

PATIENT ASSISTANCE PROGRAM APPLICATION

Phone: 1-844-AZEDRA1 (1-844-293-3721) | Fax: 1-833-229-3372



Please sign and fax this completed application to 1-833-229-3372 in order for your application to the AZEDRA patient assistance program to be processed. AZEDRA Service Connection® is available at 1-844-AZEDRA1 (1-844-293-3721), Monday through Friday, 9:00 AM to 5:00 PM EST.

PATIENT INFORMATION

First Name:	MI:	Last Name:	Gender:	Male	Female
Address:					
City:	State:	Zip Code:			
Home Phone: () -	Cell Phone: () -				
Ok to Leave Message? Yes No	Best Time to Call:	Morning	Afternoon	Evening	
Email Address:					

PATIENT FINANCIAL INFORMATION

Current Annual Gross Household Income:
Number of Household Members (Including Patient):

ADMINISTERING PROVIDER INFORMATION

Physician Name:
Phone: () - Ext. Fax: () -
Administering Facility or Practice Name:

PATIENT ASSISTANCE PROGRAM AUTHORIZATION

Income verification: Azedra Service Connection and its authorized third party agents will use my date of birth or social security number and/or additional demographic information as needed to access my credit information and information derived from public and other sources to estimate my income in conjunction with the eligibility determination process. As a soft credit inquiry, this option will not impact my credit score. Azedra Service Connection and its authorized third party agents reserve the right to ask for additional documents and information at any time.

_____/_____/_____
Signature of Patient or Patient Representative **Date**

Printed Name **Relationship to Patient**

In addition, I authorize the disclosure of my health information to the following designated individual(s) (optional):

Name **Relationship to Patient**



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