

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 SASA-PAP and the other one will be sent to you. SASA-PAP **must** order patients' refills; **the pharmacy cannot fill refill request.***

PLEASE GIVE THIS DOCUMENT TO THE
PATIENT, THANK YOU.