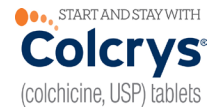




# URL Pharma Assistance Program for Shar-Pei Canines

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? Yes  No   
 Are you a legal resident or a citizen of the United States? Yes  No   
 Is your dog uninsured for coverage of this medication? Yes  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: \_\_\_\_\_

**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.**

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.

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 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.

**If you qualify for the Colcrys<sup>®</sup> 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 Init. \_\_\_\_ Last 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? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_  
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 proof of income 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.

**Veterinarian Information - Please Print**

Dog's Diagnosis:     \_\_\_ Shar Pei Fever

First Name \_\_\_\_\_ Middle Init. \_\_\_ Last Name \_\_\_\_\_ DVM

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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 Signature (No Stamps)

\_\_\_\_\_  
Date

**Income Attestation - Complete only if the family has zero income**

My family has zero income and therefore I will not be able to submit proof of income.

**X**

\_\_\_\_\_  
Dog Owner's Signature

\_\_\_\_\_  
Date

To the best of my knowledge this patient and his/her family has zero income and therefore will not be able to submit proof of income.

**X**

\_\_\_\_\_  
Veterinarian's Signature (No Stamps)

\_\_\_\_\_  
Date

