

Point Of Contact Responsibilities:

- ❖ *Must have patient complete and sign enrollment form for SASA-PAP*
- ❖ *Provide the following documents with enrollment form:*
 1. *Copy of Medicare Card (if applicable)*
 2. *Current income for the patient*

or

 3. *Income of individual supporting the patient*
- ❖ *If patient does not have a Social Security number they must provide Green Card number or Visa (if they have neither, state so on the application)*
- ❖ *Point of Contact must have physician's information at reach for SASA-PAP (DEA#, LIC#, contact #....)*
- ❖ *Point of Contact will be our link to the patients*
- ❖ *Once packet is complete it must be mailed to:*

SASA-PAP

622 West 168th Street

VC 10, Area C, Room 3

New York, NY 10032