



A. **ACN-PAP Enrollment Procedure:**

Physician/Provider:

- Patient is deemed eligible due to lack of insurance and low income. (*200% below federal poverty level*)
- Write original **BRAND** name prescriptions. **Quantity 90 days with 3 refills.**
- Inform patient of their responsibility to contact provider or POC for their refills when they are down to 1 month of medication(s).

Point of Contact (POC):

- Aid the patient with completion of the ACN-PAP application. (*completely filled out*)
- Collect set of prescriptions from the patient.
- Collect proof of income from patient. (*SS statement, 3-4 consecutive pay stubs, Supporters income, Notarized letter of employment from employer*)
- Remind patient of their responsibility to call POC or provider for refills when they are down to 1 month worth of medication(s).
- Inform patient that they will receive their first shipment of medication(s) in roughly 4 weeks at a designated location (*ACN-PAP will mail then details*)

Designated location / Pharmacy:

- Insert the faxed face sheet from ACN-PAP into binder. File by month.
- Upon receipt of medication, contact the patient for pick-up.
- When patient arrives, have them sign the face sheet as receipt of medication.
- Collect the fee.
- Remind the patient to call the clinic for a refill when they are down to 1 month of medication(s).

B. **Refill Procedure:**

Refill Procedure:

Patient:

- Inform point of contact that they have roughly on month of medication

Point of Contact (POC):

- If required,
 - Collect original prescriptions from provider.
 - Mail prescriptions to ACN-PAP.
- Remind patient that they will be contacted by designated location / pharmacy of the arrival of their medication.

Pharmacy:

- Insert the faxed face sheet from ACN-PAP into binder. File by month.
- Upon receipt of medication, contact the patient for pick-up.
- When patient arrives, have them sign the fact sheet as receipt of medication.
- Collect the fee.
- Remind the patient to call the clinic for a refill when they are down to 1 month of medication(s).