TO THE
PATIENT, THANK YOU.**