colcrys° (colchicine, USP) tablets

URL Pharma Assistance Program for Shar-Pei Canines

P.O. Box 219 Gloucester, MA 01931

Tel: 888-811-8423 Fax: 866-936-1862



COLCRYS® Shar-Pei Canine Assistance Program Application

Thank you for your interest in the URL Pharma COLCRYS® Shar-Pei Canine Assistance Program. URL Pharma offers dog owners in need an opportunity to receive their dog's Colcrys at a low out-of-pocket cost. Upon approval of this application, the medicine will be shipped directly to your home.

Let's begin by seeing if you qualify for this program:

Has your veterinarian recommended that your dog take COLCRYS? Are you a legal resident or a citizen of the United States? Is your dog uninsured for coverage of this medication?	Yes Yes Yes	No No		
If you answered YES to all three questions, then let's continue. If you answered NO to one of the above questions, you may not meet our current eligibility guidelines. We still, however, may be able to help you.				
Please provide us with the name of your pet insurance company and the plan:				
Insurance Company:	_Plan:			

We need to ask you some questions about your income and household size. Select your household size from the first column. Household size means how many people are living in your household. Go across the row until you find your household gross income level. If your household gross income is more than the income listed in the last column, you may not qualify for this program at this time.

Please continue with the application, providing your household size and household income. We will review your application to see how else we can help you.

Household Size	30-Day Supply is free if yearly income is less than*:	30-Day Supply Copay of \$5 if yearly income is between**:	30-Day Supply Copay of \$25 if yearly income is between***:	You may not qualify if yearly income is more than:
1	\$32,670	\$32,670-\$ 43,560	\$ 43,560-\$ 65,340	\$ 65,340
2	\$44,130	\$44,130-\$ 58,840	\$ 58,840-\$ 88,260	\$ 88,260
3	\$55,590	\$55,590-\$ 74,120	\$ 74,120-\$111,180	\$111,180
4	\$67,050	\$67,050-\$ 89,400	\$ 89,400-\$134,100	\$134,100
5	\$78,510	\$78,510-\$104,680	\$104,680-\$157,020	\$157,020
6 or more of	call 1-888-811-8423			

^{* 60-}day and 90-day supplies are also available at no cost.

^{** 60-}day supply copay is \$10, 90-day supply copay is \$15.

^{*** 60-}day supply copay is \$50, 90 day-supply copay is \$75.



URL Pharma Shar-Pei Canine Assistance Program Colcrys®



If you qualify for the Colcrys® Shar-Pei Canine Assistance Program based on the criteria above, then please fill out and submit the completed application.

Please write clearly. If we can't read the application form, it might delay you receiving your medicine.

Your Information - Please Print				
First Name	Middle InitL	ast Name	Suffix	
Address				
City		State ZIP		
SSN		Date of Birth//	_	
Phone: Day		Evening		
Are you a legal resident or a citizen of the United States? How many people are in your family? What is your family's yearly income? Please read the following statement carefully and sign below: By signing this form I am saying that all of the information that I am giving is true, complete and accurate, that I cannot afford the prescribed Colcrys for my dog, that I have no pet insurance that pays for this medication and that, if qualified for the program, I understand that the medication will be used solely for my dog. I understand that this information is confidential and will only be used by URL Pharma and NeedyMeds to qualify my dog for this program. I understand that Colcrys is not approved by the FDA for use in animals.				
X				
Dog Owner's Signature		ure	Date	
Email Address				
By giving us your email address you are giving us permission to communicate with you via email regarding this PAP application.				

Important: You must send in your family's <u>proof of income</u> to be considered for this program.

All of the following are acceptable forms of income documentation:

- Copies of the last two pay stubs for you and anyone in your family
- The first page of last year's tax return showing gross income for you and anyone in your family
- A copy of the most recent Social Security disability award letter, benefits statement or monthly check for you and anyone in your family.

If your family has no income, please complete the Income Attestation on the next page with your signature that your family has no income and also have your veterinarian sign the appropriate section of this form below to attest your family has no income.



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Veterinarian Information - Please Print					
Dog's Diagnosis:	Shar Pei Fever				
First Name	Middle Init	Last Name			_DVM
City		Sta	ate	ZIP	
Office Phone		Fax			
DEA Number					
Office Contact Person					
Email Address					
By giving us your email address you are giving us permission to communicate with you via email regarding this PAP application.					
Please read the following statement carefully and sign below: I verify that, to the best of my knowledge, this applicant is in need of assistance.					
X					
= =	Veterinarian's Signatu	ire (No Stamps)		[Date
Income Attestation - Complete only if the family has zero income					
My family has zero in	come and therefore I will	not be able to submi	t proof of i	ncome.	
	Dog Owner's Sign	nature			Date
To the best of my know able to submit proof of	vledge this patient and his income.	s/her family has zero	income a	nd therefore	e will not be
X					
_	Veterinarian's Signature	e (No Stamps)	<u> </u>	I	Date



URL Pharma Shar-Pei Canine Assistance Program Colcrys®



Prescription			
Colcrys® (colchicine, USP) tablets			
Sig: Take tablet(s) qd	bid C	other	
Days Supply (Check One)	90 Days (18 30 Days (60	0 tablets) tablets)	60 Days (120 tablets)
Refills (Recommend 90 days with 4 refills,	60 days with (3 refills or 30 da	ays with 12 refills)
Request Type (Circle One)	New	Refill	Enrollment Renewal
Veterinaria	ın's Signature	(No Stamps)	Date
If you have a copay how will you pay it? Enclose check or money order payable to Colcrys® Shar-Pei Canine Assistance Program Credit card Name as it appears on card Billing address (If different from your address on page one)			
Address			
City, State, ZIP Card Type: VISA MasterCard Discover Card Number			
Expiration Date: Month Year Security Code (On back of Card) AMEX Card Number			
Expiration Date: Month Year Security Code Amount Paid			
X			_
Cardholder Signa	ature		Date

It takes approximately two weeks to complete the application process and have your dog's medication delivered to your home. Incomplete applications, missing documentation, or neglecting to include your payment will delay the processing of your application.

Don't Forget

- $\sqrt{}$ Make sure every line on the application is completed
- √ Attach proof of income
- $\sqrt{}$ Make sure the prescription is completed
- √ Be sure all signature lines are signed (one or two for you, two or three for your veterinarian)
- √ Include payment or credit card information

Depending on your family's income level your copay is:

- \$5 or \$25 for 30 day supply
- \$10 or \$50 for 60 day supply
- \$15 or \$75 for 90 day supply